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Form .990

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 20**15** Open to Public

Department of the Treasury

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

Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 September 30 October 1 , 20 16 For the 2015 calendar year, or tax year beginning 2015, and ending D Employer identification number C Name of organization OneWay Ministries Check if applicable 31-1675712 Doing business as Address change Room/surte E Telephone number Number and street (or P.O box if mail is not delivered to street address) Name change 630-626-4990 П Initial return П Final return/terminated City or town, state or province, country, and ZIP or foreign postal code 965,869 Amended return Naperville, IL 60657 G Gross receipts \$ Application pending F Name and address of principal officer H(a) Is this a group return for subordinates? Yes Mo Michael Thompson, P.O. Box 2211, Naperville, IL 60657 H(b) Are all subordinates included? Tes Ves No 501(c)(3) If "No," attach a list (see instructions) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status www.owm org & www prayercast com H(c) Group exemption number ▶ Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation 2000 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: OneWay Ministries exists to activate God's people worldwide to exalt Jesus Christ and advance His gospel to the multitudes We do this through prayer, proclamation, praise and Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 11 Total number of volunteers (estimate if necessary) 6 350 Total unrelated business revenue from Part VIII, column (C), line 12 0 7a Net unrelated business taxable income from Form 990-T, line 34 0 Contributions and grants (Part VIII, line 1h) . 447,811 653,738 8 9 Program service revenue (Part VIII, line 2g) 104,371 282,045 2,596 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 37 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 36,350 27,490 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 588,569 965,869 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 77,751 69,847 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 338,408 339,732 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ عائم برغيبينية برغاد 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 162,161 182,269 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 578,320 591,848 19 Revenue less expenses. Subtract line 18 from line 12 . 10,249 374 023 Beginning of Current Year 20 Total assets (Part X, line 16) ,610,242 1,756,132 401,743 21 Total liabilities (Part X, line 26) . 1,156,522 22 O\208,499 Net assets or fund balances. Subtract line 21 from line 20 599.610 Signature Block MAR A S S Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer other than officer) is based on all information of which preparer has any knowledge Sign Signature of office Date Here <u>Laine Malmqu</u> Type or print name and title Date Print/Type preparer's name Preparer's signature Check [] If Paid self-employed Preparer Firm's name ▶ Firm's EIN ▶ Use Only Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) . Yes No

For Paperwork Reduction Act Notice, see the separate instructions.



Cat No 11282Y



Form 990 (2015)

Form 99	0 (2015) Page 2
Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	OneWay Ministries 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?
	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?
	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 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.
4a	(Code) (Expenses \$ 2\2\607 including grants of \$ 0) (Revenue \$ 222050) OneWay Ministries seeks to activate Christians to advance the gospel of Jesus Christ around the world We do this primarily by
	focusing on prayer, proclamation, praise and partnership Through our Prayercast ministry (prayercast com) we seek to mobilize
	prayer and develop media resources highlighting the needs of the world Prayercast com is regularly accessed by people from over
	200 nations and all 50 states in the U.S. Churches and mission organizations use Praycast 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
	people in the Aurora/Naperville area of western Chicagoland We also partner with other ministries around the world to further the
	impact of local churches in their communities. OneWay produces and distributes music CD's with worship music to Christians.
	around the globe, and each year ministers to hundred's locally through our annual "Shine" concert. The aim of the concert is to
	encourage people from various backgrounds, cultures and churches to come together and worship Jesus
4b	(Code:) (Expenses \$ 69,847 including grants of \$ 69,847) (Revenue \$ 84,872)
	Our international ministries aim to partner cross-culturally with Christians living in other nations around the world. Our desire is to train Christian leaders and provide resources for gospel advancement globally. We have provided grants for work in Bostwana and
	Ghana as we work with our strategic partner OneWay Africa Our goal in Africa and other countries is to see national leaders rise up, be equipped, trained and set out to share the gospel with those who do not know about Jesus. Through active church planting and community development projects we hope to see our partners be able to holistically care for, and administer to, the poor and needy
	of the world
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	
4e	
4d 4e	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 282,454

rart	Checklist of Required Schedules			
1	Is the arganization described in section E01(a)(2) or 4047(a)(1) (ather than a private foundation)? If "Vec."		Yes	No
•	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 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	•	·
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		
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			_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	5 6		· ·
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		·
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		·
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	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, VIII, VIII, IX, or X as applicable.	34.54	1 . T. T	10 mg
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		/
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		V
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		<u> </u>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		· /
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		·
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 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		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20Ь		~
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	<u></u>		ŀ
	Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		·
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			١.
	employees? If "Yes," complete Schedule J	23	<u> </u>	<u> </u>
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	240		1
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	ļ	1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	<u> </u>	
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
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		~
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			1
	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	ļ	~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
	current or former officers, directors, trustees, key employees, highest compensated employees, or		ļ	
	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		,	
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	~	
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions).		- ·	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		~
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		7
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		-
	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,"			
33	complete Schedule N, Part II	32		~
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
	or IV, and Part V, line 1	34		V
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
20	Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			

Form-99	90 (2015)		1	age 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		Date of the	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	- C		3 000
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1,5	".,- "]
·	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	1c	ستندث مر	التحكينا
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	78	, y'(a	1,9, 4
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	1000	10	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	· ·	كسينا
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	E AIP	^ *******	4
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
ь	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		V
b	If "Yes," enter the name of the foreign country	1995	36.5	100
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		1	10.1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1 53.75	المكنة
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			
	gifts were not tax deductible?	6b	~	
7	Organizations that may receive deductible contributions under section 170(c).		3	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		23.47	
	and services provided to the payor?	7a 7b	~	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	/ D	~	-
Ŭ	required to file Form 8282?	7c		,
d	If "Yes," indicate the number of Forms 8282 filed during the year	5402	365	10.00
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		~
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	ļ	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1 6 1 2 2 5 1		
_	sponsoring organization have excess business holdings at any time during the year?	8	<u> </u>	A 1
9	Sponsoring organizations maintaining donor advised funds.		فللمناف	<u> </u>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Section 501(c)(7) organizations. Enter	30		145 F. 7
a	Initiation fees and capital contributions included on Part VIII, line 12	TE SAFE	£.	7 3
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	المبيم بنواكم	- 4	
11	Section 501(c)(12) organizations. Enter	7 g		
а	Gross income from members or shareholders		1	4.5
b	Gross income from other sources (Do not net amounts due or paid to other sources			3, 14
	against amounts due or received from them.)		1.0	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	3150	*Jp.++ 12
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b		如類	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1/	1 . %;	
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		1, 2
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	1
_	the organization is licensed to issue qualified health plans	機能		
С	Enter the amount of reserves on hand	THE STATE OF	1.3	門置
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See in:	structi	
0 4:	Check if Schedule O contains a response or note to any line in this Part VI	•		<u> X</u>
Secti	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8		^1	100 A 1
14	If there are material differences in voting rights among members of the governing body, or	∤		
	of the governing body delegated broad authority to an executive committee or similar	1	7.7-	
	committee, explain in Schedule O.	2.	۱۳,۰,	1.212
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 6	<u> </u>		إن ا
2	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	1000	-
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	ļ	~
6 7a	Did the organization have members or stockholders?	6	<u> </u>	-
	one or more members of the governing body?	7a		~
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	7b	<u> </u>	-
_	the year by the following:	.	- na	
а	The governing body?	8a	1	ļ
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode)	
			Yes	No
10a	• • • • • • • • • • • • • • • • • • • •	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?		,	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	المنت	4 .	1j
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	S ABOVE	السئدة ا
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	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	, <u>)</u> " ,	-
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1, 1	*55	is in
а	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	15b		~
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	2	/
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	55" n	1,31	1. A.
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an arrangation to make its Forms 1033 (or 1034 if applicable), 200, and 200 T (Section	- 504	-1/01	-2273
10	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)
10	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Laine Malmquist, 4170 Ogden Ave. Aurora, IL 60504	cords	: ▶	

Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest Comp	ensated Employee	s, and
	Independent Contractors					

Check if Schedule O contains a response or note to any line in this Part VII			

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(c)										
(A)	(B)	Position			(D)	(E)	(F)			
Name and Title	Average	box, i	Cilibon and a director, tracted,		Reportable	Reportable	Estimated			
	hours per week (list any				compensation	compensation from related	amount of other			
	hours for	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations	compensation
	related organizations	rect.	턂	ěř	am.	est o	₫.	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted line)	약별	a a		oye	E SOM	ŀ			and related organizations
	1110)	stee	rust.		ō	Dens				organizations
			66			ated				
(1) Michael Thompson	40									
P O Box 2211, Naperville, IL 60567	† 							63,600	0	0
(2) Ray Mensah	40		 				-			··
P O Box 2211, Naperville, IL 60567	†						ŀ	0	o	27,600
(3) Vernando Ereneta	0.5									
P O Box 2211, Naperville, IL 60567	1							0	0	0
(4) Frank McGraw	0.5									
P O Box 2211, Naperville, IL 60567								0	0	0
(5) Andrew Peterson	0.5									
P O Box 2211, Naperville, IL 60567								0	0	0
(6) John Fletcher	0.5									
P.O Box 2211, Naperville, IL 60567						.	ļ	0	0	0
(7) Gary Fine	0.5								_	_
P O Box 2211, Naperville, IL 60567	ļ	-	ļ				ļ	0	0	0
(8) Craig Ediger	0.5	·						1		
P O Box 2211, Naperville, IL 60567	ļ	ļ					ļ	0	0	0
(9)										
(10)				1						
(11)			-	-						
<u> </u>										
(12)	ļ									
(13)										
	ļ						L.			
(14)	 									
	1		I		1	I .	ı	I		

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees	, ar	nd F	lighes	st C	ompensated E	mployees (continue	ed)	
						C)							
	(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)		(F)	
	Name and title	Average hours per	box, ι	unles	s pe	rson	is both	n an	Reportable compensation	Reportab compensation		Estimated amount of	
		week (list any				_	or/trus	<u>_</u>		related		other	
		hours for	a ₫	nsti	Officer	ê	ag 를	Former	the	organizatio (W-2/1099-N		compensation from the	
		related organizations	Individual trustee or director	Institutional trustee	ě	Key employee	foye	<u> </u>	organization (W-2/1099-MISC)	(W-2) 1033-N	1130)	organization	
		below dotted	Q =	nal		ş	6 5	1	,		-	and related	
		line)	uste	trug		8	Pen				- 1	organizations	
			•	eet			Highest compensated employee						
44.53		 	├	-	<u> </u>	├		├	}				
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(4.0)		 						-	 				
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74.70					_			├	 				
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124/		 	1										
(25)			 	 	-	╁╌	 	\vdash					
(20)		†	1	Ì									
1b	Sub-total	.L	٠	1	1	<u> </u>		 ▶	63,600		0	27,6	00
	Total from continuation sheets to Part			•	•	•		•	0		0		0
d				Ċ				•	63,600		0	27,6	00
2	Total number of individuals (including bu						ahov	مر رم	<u> </u>	ore than \$1	00 000		
-	reportable compensation from the organ		2 (0 ()	1036	, 113	ieu	abovi	C) 1	viio received iii	OIC MILLIT WI	00,000	.	
												Yes	Νo
3	Did the organization list any former of	fficer, direc	tor, c	or te	ust	ee.	kev (emi	ployee, or high	est compe	nsated		57.7
-	employee on line 1a? If "Yes," complete									•		3	v.
4	For any individual listed on line 1a, is the							วก ส	and other com	ensation fr	om the	3,4	
•	organization and related organizations												
	ındıvıdual											4	/
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	y ur	nrelated organi	zation or inc	dividual		
	for services rendered to the organization											5	V
Section	on B. Independent Contractors					-							
1	Complete this table for your five highest	compensat	ed in	dep	end	lent	contr	ract	tors that receive	ed more tha	ın \$100	,000 of	
	compensation from the organization. Rej												(
	year.												
	(A)							T	(B)			(C)	
	Name and business add	dress						1_	Description of s	ervices		Compensation	
2	Total number of independent contractor							o ti	hose listed ab	ove) who	. 7	ر چارد از در از کارس است مرکز در در در در از در	
	received more than \$100,000 of compens	sation from	the or	rgan	uzat	tion	▶					1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ير دي

Part	VIII	Statement of Reve	enue					
# Lu. F.		Check if Schedule C		ponse or note t			<u>,</u>	. [
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns	s 1a	0	1 May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	127 1 127	1 to	では、
ons, Girts, Grants Similar Amounts	ь	Membership dues .	1b	0	विद्रुक्षेत्राम १५४५७७	marine 4 2.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	يدرون ولهوان المساور من من المان المان المان المان ا
A .	С	Fundraising events	1c	0	7.60		1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .	
Giffs,	d	Related organizations	. 1d	0			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<u>.</u>	е	Government grants (con	tributions) 1e	0	1			
5 z	f	All other contributions, g					2	
Contributions, and Other Sim		and similar amounts not inc	luded above 1f	653,738				
וַפַ בַּ	g	Noncash contributions include		0	3. 2	Part Part	The state of	
	h	Total. Add lines 1a-1	f	🕨	653,738		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- was an a substantial
Program Service Revenue				Business Code	Jan 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		- William	
e e	2a	Prayercast		900099	185,324	185,324	0	(
e D	b	OneWay Studio		900099	11,849	11,849	0	
٤	C	International Ministries	S	900099	84,872	84,872	0	(
8	d							
ram	e	A.H						
5 g	† _	All other program sen		L	000.045	-	<u> </u>	
-	<u>g</u> 3	Total. Add lines 2a-2			282,045	\ \		<u> </u>
	3	Investment income and other similar amo			2,596	3.504	0	
	4	Income from investmen	•		2,346	2,596	0	
	5	5 1.	•	ond proceeds	0	0	0	
	•	noyalies	(i) Real	(ii) Personal	W. B. W. B. T. V. Co.	A38 3	Carried Parks	CONTRACTOR OF THE CONTRACTOR O
	6a	Gross rents	26,100		The state of the s			
	b	Less rental expenses	0			11.00		"建"
	c	Rental income or (loss)	26,100		ا الله الله الله الله الله الله الله ال	tern ve	Tagangan Sanah	
	ď	Net rental income or		🕨	26,100	26,100	0	(
Ì	7a	Gross amount from sales of	(i) Securities	(II) Other	18, 0 gr in 1	, W	34 34 24	
		assets other than inventory		0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	White The services
l	b	Less cost or other basis						
		and sales expenses		0				
	С	Gain or (loss) .		0				
į	d	Net gain or (loss)	•	▶	0	0	0	
r Revenue	8a	Gross income from fuevents (not including \$ of contributions reported See Part IV, line 18						
Other			a	0		P MARIA AN	THE PROPERTY	要:11.2
ō	b	Less direct expenses Net income or (loss) f		events •	0		0	
		Gross income from ga		events . P	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	246 3 3	1	ATTE
		See Part IV, line 19	aga	0				
	b	Less direct expenses	_	0		All and	3. 15.	
	c	Net income or (loss) f		ivities >	0	0	0	
	10a	Gross sales of in	ventory, less		The second	· 沙默斯 - 成	1. 16.12 (16.16.16.16.16.16.16.16.16.16.16.16.16.1	AND THE PROPERTY OF THE PARTY O
		returns and allowance	es a	1,390	The state of the s	· 1000000000000000000000000000000000000	· 1000000000000000000000000000000000000	
	b	Less cost of goods s	old . b	0	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Francisco Control of the Control of	
- 1	С	Net income or (loss) f		entory ▶	1,390	1,390	0	
		Miscellaneous F	Revenue	Business Code		. 3. 3	- L. T.	
	11a							
1	b							
	c							
	d	All other revenue .						4 100000
	е	Total. Add lines 11a-		•	0	WELL SE THE	date the str	AND THE PARTY
	12	Total revenue. See II	nstructions		965,869	965,869	1	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses (C) (D) Fundraising expenses Management and 8b, 9b, and 10b of Part VIII. general expenses 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 Grants and other assistance to foreign 3 梅斯 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 96,526 96,526 Benefits paid to or for members 0 0 Compensation of current officers, directors, 5 trustees, and key employees . . . 31,800 31,800 63,600 0 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 256,610 97,632 158,978 0 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) O 0 0 9 Other employee benefits 0 0 0 0 Pavroll taxes . . . 10 19,522 7,891 11,631 0 Fees for services (non-employees): 11 Management O 0 O 0 Legal 1,020 0 1,020 0 b C Accounting 0 0 0 Lobbying . 0 0 0 0 Professional fundraising services See Part IV, line 17 0 0 Investment management fees 0 0 0 0 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 0 0 0 12 Advertising and promotion 0 0 0 13 Office expenses . . . 46,864 11,717 35,147 0 Information technology 14 9,075 18,151 9,076 0 15 Royalties . O 0 0 0 50,161 16 Occupancy 0 50,161 0 Travel 9,041 17 9,041 0 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 19 Conferences, conventions, and meetings . 8,265 8,265 0 0 20 Interest 1,616 0 1,616 0 21 Payments to affiliates 0 0 0 0 22 Depreciation, depletion, and amortization . 0 0 0 0 23 5,733 0 5,733 0 Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Bank charges & licenses 4.232 4.232 0 b Concert 10,507 10,507 C d All other expenses Total functional expenses. Add lines 1 through 24e 25 591,848 282,454 309,394 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ following SOP 98-2 (ASC 958-720) 0 0

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	172,683	1	318,573
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
ø	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	The state of the s	į. 1	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	5	0
ěţ	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
•	9	Prepaid expenses and deferred charges		9	0
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 1,460,959		の変す	
	b	Less: accumulated depreciation 10b 23,400	1,437,559	10c	1,437,559
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11.	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,610,242	16	1,756,132
	17	Accounts payable and accrued expenses	4,871	17	768
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and		1	
at		disqualified persons. Complete Part II of Schedule L	1,396,872	22	1,155,754
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	o	25	0
	26	Total liabilities. Add lines 17 through 25	1,401,743	26	1,156,522
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.		<i>**</i>	
aŭ	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets	The sales of the s	29	
ş	30	Capital stock or trust principal, or current funds	37,559	30	37,559
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
As	32	Retained earnings, endowment, accumulated income, or other funds.	170,062	32	562,051
Žet	33	Total net assets or fund balances	208,499	33	599,610
_	34	Total liabilities and net assets/fund balances	1,610,242	34	1,756,132
					Form 990 (2015)

Page	12	

1 Onto	50 (2013)			Fai	ye ız
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)			965,	869
2	Total expenses (must equal Part IX, column (A), line 25)			591,	,848
3	Revenue less expenses. Subtract line 2 from line 1			374	023
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			208	,499
5	Net unrealized gains (losses) on investments				0
6	Donated services and use of facilities				0
7	Investment expenses				0
8	Prior period adjustments	L			0
9	Other changes in net assets or fund balances (explain in Schedule O)				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	İ		59	9,609
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash Cach Counting Other If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.			1	338 27 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both		2a	~	
b	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on separate basis, consolidated basis, or both:		. ' I.	# 10	
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant	_ 1	2c	'an	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	ın		, , <u>, , , , , , , , , , , , , , , , , </u>	- ب س ه ار
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?		3a		·
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

Onel	Way Ministries					31-16	75712
Pa	rt I Reason for Public Cha	rity Status (All	organizations must	comple	ete this p	art.) See instructio	ns.
	organization is not a private founda						•
	A church, convention of church						
2	A school described in section						
3	A hospital or a cooperative hos						CON C.A. Al.
4	A medical research organization hospital's name, city, and state		onjunction with a nosp	oitai desc	cribed in s	section 170(b)(1)(A)	(III). Enter the
5	An organization operated for the		collogo or university	ownod o	ar aparate	d by a gayammant	al unit described in
•	section 170(b)(1)(A)(iv). (Comp		college or university	owned c	or operate	d by a government	ai unit described in
6	☐ A federal, state, or local govern	•	mental unit described	l in secti	on 170(h)	/4\/A\/ ₆ \	
	An organization that normally	-					the general public
	described in section 170(b)(1)			pov	. u govo.	initiality and a second	· ····· gorroras pasino
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally				from con	tributions, members	hip fees, and gross
	receipts from activities related						
	support from gross investme	nt income and	unrelated business	taxable i	ncome (I	ess section 511 ta	x) from businesses
	acquired by the organization a	fter June 30, 197	75. See section 509(a	a)(2). (Co	mplete Pa	art III.)	
10	An organization organized and	operated exclus	sively to test for public	c safety.	See sect	ion 509(a)(4).	
11	An organization organized and						
	one or more publicly supported	•				· · · ·	
	the box in lines 11a through 11a			•		•	-
а				•		• • • •	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	the supported organization(s organization You must com	•		ct a majo	only of the	e directors or trustee	s of the supporting
b		•		nootion v	uth ita au	nnorted propertion	o(a) by bourne
~	control or management of the	•					
	organization(s) You must co			.o camo p		iat common or manag	o and dappented
c				ted in co	nnection	with, and functionall	y integrated with,
	its supported organization(s)						-
d	l ☐ Type III non-functionally ≀nt	t egrated . A supp	porting organization o	perated	ın connec	tion with its support	ed organization(s)
	that is not functionally integra	•	• •	-		•	an attentiveness
	requirement (see instructions	•	•		-		
е	 Check this box if the organized functionally integrated, or Tyle 						I, Type III
4		•	briany integrated supp	orting or	yarıızatıo	11.	
f	5	•	orted organization(s)				
=	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	T	organization	(v) Amount of monetary	(vi) Amount of
	(,,	((described on lines 1-9	listed in yo	ur governing	support (see	other support (see
			above (see instructions))	docu	iment?	instructions)	instructions)
				Yes	No		
(A)							
					<u> </u>		
(B)							
				·	ļ		
(C)	1						
					-		
(D)							
							
E)				[
		2 2. Crawing	2 The State of	147	THE STATE OF		

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi	3
	(Complete only if you checked the						
	Part III. If the organization fails to						
Secti	on A. Public Support	- 4		, [-	· · · · · · · · · · · · · · · · · · ·		
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and	(4) = 111	(0, ====	(-,	(-,,,,,,,,,,	1-7	(7)
•	membership fees received (Do not	1	Į.				
	include any "unusual grants.")	ļ	į		į		
2	Tax revenues levied for the						
-	organization's benefit and either paid	ì	1		ĺ	1	
	to or expended on its behalf	-				1	
3	The value of services or facilities						
_	furnished by a governmental unit to the						
	organization without charge .						
4	Total. Add lines 1 through 3		 		· 		
	•		1300	b=¹, ,	102	7	
5	The portion of total contributions by each person (other than a	1 7 1 4 d	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		رُ عُ عُرِ مِنْ إِ		
	each person (other than a governmental unit or publicly	\$ 1.5 m	1 - Car 1 - 1 - 1 - 1 - 1 - 1 - 1	11 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4.3	
	supported organization) included on	The state of the s	1 2 5 - 30	1 200	"" ; "" · · · · · · · · · · · · · · · ·		
	line 1 that exceeds 2% of the amount		130 1 William	t and a base of		**	
	shown on line 11, column (f)	الم الم	1 - 2 - 3 - 3 - 3		1	A	
6	Public support. Subtract line 5 from line 4		4.	1 1	 		
	on B. Total Support	J		<u> </u>	,	1	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4		1-7	(-/	(,		(7)
8	Gross income from interest, dividends,						
Ū	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business	1	}				
	is regularly carried on						
10	Other income Do not include gain or		1				
	loss from the sale of capital assets	1	ļ				
	(Explain in Part VI)						
11	Total support. Add lines 7 through 10	11 -075 -0		1 1.	J. 12 13		
12	Gross receipts from related activities, etc		ons)			12	
13	First five years. If the Form 990 is for the	he organizatioi	n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he						. ▶ □
Secti	on C. Computation of Public Support					-	
14	Public support percentage for 2015 (line	6, column (f) d	ivided by line 1	1, column (f))	-	14	%
15	Public support percentage from 2014 Sci	hedule A, Part	II, line 14 .			15	%
16a	331/3% support test-2015. If the organi					/3% or more, c	heck this
	box and stop here. The organization qua	ilifies as a pub	licly supported	organization			▶ [
ь	331/3% support test-2014. If the organ	nization did no	ot check a box	on line 13 or	r 16a, and line	15 is 331/3%	or more,
	check this box and stop here. The organ	ıızatıon qualıfıe	es as a publicly	supported org	ganızatıon		▶ [
17a	10%-facts-and-circumstances test -2	015. If the orga	anization did n	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "f	facts-and-circ	umstances" tes	st. The organiz	ation qualifies	as a publicly s	upported
	organization						. ▶ □
b	10%-facts-and-circumstances test-2	014. If the ora	anization did n	ot check a box	c on line 13, 16	a, 16b, or 17a	and line
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in						
							. ▶ 🗀
18	Private foundation. If the organization d					k this box and	see
	instructions						. ▶ ┌

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	399,713	372,137	584,233	492,023	738,610	2,586,716
2	Gross receipts from admissions, merchandise	377,113	0,2,10,	304,233	472,020	700,010	2,000,110
	sold or services performed, or facilities	[:		
	furnished in any activity that is related to the organization's tax-exempt purpose	39,061	67,525	59,822	96,509	224,663	487,580
3	Gross receipts from activities that are not an unrelated trade or business under section 513	o	0	0	0	o	0
4	Tax revenues levied for the					-	
	organization's benefit and either paid to or expended on its behalf .	0	0	0	0	o	0_
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	438,774	439,665	644,055	588,532	963,273	3,074,296
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	40,189	40435	77,932	70,242	223,830	462,628
h	Amounts included on lines 2 and 3	40,107	40433	77,732	10,242	223,030	402,020
b	received from other than disqualified						
	persons that exceed the greater of \$5,000				i		
	or 1% of the amount on line 13 for the year	0	0	o	0	o	0
С	Add lines 7a and 7b	40,189	40,435	77,932	70,242	223,830	462,628
8	Public support. (Subtract line 7c from	· 1000	1. The state of th	2.7		多数,以识别	· · · · · · · · · · · · · · · · · · ·
	line 6.)	A A A A A A A A A A A A A A A A A A A	北 斯斯本 33		်ခုန်မြည် ရေး		2,611,668
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	438,774	439,665	644,055	588,532	963,273	3,074,296
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		_				
	royalties and income from similar sources	33	7	65	37	2,596	2,738
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
c	Add lines 10a and 10b	33	7	65	37	2,596	2,738
11	Net income from unrelated business		·····			2,070	2,700
• •	activities not included in line 10b, whether	1					
	or not the business is regularly carned on	0	0	o	0	o	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,				1		
	and 12)	438,807	439,669	644,120	588,569	965,869	3,077,034
14	First five years. If the Form 990 is for the organization, check this box and stop he	=					
Socti	on C. Computation of Public Suppo	 		• • • • • • • • • • • • • • • • • • • •	 	· · · · ·	· • • []
15	Public support percentage for 2015 (line	<u> </u>		3 column (fl)		15	84 88 %
16	Public support percentage from 2014 Sc		•			16	87 77 %
	on D. Computation of Investment In				<u> </u>	1.0	
17	Investment income percentage for 2015			v line 13. colur	nn (fi)	17	0 09 %
18	Investment income percentage from 201	-		-		18	0 01 %
19a	331/3% support tests—2015. If the organ					L	
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2014. If the organia	zation did not c	heck a box on	line 14 or line 1	19a, and line 16	s is more than 3	
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	ization qualifies	as a publicly s	upported organ	ization 🕨 🔲
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🔲

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

Section	ı A. All	Supporting (Org	ganizations
---------	----------	--------------	-----	-------------

			Yes	No
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	1 2 2	; -
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		- 1 1
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	1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	
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	ار جو مشاملات	·
4a	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	34.7	
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	激光	
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	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	\\\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	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	\$	
6 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.	5c	- T. S.	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	च्या	***	, 24
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 or 990-EZ)	8	* 5, .	
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	1 1 1	
	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
	Did a disqualified person (as defined in line 9a) 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	7.3	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess husiness holdings.)	10b	(e.	-

Schedul	e A (Form 990 or 990-EZ) 2015		F	Page 5
Part l	Supporting Organizations (continued)			
		WC	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	2.8	A.	4
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		أسسد
b	A family member of a person described in (a) above?	11b		
	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		
	on B. Type I Supporting Organizations	1		
	J. D. Type Coupper and G. Garden		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	F. 5-8		F 3/1. (.)
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	The second second		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	77	1996	2.33
	controlled the organization's activities. If the organization had more than one supported organization,	4		1.2
	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.			
	organizations and what conditions of restrictions, it any, applied to sacin powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1	4 4 . C	. 3
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1	3 40	17.
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	1	_iii	أتاتنك
C 1	Supervised, or controlled the supporting enganization	2		
Section	on 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	· · · ·	7 05	140
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	. 10	me a	1 - 1
	or management of the supporting organization was vested in the same persons that controlled or managed	1 CW. 25	4	لم من آ
	the supported organization(s).	1		_153
Section	on D. All Type III Supporting Organizations			L
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	4		9 %
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	40.00		18 T.
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the	7.7.1	بالمراد	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	7.0	أيمينا
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	Part C		لشت
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	t teat	azr 1
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1	(Company	3
	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	4:43	GUA.	
	supported organizations played in this regard.	3		اجت
Section	on E. Type III Functionally-Integrated Supporting Organizations	<u> </u>		l
		inatru		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	mstru	CUOII	s <i>)</i>
a	The organization satisfied the Activities Test. Complete line 2 below			
b	 ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (roo ind	tricti	onel
С	The organization supported a governmental entity. Describe in Part Vision you supported a government entity (366 1113		
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	\$1.00 m		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	37.4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19
	those supported organizations and explain how these activities directly furthered their exempt purposes,		7	100
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	100	1.618	التمل
	•	2a	こっぱい	Front .
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	经	1	13. 4
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these	7 - Jan	<u></u>	å
	activities but for the organization's position that its supported organization(s) would have engaged in these	2b	شفت	
2		1 7 7	95.41	मुंदर स्
3 a	Parent of Supported Organizations <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		F 330	可謂
a	trustees of each of the supported organizations? Provide details in Part VI .	3a	(LEGAL)	1223
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	4	A 1/4/20	S. S. Park
J	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		Milita

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 See i	nstructions. All
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 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	Paris		
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)	٠,٠٠	A STATE OF THE STA	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		7 30 300
3 Subtract line 2 from line 1d	3		1
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		The same of the sa	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	The state of the s	
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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5 Income tax imposed in prior year	5	スーをいてい作うか。	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	The state of the s	}
7 Check here if the current year is the organization's first as a non-functional instructions).	y-ın		g organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	zations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	inizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI) See instructions			
7	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.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1	en	
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6	经过了,你就是一个人的	2000年120日 120日	
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)	A STATE OF THE STA		The state of the s
3	Excess distributions carryover, if any, to 2015	المساور المساو	\$1 \tau \tau \tau \tau \tau \tau \tau \tau	
a				4, 4
<u>b</u>	中华 等级的 100 · 100	1 1/2 - 1 1/2 - 1 1/2	The Street Street Street	在最終的公司
<u>c</u>	民主人等於江北京一个海南京 等以八十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二		1450 1860 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Transfer
<u>d</u>	From 2013			(可·2000) (1) (1) (1)
<u>e</u>	From 2014	"福港"的"特别"。"是		The state of the s
f	Total of lines 3a through e	Jan Mark J. 7 13	研究于自然的原则	6. 少有的是 10. A 10.
<u>g</u>	Applied to underdistributions of prior years	1 186 7 2 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	4 \$ ^ 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u>h</u>	Applied to 2015 distributable amount		a military and a state of the s	505 - 1 11 7
i	Carryover from 2010 not applied (see instructions)	撮影シープ 生か 43	all the standard and a second	3 - 195 - 196 - 19
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	College Co.	The same of the	, : / 優っき、, VB. 1.
4	Distributions for 2015 from Section		11 N 2 1 - 17 Charles	
a	D, line 7: \$ Applied to underdistributions of prior years		看到方式是 · 在 · · · · · · · · · · · · · · · · ·	THE PROPERTY OF THE PARTY OF TH
		FEET SECTION OF THE PERSON OF		11 2 4 12 12 12 10 THE PARTY OF THE
b_	Applied to 2015 distributable amount	(海が (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	The state of the s	* ENGLANCE COMMENTS
	Remainder. Subtract lines 4a and 4b from 4.	1.00 m 4 5 10 m 4 5 m	ند کلیوه د سی د خده اید و هرا هو	The first of the second of the
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount			2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	greater than zero, see instructions).	The state of the s		
6	Remaining underdistributions for 2015. Subtract lines 3h	できるから アンドル マイノル デイ	在了社会路上,在一个地方	क्षा के शिक्षक को न स्थापन है।
٠	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3	1.2 % 2 37 4 6 1.0 21 4 6 5.0	163 - 16 million 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	and 4c.			
-8	Breakdown of line 7	京型等等中极心方 (1)	43. 2010. 31.	The state of the s
а	The way of the second	· 1985年 李龙 1985年 1	大學的學術學不過 心實明	P. 出版的 : (1) 100 m
b	was a state of the	The state of the s	A TOTAL TOTAL	THE TANK THE PARTY OF THE PARTY
С	Excess from 2013	是一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种	医毒类类性 人名英	化 羅寶、東於 獨
d	Excess from 2014	为他们是这个人的人的	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	· 声唱的第三人称单位
е	Excess from 2015	3韓語/影響器/10	される 小田村 いちん 大田村 い	4.57 编题表示 经营业

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	······

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047 2015

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization OneWay Ministries 31-1675712 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . Addregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ______. ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education)
Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements . . 2a Total acreage restricted by conservation easements . . . 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 \$.. (ii) Assets included in Form 990, Part X . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X .

Par	III Organizations Maintaining	Collections of A	Art, His	torical 1	reasures	or Ot	her Similar A	Asset	s (con	tınu	ed)
3	Using the organization's acquisition, a collection items (check all that apply)										
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams				
b	☐ Scholarly research										
С	☐ Preservation for future generations	;		_							-
4	Provide a description of the organizat XIII.		nd expla	ain how t	hey further	the org	janization's ex	empt	purpos	e in	Par
5	During the year, did the organization assets to be sold to raise funds rather							nılar · [∃ Yes	. 🗆	No
Part	IV Escrow and Custodial Arra	ingements.									
	Complete if the organization 990, Part X, line 21.					•	•		nt on I	Form	1
	· · · · · · · · · · · · · · · · · · ·							_] Yes		No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fo	illowing t	able:			Amou	ınt		
С	Beginning balance					10					
ď	Additions during the year .		•			10	· 				
e	Distributions during the year		•	• •		16					
f	Ending balance					11					
2a	Did the organization include an amour		rt Y line	21 for a	· · · ·			th/2 [7 Vec	\neg	No
	If "Yes," explain the arrangement in Pa									, 1	140
	t V Endowment Funds.	art Alli. Check here	ii uie e	kpianatio	ii iias Deen	provide	ed on Part Ail	• •			
Fai	Complete if the organization	anguared "Vee"	on For	000 I	20# IV Ivo	- 10					
	Complete if the organization	(a) Current year		or year	(c) Two yea		(d) Three years b	ank l) Four y		
	Danis af was halans	(a) Current year	(D) Pri	or year	(c) Two yea	IS DACK	(a) Three years b	ack (e	o Four y	ears D	ack
	Beginning of year balance										
þ	Contributions	·									
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the	he current year end	d balanc	e (line 1d	. column (a	a)) held	as				
а	Board designated or quasi-endowmer	-		, ,	,	"					
ь	Permanent endowment ▶	%	- '								
С	Temporarily restricted endowment ▶	···· %									
	The percentages on lines 2a, 2b, and		10%								
3a	Are there endowment funds not in the			zation th	at are held	and ad	ministered for	the			
	organization by								Ī	es	No
	(i) unrelated organizations							ſ.	3a(i)	-	
	(ii) related organizations			• •		• •		-		- -	
ь	If "Yes" on line 3a(ii), are the related or	rappizations listed		 rad on S	hodulo D2			. }	3a(ii)		
4	Describe in Part XIII the intended uses					• •		٠ ٢	3b		
Part			11 3 61100	WINCHE	unus						
r as t			an Far	000 r	Daniel IV 15m	- 41-	C F 00	n D		4,	^
	Complete if the organization	· · · · · · · · · · · · · · · · · · ·									J.
	Description of property	(a) Cost or oth (investme			or other basis ther)		Accumulated epreciation	(0	l) Book	value	
1a	Land	1,0	025,000			, à l, "			1,	025,0	000
ь	Buildings		375,000			<u> </u>				375,0	000
C	Leasehold improvements										
d	Equipment				60,959		23,400			37,5	559
e	Other										
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	0, Part	K, columr	(B), line 10	Oc).	▶		1,	437,5	559
					•				D (**		

Part VII	Investments — Other Securion Complete if the organization		m 990, Part IV, lır	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or cat (including name of security		(b) Book value		hod of valuation -of-year market value
(1) Financial	derivatives				
	neld equity interests	[
(3) Other					
(A)	•				
(B)	••••		· - · · · · · · · · · · · · · · · · · ·		
(C)					
(D) (E)					
(E) (F)	••••				
(G)					
(H)					
	b) must equal Form 990, Part X, col (B) line 12	1 🕨		To a the Wanter by Company	""。)、福西岛 () "新生"
Part VIII	Investments – Program Rela			10 my my and articular	A MARKATER S THE FT. S.
	Complete if the organization		m 990. Part IV. lin	e 11c. See Form	990 Part X line 13
	(a) Description of investmen		(b) Book value		hod of valuation
	(-,		(5) 20011 1230		of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)			·		
(9)					
	b) must equal Form 990, Part X, col (B) line 13) ▶		,	THE PROPERTY OF THE PARTY OF TH
Part IX	Other Assets. Complete if the organization		m 990, Part IV, lin	e 11d. See Form	
		(a) Description		·····	(b) Book value
(1)		· · · · · · · · · · · · · · · · · · ·			
(2)		· ······			
(3)					
(4)					
(6)					
(7)		· · · · · · · · · · · · · · · · · · ·			
(8)					
(9)					
	mn (b) must equal Form 990, Part	X, col. (B) line 15.)		. •	
Part X	Other Liabilities.		- · · · · · · · · · · · · · · · · · · ·		
	Complete if the organization in line 25.	answered "Yes" on For	m 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value	4 , 4 , 40 ,		Company The Company
(1) Federal in	ncome taxes		The second		
(2)				A THE WAR	
(3)					ALCONOMIC TO SERVICE S
(4)					
(5)			The same of the sa		
(6)					
(7)			يَّةُ فُوْسَدِي مِنْ الْمُعْرِينِينَ مِنْ الْمِنْ الْمِنْ الْمِنْ الْمِنْ الْمِنْ الْمِنْ الْمِنْ الْمِنْ الْم	ハードスト 震	State of The second
(8)				· 石湖山水 (京)	
(9)	15 222 2			The way were	
	b) must equal Form 990, Part X, col. (B) line 25		5.762 小海路发	的。2016年,在1717年	ST TOTAL MANAGEMENT TOTAL

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedul	e D (Form 990) 2015				Page 4
Part		ents W	ith Revenue per	Return	
	Complete if the organization answered "Yes" on Form 990,				- -
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•			
- a	Net unrealized gains (losses) on investments	2a		/* '	
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c		1	
ď	Other (Describe in Part XIII)	2d		1	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	• • •		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	ĹĹ		1111	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	
Part	XII Reconciliation of Expenses per Audited Financial Stater		With Expenses pe		ım.
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			p. 14	
а	Donated services and use of facilities	2a		h '	
b	Prior year adjustments	2b		1.5	
c	Other losses	2c		1	
ď	Other (Describe in Part XIII)	2d		† <i>-</i>	
	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	i i		ub " 4 -	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		J. 1	
Ь	Other (Describe in Part XIII.)	4b		1. 1	
	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir	ne 18.)		5	
Part	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				

Schedule D (Fo	m 990) 2015	Page 5
Part XIII	Supplemental Information (continued)	
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•••••		·
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· • • • • • • • • • • • • • • • • • • •		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

2015

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

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

OneWay Ministries

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

Employer identification number 31-1675712

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

Totals (add lines 3a and 3b)

W.

746 J. B. T. 1445

Page 2

Schedule F (Form 990) 2015

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

	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal. other)
	16 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 2 3							
	(S) (S) (S)	\$ 7 ·							
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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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2015

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) 2015

Part III Grants ar

		(c) Number of recipients	(a) Amount of cash grant	cash disbursement	non-cash assistance	(g) Description of non-cash assistance	valuation (book, FMV, appraisal, other)
(1) Missionary Support	West Africa	-	55,204	Wire transfer	N/A	N/A	N/A
		,					

~	4
Pane	-

·...

	<u> </u>			
Part	V	Foreign Forms		
1	the d	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926).	☐ Yes	☑ No
2	may Trus	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to separately file Form 3520, Annual Return To Report Transactions With Foreign ts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign twith a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	☑ No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to ain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	qual Infor	the organization a direct or indirect shareholder of a passive foreign investment company or a ified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing If (see Instructions for Form 8621).	☐ Yes	☑ No
5	the e	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain ign Partnerships (see Instructions for Form 8865)	☐ Yes	№ No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If ," the organization may be required to separately file Form 5713, International Boycott Report (see uctions for Form 5713; do not file with Form 990)	Yes	☑ No

Schedule F (Form 990) 2015

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)
•••••	
	······

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.

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

Name of the organization							Emplo	yer ruer	nuncat	ion nu	mber		
OneWay Ministries									31-	16757	12		
Part I Excess Bend Complete if t	efit Transaction he organization	is (section 501 answered "Ye	l(c)(3), s" on	section Form 99	501(c)(4), a 0, Part IV, I	nd 50 ine 25)1(c)(29) organız 5a or 25b, or Fo	ations rm 99	only) 0-EZ,	Part	V, line	40b	
1 (a) Name of disqualified	d narran	(b) Relationship be	etween o	disqualified	person and		(a) Danamatio	6 4				(d) Cor	rected?
	u person		organiza	ation		<u> </u>	(c) Descriptio	on or trai	isactio	I 1		Yes	No
(1)							. 						
(2)				- <u></u>		<u> </u>							
(3)						ļ						L	
(4)						L							
(5)						L							
(6)						L							
2 Enter the amount under section 495					gers or dis			iring ti 	ne ye 	ear ► §	\$		
3 Enter the amount	of tax, if any, on	line 2, above,	reımb	ursed by	the organ	ızatıo	n		ı	> \$	\$		
Complete if t	d/or From Inter he organization reported an ame (b) Relationship	answered "Ye	s" on I 990, P			2.	e 38a or Form 9	T		· · ·	26, or I		ritten
(with organization	loan	fro	m the	principal an		(,, 200.100 000	(3/		by b	oard or nittee?		ment?
			То	From				Yes	No	Yes	No	Yes	No
(1)			ļ						ļ		<u> </u>		
(2)								ļ			ļ		
(3)			ļ	 							ļ		
(4)	 			ļ <u>.</u>				<u>.</u>		ļ	ļ		ļ
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(6)			 								ļ	<u> </u>	ļ
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(8)			-	<u> </u>				-					-
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Total		<u> </u>	· ·			. ▶	\$ \$	المارات ا	<u> </u>	0 监称	5-45c. " " "	-ca Calles	<u> </u>
Part III Grants or As Complete if t	ssistance Bene he organization	fiting Interest answered "Ye	ed Pers" on I	rsons. Form 99	0, Part IV, I	ine 27]F **** (-*	745-24	1. ~.	2.4	***************************************	
(a) Name of interested person		ship between inter and the organization		(c) Amount	of assistance		(d) Type of assistance	ce	(e)) Purpo	ose of a	ssistan	С О
(1) Ray Mensah	Director		I		27,600	Cas	h		Sup	port			
(2)													_
(3)							····						
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(9)						ļ			ļ				

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		inng of ration's lues?
					Yes	No
				· · · · · · · · · · · · · · · · · · ·		
				 		
	· · · · · · · · · · · · · · · · · · ·					
	 					
				······································	}	
					- 	
7	Supplemental Information				- 1	
	Provide additional information	on for responses to questions	on Schedule L (see	instructions).		

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.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

31-1675712
ach Board member No formal review
destar org Governing documents and

Schedule O (Form 990 or 990-EZ) (2015)	Page - 2
Schedule O (Form 990 or 990-EZ) (2015) Name of the organization	Employer identification number
One Way Ministries	31-1675712

