Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

<u>A</u>	For the	2016 calen				Jinning Sep		, 2	016, an	d endin	g Aug	31	_	, 2017		
В	Check if a	pplicable	C Na	me of organiza	ation Jo	shua's Wa	y, Inc.					D Emplo	yer iden	tification numb	er	
	Addre	ess change		ing business a				-				57-	1091	204		
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						W Poinsett St	t Greer	,		<u>9650</u>	H(b) Are all If 'No,'	subordinates attach a list	included (see instr	ructions)	Yes	No
<u> </u>	Tax-ex	empt status	X 50	1(c)(3)	501(c) (() ⋖ (in:	sert no)	4947(a)(1) or	5272	}					
J		ite: > N/									H(c) Group	exemption ni	umber 🕨	-		
Κ̈́	Form of	organization	X Co	rporation	Trust	Association	Other ►	<u> </u>	L Year	of formation	on 199	9 M :	State of le	egal domicile	SC	
Pa	irt I	Summar	у					Ţ								
~	¹ 1 B	riefly describ	e the	organizatio	n's missi	on or most sign	ıfıcant actıvı	ties	Chri	stia	n stud	y and	serv	rice cen	ter	
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CACHIVITIES GOVERNANCES	2 C	heck this bo				on discontinued							ssets			
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謹	5 To	otal number	of indi	viduals em	ployed in	calendar year	2016 (Part \	/, line 2a)					5			
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Form 990 (2016)

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	if Schedule O contain				m					
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21112 6141	- Seady and s	<u> </u>								
	ration undertake any 90-EZ?								Yes [x)
If 'Yes,' describ	e these new services	s on Schedule C)						_	
Did the organiz	ration cease conduct	ing, or make sig	nificant chang	ges in how it co	onducts, a	any program	services?	$\cdots [\]$	Yes	X
	e these changes on								_	
Section 501(c)	rganization's program (3) and 501(c)(4) organical fany, for each progra	anizations are re	eauired to rep	r each of its th ort the amount	ree larges t of grants	st program s s and alloca	services, as me tions to others,	easured by the total e	expenses xpenses,	
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57-1091204 Inc. Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . Χ 2 3 Χ 3 Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III . . . 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Χ 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Χ 9 Χ 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 102 if 'Yes,' complete Schedule -Χ 11 a b Did-the-organization-report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total 11 b Χ 11 c Χ Χ 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . Χ 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. Χ 11f 12a Χ Χ 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. Χ 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Χ 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Χ 14b X 15 Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17

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Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'

•

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20a Χ b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?. 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II Χ 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22 Χ 22 Did the organization answer 'Yes' to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Χ 23 Χ b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24h c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I......... Χ 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Χ 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? Χ 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Χ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . Χ 28a **b** A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete* Χ 28b 28c Χ X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. Χ 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Χ 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections Χ 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Χ 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Χ 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Х 36 37 Χ 37 38 BAA

Form 990 (2016) Joshua's Way, Inc 57-1091204 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable. 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?.... 3 a **b** If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . X 4 a b If 'Yes,' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Χ 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?... 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as charitable contributions? 6 a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7.a 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Х d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... Χ 7 e 7 f X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. . . g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?......... 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?... 9 b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12. 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . 10 b 11 Section 501(c)(12) organizations. Enter b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13 a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . 13 b 14a Did the organization receive any payments for indoor tanning services during the tax year?..... 14 a

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

Pai	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b belo a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O See instructions.	in		
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
1 a	a Enter the number of voting members of the governing body at the end of the tax year		Yes	No
ł	Enter the number of voting members included in line 1a, above, who are independent 1b			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
_	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			
		7 a		X_
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	a The governing body?		X	Ì
t	Each committee with authority to act on behalf of the governing body?	8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	_ =	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue-C	ode)	
		$\neg \neg$	Yes	No
10 a	a Did the organization have local chapters, branches, or affiliates?	10a		Х
	of 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	. Table 1	W ."	300 - 300
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_ _	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	120	<u> </u>	12 2 3 1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		F.,	
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)			30.7
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
t	olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► South Carolina			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) of public inspection. Indicate how you made these available. Check all that apply	availab	 le	
	Own website			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year.	e to		
20	, , , , , , , , , , , , , , , , , , , ,			
	Dan Johnson, President 1001 W Poinsett St Greer SC 29650 (8	<u>54) 8</u>	301-4	4464

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Form 990 (2016) Joshua's Way, Inc									57-10912	04 Page 7
Part VIII Compensation of Officers, Direction Independent Contractors	ctors, Tru	stee	es,	Key	/ Ei	mplo	οує	es, Highest C		
Check if Schedule O contains a response										<u>.</u> 📙
Section A. Officers, Directors, Trustees,	Key Empl	oye	es,	, an	d F	ligh	est	Compensate	d Employees	
1 a Complete this table for all persons required to be list organization's tax year										
 List all of the organization's current officers, dire compensation Enter -0- in columns (D), (E), and (F) if 	ctors, trustee no compensa	s (wation	heth was	er in pai	idivi d	duals	or (organizations), reg	ardless of amount of	T.
 List all of the organization's current key employed 										
 List the organization's five current highest comp who received reportable compensation (Box 5 of Form organization and any related organizations 	ensated emp W-2 and/or l	loye 3ox 7	es (d 7 of l	othei Forn	r tha n 10	n an 99-M	offic ISC	cer, director, truste i) of more than \$10	e, or key employee) 00,000 from the	
• List all of the organization's former officers, key of reportable compensation from the organization and	any related o	rgan	ızatı	ons	•					00,000
 List all of the organization's former directors or organization, more than \$10,000 of reportable compen 	trustees that sation from t	t reci he oi	eive 'aan	d, ın ıızatı	the on a	capa nd ar	CITY IV F	as a former direct elated organizatior	or or trustee of the	
List persons in the following order individual trustees of employees, and former such persons			-				-	•		ed
Check this box if neither the organization nor any r	elated organi	zatio	n co	ompe	ensa	ited a	ny (current officer, dire	ctor, or trustee	
				(C))		_			
(A) Name and Title	(B) Average hours	thar	n one s both	box. i	unles: fficer	ck mor s perso and a		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	or director		Officer		Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)_Paul_Rogers	<u>- 1-36-00</u>			-		-				
Exec Dir/Treas		ļ	-	_	X	-	_	6,400.	0.	<u>0</u>
(2) Florin Palghia	36.00				X					
Employee (2)	1 00	├	 	-	_^	-	_	45,000.	0.	0.
Oirector		X						0.	0.	0
(4) Marney Hannon	1.00	 	-	-	-	\vdash		- 0.		0.
Director	- 1- =	X						0.	0.	0.
(5) Dan Johnson President	36.00	Х		-				0.	0.	0.

(14)

(13)

(6) Louise Rogers

(8) Cleatus Blackmon

(12) Tully Stoudemayer

Director

Director

Director

Director

Director

(10) Heath Hicks

Director

(11) Randy Kemp

Director

_(7)_Verlon_Baxley__

(9) David Bryant

2.00

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(B) Description of services Name and business address Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Par	Rart VIII Statement of Revenue											
Check if Schedule O contains a response or note to any line in this Part VIII												
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
Program Service Revenue and Other Similar Amounts	f g	' "	d e 172,810. \$	172,810. 730.	730.	0.	0.					
Program Sen		All other program service revenue Total. Add lines 2a-2f		720								
	3 4 5	Investment income (including dividend other similar amounts)	s, interest and bond proceeds	730. 205.	205.	0.	0.					
	b c	Gross_rents (i) Real Less_rental expenses Rental income or (loss)										
	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(ii) Other									
Other Revenue	b	Gross income from fundraising events (not including. \$ of contributions reported on line 1c) See Part IV, line 18	b									
ర	9 a	Net income or (loss) from fundraising educations of Gross income from gaming activities. See Part IV, line 19	a b									
	10 a	Gross sales of inventory, less returns and allowances	a b									
	11 a	Miscellaneous Revenue	Business Code									
	е	All other revenue		173,745.	935.	0.	0.					

Form 990 (2016) Joshua's Way, Inc. Part IX Statement of Functional Expenses

	Check if Schedule O contains a re	sponse or note to any li			,
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	7,153.	7,153.		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	32,270.	32,270.		
4 5	Benefits paid to or for members				
6	trustees, and key employees		45,000.	6,400.	0.
7					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,314.	2,314.	0.	0.
10	Payroll taxes	3,933.	3,443.	490.	0.
11	Fees for services (non-employees)				
	Management				
	Legal		<u> </u>		
	Accounting	1,308.	<u> </u>	1,308.	0
	Lobbying.		Access Ac		
	Professional fundraising services See Part IV, line 17 . Investment management fees		graces, spirites are a second		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	<u> </u>			
	Advertising and promotion	1,874.	890.	984.	0.
13	Office expenses		0.	1,215.	0.
14	Information technology		0.	559.	0.
15	Royalties				<u> </u>
16 17	Occupancy		2,846.	9,113.	0.
18			8,404.	0.	0.
19	Conferences, conventions, and meetings	4,729.	4,301.	428.	0.
20	Interest	1,898.	0.	1,898.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,510.	0.	11,510.	0.
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	4,176.	0.	4,176.	0.
a	Bank service charges	722.	386.	336.	0.
	Licenses & permits	93.	0.	93.	0.
	Program supplies	13,566.	13,566.	0.	0.
c	Repairs	924.	0.	924.	0.
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	160,007.	120,573.	39,434.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here [In the cost of				
BAA		TEFA0110 11			Form 990 (2016)

		Check if Schedule O contains a response or note to any line in this Part X	<u></u> <u></u> .	· · ·	
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	191,460.	1	190,897.
1	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
စ္	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b 161, 160.	339,899.	10 c	335,758.
	11	investments — publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	531,359.	16	526,655.
_	17	Accounts payable and accrued expenses		-17 -	
-	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<u>ĕ</u> .	21	Escrow or custodial account liability Complete Part IV of Schedule D	78: W .578 w.s. 3	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
1	23	Secured mortgages and notes payable to unrelated third parties	50,003.	23	31,561.
	24	Unsecured notes and loans payable to unrelated third parties		24	
į	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D \dots		25	
_	26	Total liabilities. Add lines 17 through 25	50,003.	26	31,561.
ces		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			
ョ	27	Unrestricted net assets	·	27	
Ba	28	Temporarily restricted net assets		28	<u> </u>
밁	29	Permanently restricted net assets	Million of the No. 10 Country of the	29	8.100 a
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.		2 2 2 3 1 1 1	
2	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds	481,356.	32	495,094.
ē	33	Total net assets or fund balances	481,356.	33	495,094.
	34	Total liabilities and net assets/fund balances	531,359.	34	526,655.
BA	Α	· — · · · · · · · · · · · · · · · · · ·			Form 990 (2016)

For	m 990 (2016) Joshua's Way, Inc 57-1	.091204		Pa	ige 12
Рa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u> .			$\cdot \square$
1		1			745.
2	Total expenses (must equal Part IX, column (A), line 25)	2			007.
3	Revenue less expenses Subtract line 2 from line 1	3			738.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			356.
5	Net unrealized gains (losses) on investments ,	5			
6	Donated services and use of facilities	6			
7	'Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10					
	column (B))	10	4	95 , 0)94 <u>.</u>
Pa	Financial Statements and Reporting				
_	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \Box$
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		1	100 j	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
	ın Schedule O				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	<i>.</i> .	2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			. 1	
	separate basis, consolidated basis, or both				
	Separate basis Donsolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			-	3.3
	basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis				
_	니 ㅡ ㅡ ㅡ ㅡ ㅡ ㅡ ㅡ ㅡ ㅡ ㅡ ㅡ ㅡ ㅡ ㅡ ㅡ ㅡ ㅡ ㅡ		1.5		
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	·	2 C		
	If the organization changed either its oversight process or selection process during the tax year, explain		20		NAME 1
	in Schedule O				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single				37
	Audit Act and OMB Circular A-133?		3 a		X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		_		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u> .	3 b		
BAA	A		Form	990 (2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

Jos	shua	a's Way, Ir	nc.						09120		
	t.J.				rganızatıons must c			oart.) See ins	truction	าร	
	orga	1		· ·	lines 1 through 12, chec			(γ α		
1		,		•	churches described in se			A)(i).	- 1		
2					ch Schedule E (Form 99						
3		•	•		ition described in section			=			
4	Ш	l .	-	on operated in conjunc	ction with a hospital desc	ribed in s	section	170(b)(1)(A)(iii)	Enter t	he hospital's	
_	_	name, city, and :				-					
5	L	An organization section 170(b)(operated for th 1)(A)(iv). (Coi	ne benefit of a college mplete Part II)	or university owned or o	perated	by a gov	ernmental unit o	describe	d in	
6 7			•	•	al unit described in secti	-					
•	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)										
8		A community tru	st described in	section 170(b)(1)(A))(vi). (Complete Part II)						
9		•	•		ection 170(b)(1)(A)(ix) o	-	•		-	<u>▼</u>	
		•	non-land-gra	nt college of agricultur	re (see instructions) Ente	er the na	me, city,	and state of the	college	or	
	_	university				. _					
10	X	from activities re investment incor	lated to its exe ne and unrelated	empt functions—subject	n 33-1/3% of its support ct to certain exceptions, ncome (less section 511 art III)	and (2) n	o more t	than 33-1/3% of	its supp	ort from gross	
11	-				to_test_for_public safety	See sect	ion 509	(a)(<u>4</u>)			
12	H	An organization	organized and	operated exclusively	for the benefit of, to perf	orm the f	functions	s of, or to carry o	out the p	urposes of one	
		or more publicly	'supported org	anizations described	ın section 509(a)(1) or s	ection-5	09(a)(2):	-See-section-5	09(a)(3):	-Check-the-box-in	
a	, \Box				porting organization and sed, or controlled by its s					na the supported	
•	· L	organization(s) t complete Part I	he power to re	gularly appoint or elec	ct a majority of the direct	ors or tru	istees of	the supporting	organiza	ition You must	
t	· [management of	the supporting	organization vested i	ntrolled in connection wit in the same persons that	h its supp control o	orted or or manag	rganization(s), b ge the supported	y having I organiz	control or zation(s) You	
(; [must complete Type III functio	nally integrat	ed. A supporting orga	nization operated in con	nection w	nth, and	functionally inte	grated v	vith, its supported	
_	. —				ete Part IV, Sections A,						
•	'	functionally integ	grated The org	ganization generally m	organization operated in nust satisfy a distribution s A and D, and Part V.	requirem	on with ent and	its supported organ attentivenes	ganizations require	on(s) that is not ement (see	
•	• [Check this box i	f the organizat	•	determination from the I	RS that i	t is a Ty	pe I, Type II, Ty	pe III fur	nctionally	
f	En		•	• •							
ç	g Pr	ovide the followin	g information	about the supported o	rganization(s)						
_	(ı) N	ame of supported orga	anization	(II) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is organizati in your go docum	on listed overning	(v) Amount of m support (see instr		(vi) Amount of other support (see instructions)	
						Yes	No				
_						103	-110				
(A)								J			
<u>\\-Z_</u>											
(B)											
·/											
(C)					<u></u>						
(D)											
.											
<u>(E)</u>						1.38	387-7-11	 			
Tota	ıi										

13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(organization, check this box and stop here	3)	▶ 万
Sec	tion C. Computation of Públic Support Percentage		
14	Public support percentage for/2016 (line 6, column (f) divided by line 11, column (f))	14	%
15	Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a	33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check and stop here. The organization qualifies as a publicly supported organization	k this b	ox ▶ [
b	33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more	check t	his hov

b	10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%	
	or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	Γ
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	٢

BAA

gain or loss from the sale of capital assets (Explain in

Total support. Add lines 7 through 10

Gross receipts from related activities, etć (see instructions).

Part VI)

Schedule A (Form 990 or 990-EZ) 2016

| Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🟲	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include						
2	any 'unusùal grants ') Gross receipts from admissions,	179,108.	177,722.	130,807.	199,901.	173,540.	<u>861,078.</u>
_	merchandise sold or services	ļ					
	performed, or facilities						
	furnished in any activity that is related to the organization's				1		
	tax-exempt purpose	0.1	0.	0.	0.	0.	0.
3	Gross receipts from activities						<u>-</u> <u>-</u> -
	that are not an unrelated trade or business under section 513	1					
4	Tax revenues levied for the						
	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or	ļ					
	facilities furnished by a						
	governmental unit to the organization without charge			1			
6	Total. Add lines 1 through 5	179,108.	177,722.	130 007	100 001	172 540	061 070
	Amounts included on lines 1,	1/9,100.	111,122.	130,807.	199,901.	173,540.	861,078.
	2, and 3 received from	,					
_	disqualified persons						
p	Amounts included on lines 2 and 3 received from other than	1					
	disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year						
- c	Add lines 7a and 7b						
-8-	Public-support. (Subtract line					* ***	
·	7c from line 6)						861,078.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	179,108.	177,722.	130,807.	199,901.	173,540.	861,078.
10a	Gross income from interest, dividends,	173/100.		130,007.	100/001.	1,3,340.	001,070.
	payments received on securities loans,						
	rents, royalties and income from similar sources	535.	232.	220.	162.	205.	1,354.
b	Unrelated business taxable				102.		1,554.
	income (less section 511 taxes) from businesses]			
	acquired after June 30, 1975						
С	Add lines 10a and 10b	535.	232.	220.	162.	205.	1,354.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in				1		
	Part VI)						
13	Total support. (Add lines 9,						
	10c, 11, and 12)	179,643.				173,745.1	862,432.
14	First five years. If the Form 990 is organization, check this box and si	s for the organization	on's first, second, t	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
Sec	tion C. Computation of Pul				·····	 	
	Public support percentage for 2016			Column (f))		15	00 04 8
	Public support percentage from 20						99.84 %
	tion D. Computation of Inv					· · · · · · 16 [99.80 %
							
17	Investment income percentage for				•		0.16 %
18	Investment income percentage from					<u> </u>	0.20 %
19a	33-1/3% support tests—2016. If the pot more than 33-1/3% shock the	he organization did	not check the box	con line 14, and lin	e 15 is more than	33-1/3%, and line	17
L	is not more than 33-1/3%, check the						
D	33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%, or	ne organization did check this box and	stop here. The or	on line 14 or line 19 Canization qualifies	a, and line 16 is m s as a publicly such	iore than 33-1/3%, norted organization	and ▶ □
20	Private foundation. If the organization	ation did not check	a box on line 14	19a or 19h check	this box and see i	nstructions	
					20x and 366 l		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents?

 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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	3c		
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	5b		
	5c	.,,933,668	g gggga3
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	9b	, 3	1, A.S. 32.
	9c		للند
	30		
	10a		
	25 7	<u> </u>	
	10b		

Pa	rt IV Supporting Organizations (continued)			
		75.728	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
•	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
- 1	b A family member of a person described in (a) above?	11b		
- 1	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		192-201-53	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			,
		122	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
_ 1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support-provided during the prior tax————————————————————————————————————	- 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		' '
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
	The organization satisfied the Activities Test. Complete line 2 below			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruc	tions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
		, i	i	(1 su)
3	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
	each of the supported organizations? <i>Provide details in Part VI</i> .	3a	3, -3	28.
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b	i ki	

1 a

1 b

1 c

•	e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition-indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	SE SAN FLEN AREL M	
5	Income tax imposed in prior year	5	**************************************	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

a Average monthly value of securities

c Fair market value of other non-exempt-use assets

b Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)

(see instructions)

Par	t V 🏿 Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organizat	tions (continued)	
Sect	tion D — Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpos			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	ns,		
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations	_ _	
4	Amounts paid to acquire exempt-use assets			
_ 5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	tion is responsive (provide	e details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_ 1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
a				
	From 2013			
d	From 2014			
е	From 2015	<u> </u>		
f_	Total of lines 3a through e			NATURAL PROPERTY.
g	Applied to underdistributions of prior years			<u> </u>
h	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)		7 1 22 22 3	
<u>i</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7			
a	AND THE PROPERTY OF THE PROPER		\$400 A. C. 344 B.	
b	Excess from 2013		A (7 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -	
С	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b:Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1;

Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection

Employer identification number

	Joshua's Way, Inc.		57-1091204	
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Fund Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.	is or Acc	ounts.	
	(a) Donor advised funds	(b) F	unds and other acco	ounts
1	Total number at end of year	· · ·		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor the organization's property, subject to the organization's exclusive legal control?	vised funds	· · · · Tyes	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose impermissible private benefit?	e conferring		No
Pai	Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7			
1	Purpose(s) of conservation easements held by the organization (check all that apply)		 	
	Preservation of land for public use (e.g., recreation or education)	historically	important land area	l
	Protection of natural habitat Preservation of a	certified hi	storic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form last day of the tax year	4		
			leld at the End of t	he Tax Year
	a Total number of conservation easements	- -2 a		
	b Total acreage restricted by conservation easements	2 b		
•	c Number of conservation easements on a certified historic structure included in (a)	2 c		
(d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	. 2 d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ►	he organiza	tion during the	
4	Number of states where property subject to conservation easement is located ▶			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of and enforcement of the conservation easements it holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con			e year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserv ► \$	ation easen	nents during the yea	ır
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17 and section 170(h)(4)(B)(ii)?	70(h)(4)(B)(ı) 	No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expensionled, if applicable, the text of the footnote to the organization's financial statements that describes	se statemer	nt, and balance shee zation's accounting f	et, and or
Par	conservation easements Till: Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	Other Sim	ilar Assets.	
1 6	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state art, historical treasures, or other similar assets held for public exhibition, education, or research in fur in Part XIII, the text of the footnote to its financial statements that describes these items	ement and therance of	balance sheet works f public service, prov	of vide,
ŀ	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stateme historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items	rance of pul	olic service, provide	art, the
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X	<i></i> .	▶\$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financiamounts required to be reported under SFAS 116 (ASC 958) relating to these items	cial gain, pro	ovide the following	
á	a Revenue included on Form 990, Part VIII, line 1	· · · · · ·	▶\$	
ŀ	b Assets included in Form 990. Part X			

Schedule D (Form 990) 2016 Joshi	1 F-7	T		F7 100	1004		D 6
Part III Organizations Mainta	ua's Way, ining Colle		orical Treasures of	57-109 or Other Similar Ass		ontini	Page 2
Using the organization's acquisitio items (check all that apply)							<i>1</i> 00)
a Public exhibition		d Loan	or exchange programs				
b Scholarly research		e Othe	• • •				
c Preservation for future genera	tions	0					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in							
Part XIII 5 During the year, did the organization	on solicit or rec	ceive donations of art. hi	storical treasures, or oth	er sımılar assets	_		
to be sold to raise funds rather that	in to be mainta	ined as part of the orgai	nization's collection?		Yes		No
Part IV Escrow and Custodia line 9, or reported an a	Mount on Fo	nents. Complete if to orm 990, Part X, lin	the organization ans e 21.	swered 'Yes' on Form	1 990, F	² art I\	J,
1 a Is the organization an agent, truste on Form 990, Part X?	e, custodian o	r other intermediary for	contributions or other as	sets not included	Yes	ſ	No
b If 'Yes,' explain the arrangement in						L	
an in the contract of the cont		oon.plate the following t	45.0		Amount		
c Beginning balance					Aniount		
5 5							
d Additions during the year							
e Distributions during the year							
f Ending balance				<u> </u>			
2 a Did the organization include an arr	nount on Form	990, Part X, line 21, for	escrow or custodial acco	ount liability?	Yes	l	No
b If 'Yes,' explain the arrangement in	Part XIII Che	ck here if the explanation	n has been provided on	Part XIII		• • [
Part V Endowment Funds. C	omplete if the	he organization ans	wered 'Yes' on For	m 990, Part IV, line 1	0		
	(a) Current y					our year:	s back
1 a Beginning of year balance					 '		
b Contributions					 		
		}		 	1		
c Net investment earnings, gains,and losses							
d Grants or scholarships					1		
e Other expenditures for facilities and programs					1		
f Administrative expenses			-		1 -		
g End of year balance					† "		
2 Provide the estimated percentage	<u>'</u>	ear end balance (line 1	g column (a)) held as		' _		
a Board designated or quasi-endowr	•	8	g, ooia (a)/ 11010 ab				
b Permanent endowment							
c Temporarily restricted endowment		96					
The percentages on lines 2a, 2b, a							
3 a Are there endowment funds not in			t are held and administe	red for the			_
organization by		_				Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
b If 'Yes' on line 3a(ii), are the relate	d organizations	s listed as required on S	chedule R?		3b		<u> </u>
4 Describe in Part XIII the intended to	•	•			<u></u>		<u> </u>
Part-VI Land, Buildings, and							
Complete if the organiz			990, Part IV, line 11	a See Form 990, Pa	art X, In	ne 10	!
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	ilue
1 a Land		70,801.				70	,801.
b Buildings		347,707.		90,786.			,921.
c Leasehold improvements	ļ.			70,700.		200	<u>, , c + •</u>
d Equipment				70 274			026
Other				70,374.		<u> </u>	<u>,036.</u>

(9) (10)(11)Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	* 1 1
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII)	
c Add lines 4a and 4b	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1 2 e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1 2 e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	2e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities. 2 b Prior year adjustments. 2 c c d Other losses. 2 d c d Other (Describe in Part XIII). 2 d c d Other (Describe in Part XIII). 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a b Other (Describe in Part-XIII-).	2 e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	2e 3

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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Schedule **D** (Form 990) 2016

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047

2016
Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization Employer identification number Joshua's Way, Inc. 57-1091204 Part | General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990. Part IV. line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?... 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (f) Total expenditures for (c) Number of (e) If activity listed in (b) Number of (d) Activities conducted in (a) Region the region (by type) (such as, fundraising, program (d) is a program service, describe offices in the employees, agents, and and investments region services, investments, grants to recipients independent specific type of in the region contractors service(s) in in the region located in the region) the region (1) Sub-Saharan Africa 0 program svcs humanitarian 37,772. (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)3 a Sub-total 0 37,772 **b** Total from continuation

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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sheets to Part I.....

C Totals (add lines 3a and 3b)

Schedule F (Form 990) 2016

37,772.

Page 2

57-1091204

Joshua's Way, Inc.

Schedule F (Form 990) 2016

Partily Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)	n/a															
(h) Description of noncash assistance	n/a															
(g) Amount of noncash assistance	0															
(f) Manner of cash disbursement	check															
(e) Amount of cash grant	12,929.							- -	 	_						
(d) Purpose of grant	Medical treatment															
(c) Region	Sub-Saharan Africa Medical treatment															
(b) IRS code section and EIN (if applicable)	(B)															
(a) Name of organization									A Paris			(12)				
-	(1)	(2)	(3)	(4)	(2)	(9)	(2)	(8)	(6) <u>#</u>	(10)	(11)	(12)	(13)	(14)	(15)	(16)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2016

TEEA3502 09/26/16

Page 3 (h) Method of valuation (book, FMV, appraysal, other) Schedule F (Form 990) 2016 (g) Description of noncash assistance Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant TEEA3503 09/26/16 (c) Number of recipients (b) Region Joshua's Way, (a) Type of grant or assistance Schedule F (Form 990) 2016 (18) BAA £ 3 9 6 6 <u>ල</u> <u>₹</u> 3 8 (10) 3 (12) (13) (14) (15) (16) (17)

		7-1091204	Page 4
Par	tily Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	· · · Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	X No
BAA	TEEA3505 09/26/16	Schedule F (For	n 990) 2016

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region); Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions

Pt I Line 2

Joshuas Way Inc monitors the expenditure of funds for ministry outside the United States by sending the President or other representatives to observe and participate in the ministry activity for which an expenditure has been made. In addition, Joshuas Way requires regular reporting from its ministry partners overseas or their representatives on the use of funds provided by Joshuas Way.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2016 Open to Public Inspection

Name of the organization		Employer identification number
Joshua's Way, Inc	·	57-1091204
Pt VI, Line 11b	Form 990 is prepared by an external CPA, then rand the directors.	eviewed by the president
	Directors are required to report to the Preside might give rise to conflict. The organization	-
Pt VI, Line 12c	situation that could give the appearance of con The governing documents, conflict of interest p	flict.
	statements are made available to the public upo	- '
Pt VI, Line 19	year.	