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Form 990-PF

c Adjusted net income (if negative, enter -0-)

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

Return of Private Foundation

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

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

Department of the Treasury Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. MAY 3. 2016 For calendar year 2016 or tax year beginning , and ending DEC 31. 2016 Name of foundation A Employer identification number JOSPEHS WAY INC 81-2558072 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 15621 W 87TH ST 294 913-208-0573 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 66219 LENEXA, KS G Check all that apply: X Initial return D 1. Foreign organizations, check here Initial return of a former public charity Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here Fair market value of all assets at end of year | J | Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 27,669. (Part I, column (d) must be on cash basis.) ▶\$ **Analysis of Revenue and Expenses** (d) Disbursements for charitable purposes (cash basis only) Part I (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income 30,000 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 11 11 STATEMENT 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 Income modifications Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 30,011 11 12 Total. Add lines 1 through 11 0 0 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees **b** Accounting fees c Other professional fees and Administrative 18 Taxes 19 Depreciation and deptetion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications Y 23 Other expenses 1,042 1,042. 0. 24 Total operating and administrative 1,042. expenses. Add lines-13 through 28%. MT 042 0 25 Contributions, gifts, grants paid 300 1,300. 26 Total expenses and disbursements. 2,342. Add lines 24 and 25 2,342 0 27 Subtract line 26 from line 12: 27,669 & Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 11 N/A

P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	•		(a) DOOK VAIUE	(b) DOOK VAIDE	(v) i aii iviai kei value
	I	Cash - non-interest-bearing		27 660	27 660
	ı	Savings and temporary cash investments		27,669.	27,669.
;	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons		 	
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts			
şţ	8	Inventories for sale or use		<u></u>	
Assets	9	Prepaid expenses and deferred charges			<u> </u>
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis	Ì		
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
_		instructions. Also, see page 1, item I)	0.	27,669.	<u>27,669.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable		<u> </u>	
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ia de	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
ø		and complete lines 24 through 26 and lines 30 and 31.			
Ş	i	Unrestricted			
<u>a</u>	25	Temporarily restricted			
Net Assets or Fund Balan	26	Permanently restricted			
Ē		Foundations that do not follow SFAS 117, check here			
<u>ه</u>		and complete lines 27 through 31.		•	
ş	27	Capital stock, trust principal, or current funds	0.	<u> </u>	-
SSS	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.		•
¥	29	Retained earnings, accumulated income, endowment, or other funds	0.	27,669.	-
ž	30	Total net assets or fund balances	0.	<u>27,669.</u>	-
		-	_	27 660]
_]31	Total liabilities and net assets/fund balances		27,669.	<u></u>
F	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
-	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		Γ
1			UU .	1	0.
٥	-	st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a		2	27,669.
2		r increases not included in line 2 (itemize)		3	27,009.
3		lines 1, 2, and 3		- 3	27,669.
4		eases not included in line 2 (itemize)		5	27,009.
5 6		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	Jumn (h) line 30	6	27,669.
<u>v</u>	1018	The gasets of fund balances at end of year time 4 tillings line of Farth, ou	namm (o) mile oo		Form 990-PF (2016)
					(== ,0)

Page 2

Form 990-PF (2016)-

JOSPEHS WAY INC

	PEHS WAY INC	,	<u> </u>			81	<u>-2558</u>	3072	Page 3
	and Losses for Tax on		t Income	(6) H	low acquired	(a) Detail		(4) 0	
(a) List and descr 2-story brick wa	ribe the kind(s) of property sold (rehouse; or common stock, 200	e.g., real estate, shs. MLC Co.)		۱۳۶۰	low acquired Purchase Donation	(c) Date ac (mo., day		(d) Date (mo., da	
1a				"	Donation				· · · · · · · · · · · · · · · · · · ·
b NO	NE								
<u>c</u>				ļ					
<u>d</u>				ļ					
<u>e</u>	(f) Dansanton allamad	(1)0-	-44bb	 _ _		(1) Co	(1)		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				n or (loss) f) minus (
_a									
C		 		_				-	
d									
e				Ţ					
Complete only for assets showin						(I) Gains (Col			
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		col. (j), if any		C	ol. (k), but no Losses (fi	rom col. (†		
<u>a</u>									
<u>b</u>		 		-+					-
d					 -				·
e							-		
2 Capital gain net income or (net ca		nter in Part I, line r -0- in Part I, line		}	2				
3 Net short-term capital gain or (los									
If gain, also enter in Part I, line 8,		, (- ,-		1					
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section 4040(a) f	or Beduces	Tay on Net	J l	3 estment in	come			
(For optional use by domestic private						COITIE		N/A	
	•	uli 4340(a) lax ul	ı ilet iliyeştilletit i	IICOIIIC	•)			H/A	
If section 4940(d)(2) applies, leave the	nis part blank.								
Was the foundation liable for the sect	tion 4942 tax on the distributable	amount of any y	ear in the base pe	riod?			••	Yes	☐ No
If "Yes," the foundation does not qual						·			
1 Enter the appropriate amount in (a)		ne instructions be	tore making any (·			(d)	
Base period years Calendar year (or tax year beginnii	(b) Adjusted qualifying	distributions	Net value of no	(c) onchar	ıtable-use asse	ets (n	Distrib	(d) ution ratio ded by col.	(c))
2015	19 11)						(B) a	<u> </u>	(0)/
2014									
2013									
2012									
2011									
2 Total of line 1, column (d)						2			
3 Average distribution ratio for the	5-vear base period - divide the to	ital on line 2 by 5.	or by the numbe	r of ve	ars				
the foundation has been in existe			, ,			3			
	·							_ _	
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5					4	-	_		
5 Multiply line 4 by line 3					5	·			
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6			
7 Add lines 5 and 6						7			
8 Enter qualifying distributions from						8			
If line 8 is equal to or greater than See the Part VI instructions.	n line 7, check the box in Part VI,	line 1b, and com	plete that part usi	ng a 19	% tax rate.				

	rt VI· Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49)48 -	see in	<u>/ 4</u> stru	ction	<u> </u>
_	Exempt operating foundations described in section 4940(d)(2), check here \(\bigs\) and enter "N/A" on line 1.	1		J C . U		,
14	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				0.
·	of Part I, line 27b					<u> </u>
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	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:					
	2016 estimated tax payments and 2015 overpayment credited to 2016					
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868) 6c					
	Backup withholding erroneously withheld 6d 6d					
	Total credits and payments. Add lines 6a through 6d	7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		-		0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	11				
_	rt VII-A Statements Regarding Activities		-			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	n			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)	?		1b		X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or				
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			1c		_X_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		ŀ			
	managers. ► \$ 0 .		i			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		<u> </u>	2		_X_
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	•	İ			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3_		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N.	/A	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-	5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					ļ
	By language in the governing instrument, or	1	1			}
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	ıaw		_		.,
-	remain in the governing instrument?		-	6	X	X
1	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		}	7	_^_	
0	Enter the states to which the foundation reports or with which it is registered (see instructions)		ļ			
08	KS					
L.	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					}
Ų	of each state as required by General Instruction G? If "No," attach explanation			8b	х	1
a	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar	F		-	
J	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	·uui		9		x
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses			10		X
	and any personal deposition of the second section of the second s		Form)-PF	(2016)

Form 990-PF (2016)

Part VII-B Statements Regarding Activities for Which I	Form 4720 May Re F		61-23360 (ed)	1 2 Page 6
	OTHER TIES HIS DE F	ioquii eu (contint	Jeu)	
5a During the year did the foundation pay or incur any amount to:	. 404E(a)\Q		s X No	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			8 LALINO	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire		s X No	
any voter registration drive?	0		S X No	1
(3) Provide a grant to an individual for travel, study, or other similar purposes			8 LALINO	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section		s X No	
4945(d)(4)(A)? (see instructions)			S LALINO	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	or	s X No	
the prevention of cruelty to children or animals?			S LAL NO	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni		n Regulations	37/3	.
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	<u>ib </u>
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f				
expenditure responsibility for the grant?		I∕A ∐ Ye	8 L No	
If "Yes," attach the statement required by Regulations section 53.494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		s X No	
a personal benefit contract?		Y6	I	Sb X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		-	N A
If "Yes" to 6b, file Form 8870.	shalter transportion?		s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax sb If "Yes," did the foundation receive any proceeds or have any net income attributed.				'b
Part VIII Information About Officers, Directors, Trust		nagers. Highly		
Paid Employees, and Contractors			•	
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowances
THOMAS J BICKIMER	DIRECTOR			
15621 W 87TH ST #294		İ	i	
LENEXA, KS 66219	1.00	0.	0.	0.
MARY H BICKIMER	DIRECTOR			
L5621 W 87TH ST #294				
JENEXA, KS 66219	1.00	0.	0.	0.
THOMAS R BICKIMER	DIRECTOR			
L5621 W 87TH ST #294	4 00			0
JENEXA, KS 66219	1.00	0.	0.	0.
	_			
2 Compensation of five highest-paid employees (other than those in	luded on line 1). If none.	enter "NONE."	<u></u>	
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE				
NONE	†			
	<u> </u>		<u> </u>	
Total number of other employees paid over \$50,000			<u> </u>	0
			Form	990-PF (2016)

Form 990-PF (2016) JOSPEHS_WAY_INC	81-	2558072 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	ter "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 standard of organizations and other beneficiaries served, conferences convened, research papers p	atistical information such as the roduced, etc.	Expenses
1 <u>N/A</u>		
2		
3		
3		
		
4		
Port IV-R Common of Discussing Policia d Investments		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1 N/A	5/1 III 65 / 4 II 6 I	
2		
All all and a second se		
All other program-related investments. See instructions.		
3		
Total, Add lines 1 through 3	<u>></u> _	0.

0 . Form **990-PF** (2016)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndatio	ns, 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.
	Average of monthly cash balances	1b	25,125.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	25,125.
	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	25,125.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	377.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	24,748.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	824.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.)	nd certa	
1	Minimum investment return from Part X, line 6	1	824.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	824.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	824.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	824.
P	art 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	2,342.
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:		
а	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	2,342.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	_6_	2,342.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifie	s for the section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2016)

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,				824.
line 7		•		044.
2 Undistributed income, if any, as of the end of 2018			0	
a Enter amount for 2015 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:		0.		
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 2,342.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)				
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			024
d Applied to 2016 distributable amount	1 510	· · · · · ·		824.
e Remaining amount distributed out of corpus	1,518.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,518.	·- ·- · · · ·		
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
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)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	o.			
9 Excess distributions carryover to 2017.	0.			
Subtract lines 7 and 8 from line 6a	1,518.			
10 Analysis of line 9:	1,210.			
1				
a Excess from 2012			[
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016 1,518.			<u> </u>	<u> </u>

Part XIV Private Operating F	WAY INC	ata sations and Dort \/	I A guartier (1)		1-2558072 Page 10
			i-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		=		7 4040()(0)	10404)(5)
b Check box to indicate whether the found		ig foundation described		_ 4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2016	(b) 2015	Prior 3 years (c) 2014	(d) 2013	(e) Total
income from Part I or the minimum	(a) 2010	(0) 2013	(6) 2014	(0) 2013	(e) (otal
investment return from Part X for					
each year listed b 85% of line 2a			ļ .	 	
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				ļ	
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		· · · -		<u> </u>	
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000	or more in assets
at any time during t			ii dio iodiidalio	40,000	
1 Information Regarding Foundation	on Managers:	•			
a List any managers of the foundation wh	_	than 2% of the total con	tributions received by th	e foundation befor	e the close of any tax
year (but only if they have contributed n			-		
SEE STATEMENT 3		<u> </u>			
b List any managers of the foundation who other entity) of which the foundation ha			(or an equally large por	tion of the ownersh	nip of a partnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here 🕨 🗓 if the foundation of	only makes contributions	to preselected charitable	organizations and does	not accept unsofic	ated requests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations i	under other conditions,	complete items 2a,	b, c, and d.
a The name, address, and telephone num	ber or e-mail address of t	the person to whom app	ications should be addi	essed:	
b The form in which applications should t	oe submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:					
					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kınds of ınstitutions, o	r other factors:	

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid dunng the year MORNING GLORY MINISTRIES 501(C)(3) GENERAL CHARITABLE PURPOSE 416 W 12TH ST KANSAS CITY MO 64105 550. CHWC 501(C)(3) AFFORDABLE HOUSING 2 S 14TH ST 250. KANSAS CITY, KS 66102 HABITAT FOR HUMANITY 501(C)(3) AFFORDABLE HOUSING 121 HABITAT ST AMERICUS GA 31709 500. **▶** 3a 1,300. Total **b** Approved for future payment NONE Total

Part XVI-A Analysis of Income-Producing Activities

(a) Business code	(b) Amount	Exclusion code	(d) Amount	(e) Related or exempt function income
	Amount	sion		function income
		—		
	•			
]		14	11.	
		.		
	0		11.	0
			13	11
	o the Accor		0.	

Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of Line No. the foundation's exempt purposes (other than by providing funds for such purposes). ▼

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of								Yes	No		
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?											
a Transfers from the reporting foundation to a noncharitable exempt organization of:											
(1) Cash									1a(1)		X
	(2) Other	r assets							1a(2)		_X_
b	Other tran	nsactions:									
	(1) Sales	s of assets to a noncharitat	ble exempt organizat	ion					1b(1)		<u>X</u>
	(2) Purc	hases of assets from a nor	ncharitable exempt o	rganization					1b(2)		X X X X
	(3) Renta	al of facilities, equipment, (or other assets						1b(3)		<u> </u>
	(4) Reim	bursement arrangements							1b(4)		<u> </u>
	(5) Loan	s or loan guarantees							1b(5)		<u>X</u>
		ormance of services or me							1b(6)		<u>X</u>
		of facilities, equipment, mai							1c		<u>X</u>
d		=	•	-			-	narket value of the goods, o		ets,	
					ed less th	an fair market valu	ie in any transaction	n or sharing arrangement, s	how in		
/a).		d) the value of the goods, (a avament		(4) 0 .				
(a)L	ne no	(b) Amount involved	(c) Name of	noncharitable	exemple	organizanon	(U) Description	n of transfers, transactions, and	snaring an	angeme	nts
				N/A		· · · · · · · · · · · · · · · · · · ·					
	-										
								-			
								*** * * * * * * * * * * * * * * * * *			
										-	
											•
					-						
				•							
2a	Is the fou	ndation directly or indirect	tly affiliated with, or r	elated to, one	or more	tax-exempt organi	zations described				_
	ın section	501(c) of the Code (other	r than section 501(c)	(3)) or in sect	tion 527?				Yes	X	No
b	If Yes, c	omplete the following sch			1		·				
		(a) Name of org	janization		(b) Typ	e of organization		(c) Description of relations	hip		
		<u>N/A</u>			ļ						
					-						
							 				
					<u> </u>				-		
	11574	r penetties of perjury Tripolare	That I have a various the	e return includes	20 2000	inving schedules and	statements and to the	hest of my knowledge			
Si		elet it is true, correct, and co	nplete Declaration of pr	eparer (other tha	in taxpayer)	is based on all inform	nation of which prepare	r has any knowledge retu	y the IRS	e prepar	er
He	re	-17 1	2	1/	1	5 liolit	Rayon		wn below X Yes		¬' I
•		nature of officer or trustee	- Car	_	, D	ate / /	Title	wemach_	∆ Tes		J No
	loig	Print/Type preparer's na		Preparer's s		116 - *	Date	Check If PTIN			
		The specific street	u¥	, . opuioi 3 ai			30.0	self- employed			
Pa	id	ANDREW J.	HOEDI.	ANDREW	т.	HOEDI.	05/08/17	, , , l	0290	670	
	eparer	Firm's name ► HOE					100/00/1/	Firm's EIN ▶ 48-1			
	e Only		LL GREG		••						
	•	Firm's address ▶ 88	26 SANTA	FE DRT	VE	STE 160					
			ERLAND PA					Phone no. 913-3	38-4	949	
									orm 99		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Employer identification number

2016

JOSPEHS WAY INC 81-2558072 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 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** X 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

<u>JOSPE</u>	HS WAY INC	81	<u>2558072</u>
Part I	Contributors (See instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PROMISE OF LEARNING FOUNDATION 9312 PINNACLE LENEXA, KS 66220	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THOMAS J & MARY H BICKIMER 15621 W 87TH ST #294 LENEXA, KS 66219	\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroli Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

JOSPEHS WAY INC

81-2558072

Part II	Noncash Property (See instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(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

Employer identification number

	WAY INC		81-2558072					
	the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious,	Olumns (a) through (e) and the follow , charitable, etc , contributions of \$1,000 or l	in section 501(c)(7), (8), or (10) that total more than \$1,000 for ving line entry. For organizations sess for the year (Enter this info once) \$					
	Use duplicate copies of Part III if additiona	ıl space is needed.						
n) 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, an	d ZIP + 4	Relationship of transferor to transferee					
) No. rom	(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					
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
_								
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee					

FORM 990-PF INTEREST ON S	SAVINGS AND TEN	MPORARY	CASH I	NVESTMENTS	STATEMENT	1
SOURCE	REVI	A) ENUE BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	2
INTEREST INCOME		11.				
TOTAL TO PART I, LINE 3		11.		11.		
FORM 990-PF	OTHER I	EXPENSES	3		STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	NET IN	3) IVEST- INCOME	(C) ADJUSTED NET INCOM		
COST OF FORMATION CHECK PRINTING CHARGE	1,008				1,00	8.
TO FORM 990-PF, PG 1, LN 2	1,042	0.			1,04	2.
FORM 990-PF	PART XV - 1		AGERS		STATEMENT	3

NAME OF MANAGER

THOMAS J BICKIMER MARY H BICKIMER