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For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation ON HIS PATH		A Employer identification number 27-1354039	
Number and street (or P.O. box number if mail is not delivered to street address) 604 NORTH PARKWAY STREET		B Telephone number (see instructions) (319) 256-5656	
City or town, state or province, country, and ZIP or foreign postal code WAYLAND, IA 52654		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 910,618	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	917,819			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	917,819	0	0	
	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	9,087	0	0	9,087
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	6,156	0	0	6,156
	22 Printing and publications				
	23 Other expenses (attach schedule)	86,873	0	0	76,873
	24 Total operating and administrative expenses. Add lines 13 through 23	102,116	0	0	92,116
	25 Contributions, gifts, grants paid	888,257			833,257
	26 Total expenses and disbursements. Add lines 24 and 25	990,373	0	0	925,373
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-72,554			
	b Net investment income (if negative, enter -0-)		0		
	c Adjusted net income (if negative, enter -0-)			0	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing	923,576	883,938	883,938		
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use	452	264	264		
	9	Prepaid expenses and deferred charges					
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	c	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)					
	14	Land, buildings, and equipment basis ▶ _____ 6,597 Less accumulated depreciation (attach schedule) ▶ _____	6,597	6,597	6,597		
15	Other assets (describe ▶ _____)	10,178	19,819	19,819			
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	940,803	910,618	910,618			
Liabilities	17	Accounts payable and accrued expenses	14,147	1,516			
	18	Grants payable		55,000			
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ _____)					
	23	Total liabilities (add lines 17 through 22)	14,147	56,516			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted					
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds	0	0			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0			
	29	Retained earnings, accumulated income, endowment, or other funds	926,656	854,102			
30	Total net assets or fund balances (see instructions)	926,656	854,102				
31	Total liabilities and net assets/fund balances (see instructions) .	940,803	910,618				

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	926,656
2	Enter amount from Part I, line 27a	2	-72,554
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	854,102
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	854,102

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

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

2 Capital gain net income or (net capital loss)	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	1,243,634	129,994	9 566857
2014	1,207,923	239,278	5 048199
2013	976,524	54,867	17 798021
2012	766,604	62,732	12 220302
2011	732,272	110,977	6 598412

2 Total of line 1, column (d)	2	51 231791
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	10 246358
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	866,703
5 Multiply line 4 by line 3	5	8,880,549
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7 Add lines 5 and 6	7	8,880,549
8 Enter qualifying distributions from Part XII, line 4	8	925,373

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ <u>IA</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	Yes
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.ONHISPAT.COM	13	Yes	
14	The books are in care of JOHN MITCHELL Telephone no (319) 256-5656			

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15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to <div style="margin-top: 5px;"> (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div style="margin-top: 5px;"> (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div style="margin-top: 5px;"> (3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div style="margin-top: 5px;"> (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="margin-top: 5px;"> (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>			
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	5b		No
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d) </i>			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "Yes" to 6b, file Form 8870</i>	6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b		

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JOHN MITCHELL 604 NORTH PARKWAY STREET WAYLAND, IA 52654	PRESIDENT 0 10	0	0	0
JEAN MITCHELL 604 NORTH PARKWAY STREET WAYLAND, IA 52654	VICE PRESIDENT 0 10	0	0	0
EMILY FERGUSON 604 NORTH PARKWAY STREET WAYLAND, IA 52654	TREASURER/SECRETARY 0 10	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000. ▶				0

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

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

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 EL SALVADOR CLUBFOOT - IN COOPERATION WITH IGLESIA BAUTISTA VISTA HERMOSA, SIX ON HIS PATH CLUBFOOT CLINICS PROVIDED TREATMENT FOR CHILDREN AND COUNSELING FOR FAMILIES OF CHILDREN BORN WITH CLUBFOOT HIGHLIGHTS FOR 2016 IN JUNE 2016 A SPECIAL COMMEMORATIVE CELEBRATION OF WORLD CLUBFOOT DAY WAS OBSERVED IN THE FIVE CLINICS TO RAISE AWARENESS ABOUT THE DISABILITIES THAT UNTREATED CHILDREN HAVE IN OCTOBER 2016 BUILDING CONSTRUCTION WAS COMPLETED ON THE SIXTH CLUBFOOT CLINIC IN SONSONATE, EL SALVADOR, WHICH CURRENTLY HAS 60 PATIENTS	5,612
2 GUATEMALA MISSION MOBILITY - ON HIS PATH CONTINUES TO PARTNER WITH BETHEL MINISTRIES INTERNATIONAL TO PROVIDE WHEELCHAIRS, FOOD AND OTHER SUPPLIES TO AID THE NEEDY AND DISABLED IN GUATEMALA IN SUMMER 2016, A MISSION TRIP TO GUATEMALA FITTED 63 PEOPLE WITH WHEELCHAIRS HIGHLIGHTS FOR 2016 THREE SHIPPING CONTAINERS OF WHEELCHAIR PARTS AND OTHER MOBILITY RELATED ITEMS WERE SENT FROM IOWA, KENTUCKY AND FLORIDA TO CHIMALTENANGO, GUATEMALA GIFTS FOR GUATEMALA CAMPAIGN PROVIDED 205 GIFT BAGS THAT WERE SHIPPED TO GUATEMALA IN NOVEMBER 2016 CONTINUED WORK ON DESIGNING A RECLINING WHEELCHAIR WITH A FINAL PRODUCT DESIGN COMPLETED IN 2016 WHEELCHAIRS WILL BE CONSTRUCTED AND ASSEMBLED AT THE BETHEL MINISTRIES INTERNATIONAL WORKSHOP WITH THE PARTS PROVIDED BY ON HIS PATH	29,775
3 INDIA - CONTINUED SUPPORT OF EDUCATION AND NUTRITION PROGRAMS THROUGH THE VIMUKTHI SCHOOL, LEPER CARE, SEWING CENTER AND WIDOW FEEDING PROGRAM HIGHLIGHTS FOR 2016 LAUNCHED 2 CLINICS IN ANDHRA PRADESH PROVIDING CLUBFOOT TREATMENT AND TRAINING FOR MEDICAL PERSONNEL	13,793
4 OTHER PROGRAMS - DISTRIBUTION OF BIBLES, WATER UNITS, MEALS, MEDICAL DEVICES, EMERGENCY AND DISASTER ASSISTANCE SUPPLIES IN THE U S AND ABROAD ALL AREAS ARE FOCUSED ON GREATEST NEED HIGHLIGHTS FOR 2016 DEVELOPMENT OF TRAINING CENTER FOR SINGLE AND WIDOWED WOMEN IN NEPAL, PRIMARY SCHOOL AND ORPHAN CARE CENTRE IN UGANDA, CONTINUED SUPPORT OF EDUCATION AND NUTRITION OPPORTUNITIES IN HAITI, AND PROVIDED 4,000 DOMESTIC MEALS MONTHLY PRIMARILY IN THE STATE OF IOWA IN COOPERATION WITH THE TAKE AWAY HUNGER ORGANIZATION	34,081

Part IX-B Summary of Program-Related Investments (see instructions)

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

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	879,902
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	879,902
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	879,902
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	13,199
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	866,703
6	Minimum investment return. Enter 5% of line 5.	6	43,335

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

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	925,373
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	925,373
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	925,373

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.				
e From 2015.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ _____				
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2016 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2012.				
b Excess from 2013.				
c Excess from 2014.				
d Excess from 2015.				
e Excess from 2016.				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. ▶

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

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

b 85% of line 2a

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

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

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

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

a "Assets" alternative test—enter

(1) Value of all assets

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

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

c "Support" alternative test—enter

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

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

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Tax year	Prior 3 years			(e) Total
(a) 2016	(b) 2015	(c) 2014	(d) 2013	
0	0	0	0	0
0	0	0	0	0
925,373	1,243,634	1,207,923	976,524	4,353,454
833,257	1,132,925	1,067,891	879,256	3,913,329
92,116	110,709	140,032	97,268	440,125
				0
				0
28,890	4,333	7,976	1,829	43,028
				0
				0
				0
				0

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

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

c Any submission deadlines

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

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

<div>Recipient</div> <div>Name and address (home or business)</div>	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				833,257
b <i>Approved for future payment</i> FUNDACION MEXICANA DEL PIE EQUINO VARO AC CALLE VENUSTIANO CARRANZA NO 233 SANTA CATARINA MX		NC	SPONSORSHIP OF CLINIC COORDINATORS	18,750
MISSION TO THE NATIONS 3-19-6 SANTHINAGAR ROAD KAKINADA, ANDHRA PRADESH IN		NC	VIMUKTHI SCHOOL AND LEPROSY COMMUNITY CARE, PROVIDE DINING HALL, KITCHEN AND FOOD STORAGE FOR THE ORPHANAGE	25,000
TRIBULATION AND TRUST MINISTRIES 206 N ADAMS ST WAYLAND, IA 52654		PC	SUPPORT FOR JAIL & PRISON MINISTRY	11,250
Total ▶ 3b				55,000

Enter gross amounts unless otherwise indicated

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

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII

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

[illegible]

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

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

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

**Sign
Here**

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


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

**Paid
Preparer
Use Only**

Print/Type preparer's name CARLEY UMSTEAD	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00982177
Firm's name ▶ RSM US LLP				Firm's EIN ▶ 42-0714325
Firm's address ▶ 201 FIRST ST SE SUITE 800 CEDAR RAPIDS, IA 52401				Phone no (319) 298-5333


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

JOHN MITCHELL
JEAN MITCHELL

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AS YOU ARE GOING MINISTRIES 2605 NW 182ND STREET EDMOND, OK 73012		PC	VIDEO PROGRAM TO PROMOTE ON HIS PATH AND MISSION MOBILITY SUPPORT FOR GUATEMALA	13,200
BETHEL MINISTRIES INTERNATIONAL PO BOX 573 RESERVE, NM 87830		PC	MINISTRIES AND MISSIONS TO AID POOR AND DISABLED IN GUATEMALA	177,792
CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DR 2200 ORLANDO, FL 32832		PC	CAMPUS MINISTRY AND OUTREACH	10,000
CHURCH WORLD SERVICECROP 28606 PHILLIPS STREET PO BOX 968 ELKHART, IN 46515		PC	WORLD HUNGER RELIEF	1,000
CLUBFOOT SOLUTIONS 2509 RIVER RUN CT NE CEDAR RAPIDS, IA 52411		PC	CLUBFOOT BRACES FOR MEXICO PROGRAM	25,000
Total 				833,257
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CREATION TRUTH FOUNDATION INC PO BOX 1435 NOBLE, OK 73068		PC	OPERATIONAL NEEDS	7,500
CURE INTERNATIONAL 701 BOSLER AVENUE LEMOYNE, PA 17043		PC	CLUBFOOT CLINIC - INDIA	41,629
DEVELOPMENT FOR FREEDOM INTERNATIONAL 11 IMPASSE MESMIN DELMAS 62 PORTAUPRINCE HA		PC	HOMES IN HAITI FOR ADOLESCENT HOMELESS RESCUE	20,000
FUNDACION MEXICANA DEL PIE EQUINO VARO AC CALLE VENUSTIANO CARRANZA NO 233 SANTA CATARINA MX		NC	SPONSORSHIP OF CLINIC COORDINATORS	7,750
GRACE MISSION TO THE NATIONS PO BOX 381 MUKONO UG		NC	TO SUPPORT BASIC NEEDS OF ORPHANS AND WIDOWS AT A UGANDAN ORPHANAGE	41,920
Total ► 3a				833,257


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HAITI FOR CHRIST 1012 ROCKHAVEN COURT CHESTER, VA 23836		PC	SUPPORT FOR CHRISTIAN TV SHOW IN HAITI	90
IGLESIA BAUTISTA VISTA HERMOSA CALLE HUIZUCAR Y COL LA CONSTANCIA 25 CIMA I SAN SALVADOR ES		NC	CLUBFOOT CLINICS	57,600
LIMBS INTERNATIONAL 500 WEST OVERLAND SUITE 230 EL PASO, TX 79901		PC	LATIN AMERICA PROJECT, PROSTHETIC SOLUTIONS	10,000
LIVING WATER CHRISTIAN MISSION NORTHEAST EVANGELISM OF MOBERLY MO PO BOX 795 MOBERLY, MO 65270		PC	PURCHASE OF VEHICLE FOR MINISTRY IN HAITI	30,000
MARION AVENUE BAPTIST CHURCH 215 SOUTH MARION AVENUE WASHINGTON, IA 52353		PC	OPERATIONAL SUPPORT	10,000
Total 				833,257
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MATER DEI 294 IRVINE AVE SAINT PAUL, MN 55102		PC	MATER DEI AFRICA MICROFINANCE PROGRAM	10,000
MISSION TO THE NATIONS 3-19-6 SANTHINAGAR ROAD KAKINADA, ANDHRA PRADESH IN		NC	VIMUKTHI SCHOOL AND LEPROSY COMMUNITY CARE, PROVIDE DINING HALL, KITCHEN AND FOOD STORAGE FOR THE ORPHANAGE	114,157
MT PLEASANT CHRISTIAN SCHOOL 1505 EAST WASHINGTON ST MT PLEASANT, IA 52641		PC	SCHOLARSHIP FUND TO HELP FAMILIES WITH TUITION COSTS	22,000
NEW SONG CHRISTIAN LIFE CHURCH 207 ARCHIBALD ST NEW LONDON, IA 52645		PC	FOOD AND EDUCATION FOR ORPHANS	32,680
OPERATION BLESSING INTERNATIONAL 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463		PC	TO BUILD OUTDOOR STRUCTURE AND SOCCER FIELD FOR MEDAN ELIZE, HAITI SCHOOL, SCHOLARSHIPS AND MEALS TO 300 EBOLA ORPHANS IN LIBERIA, RENOVATION AND ADDITION OR HUMAN TRAFFICKING RESCUE SHELTER, TO PURCHASE TEXTBOOKS, SCHOOL SUPPLIES AND UNIFORMS FOR 300 CHILDREN IN HAITI	57,234
Total ► 3a				833,257

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OUR CHURCH COMMUNITY CHURCH 1474 FRANKLIN AVE WAYLAND, IA 52654		PC	SUPPORT OF FOOD PANTRY	6,000
PURE WATER FOR ALL FOUNDATION 403 W MAIN ST WASHINGTON, IA 52353		PC	WATER SYSTEMS IN AFRICA, HAITI AND PERU	20,500
THE FOUNTAIN CHARITABLE FOUNDATION 1125 ORANGE AVENUE KALONA, IA 52247		PC	CHRISTIAN DISCIPLESHP	25,000
TRIBULATION AND TRUST MINISTRIES 206 N ADAMS ST WAYLAND, IA 52654		PC	SUPPORT FOR JAIL & PRISON MINISTRY	4,250
TRUTH FOUNDATION INC PO BOX 165 NEW LONDON, IA 52645		PC	DAILY OPERATIONS	45,000
Total ► 3a				833,257

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
WATER OUR THIRSTY WORLD LTD 1010 WESTWOOD DRIVE MT PLEASANT, IA 52641		PC	DEVELOP AND COMPLETE VARIOUS WATER PROJECTS ADVANCE GOSPEL	22,555
WAYLAND MINISTERIAL ASSOCIATIONSUGAR CREEK MENNONITE CHURCH 1209 FRANKLIN AVE WAYLAND, IA 52654		PC	WAYLAND TRAILER COURT FUND	5,400
WORLD HOPE INTERNATIONAL 1330 BRADDOCK PL STE 301 ALEXANDRIA, VA 223146400		PC	ENABLE THE CHILDREN PROGRAM, SIERRA LEONE	10,000
YMCA OF WASHINGTON COUNTY 121 EAST MAIN STREET WASHINGTON, IA 52353		PC	YMCA YOUTH PROGRAM	5,000
Total  3a				833,257

TY 2016 Accounting Fees Schedule**Name:** ON HIS PATH**EIN:** 27-1354039

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	9,087	0	0	9,087

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

TY 2016 Expenditure Responsibility Statement

Name: ON HIS PATH

EIN: 27-1354039

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
FUNDACION MEXICANA DEL PIE EQUINO VARA AC (GRANT #158)	PRESIDENTS CARRANZA 233 COLONIA SANTA CATARINA COYOACAN MEXICO CITY MX	2016-10-22	25,000	TO SPONSOR CLINIC COORDINATORS IN 23 LOCATIONS IN MEXICO	6,250	NONE	03/17		
GRACE MISSION TO THE NATIONS (GRANT #148)	BOX 381 MUKONO UG	2016-06-20	35,000	TO PROVIDE DINING HALL, KITCHEN AND FOOD STORAGE FOR THE ORPHANAGE	35,000	NONE	10/16, 02/17		
MISSION TO THE NATIONS (GRANT #140)	PLT 18 D NO 3-19-6 KANNAYYAKAPUNAGAR, KAKINADA IN	2016-02-03	100,000	VIMUKTHI SCHOOL, LEPER CARE, SEWING CENTER, WIDOW FEEDING PROGRAM SUPPORT	75,000	NONE	10/16		
IGLESIA BAUTISTA VISTA HERMOSA (GRANT #139)	CALLE HUIZUCAR Y COL LA CONSTANCIA 25 CIMA I SAN SALVADOR ES	2016-02-02	41,600	TO FUND OPERATING AND ADMINISTRATION OF FIVE PONSETI CLUBFOOT CLINICS	41,600	NONE	04/16, 07/16, 10/16		

TY 2016 Other Assets Schedule**Name:** ON HIS PATH**EIN:** 27-1354039**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
MOLDS	7,548	7,548	7,548
UNDEPOSITED FUNDS	2,630	12,271	12,271

TY 2016 Other Expenses Schedule**Name:** ON HIS PATH**EIN:** 27-1354039**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BOOKS, SUBSCRIPTIONS	2,956	0	0	2,956
LIFE INSURANCE PREMIUM	10,000	0	0	0
OTHER	1,356	0	0	1,356
POSTAGE & MAILING	21,870	0	0	21,870
PRINTING & COPYING	14,108	0	0	14,108
SUPPLIES	20,661	0	0	20,661
TELEPHONE	307	0	0	307
FREIGHT	13,977	0	0	13,977
ADVERTISING	1,450	0	0	1,450
BONE MODELS	188	0	0	188

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2016

Name of the organization ON HIS PATH	Employer identification number 27-1354039
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Organization type (check one)

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

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

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

Name of organization ON HIS PATH	Employer identification number 27-1354039
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Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	MITCHELL DESIGNS	\$ 805,000	Person <input checked="" type="checkbox"/>
	C/O JOHN R MITCHELL 604 N PARKWAY S		Payroll <input type="checkbox"/>
	WAYLAND, IA 52654		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2</u>	DAN POSID	\$ 9,800	Person <input checked="" type="checkbox"/>
	1109 MOREVIEW DRIVE		Payroll <input type="checkbox"/>
	LYNCHBURG, VA 24502		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>	BETHEL MENNONITE CHURCH	\$ 9,100	Person <input checked="" type="checkbox"/>
	3185 WAYLAND RD		Payroll <input type="checkbox"/>
	WAYLAND, IA 52654		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>	JOHN AND HEIDI FERGUSON	\$ 8,200	Person <input checked="" type="checkbox"/>
	57 WILSON BLVD		Payroll <input type="checkbox"/>
	FAIRFIELD, IA 52556		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	WATER OUR THIRSTY WORLD (WOTW)	\$ 7,950	Person <input checked="" type="checkbox"/>
	74 HERON CIRCLE		Payroll <input type="checkbox"/>
	IOWA CITY, IA 52245		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

27-1354039

Part II	Noncash Property
---------	------------------

(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization

ON HIS PATH

Employer identification number

27-1354039

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	