2017

OMB No 1545-1150

Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form 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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For th	e 2017 calend	dar year, or tax year be	ginning	, 2.	, an	d ending				
В	Check	f applicable	C Name of organization					D Er	nployer ide	ntification number	
	Address change		Help On the Way Foundation			1	•				
	Name o	hange	Number and street (or P O		ed to street address)	:	Room/suite		82-2502781		
\square	Initial re	eturn					E Te	elephone nu			
	Final retu	ım/terminated	1016 Dotson Way City or town		State	ZIP co	de	_			
一	Amend	ed return	Apex		NC	2752	3		(919) 622-2617	
一	Applica	tion pending	Foreign country name	Foreign provi	nce/state/county		n postal code	F G	roup Exen	nption	
	. ,,		,	-	,		Ug		umber ▶		
_			[;;] - ; [;;] :				<u> </u>			 	
		nting Method	X Cash Accru	al Other (specify))					f the organization is	
ı	websi	te: ▶ <u>n/a</u>								attach Schedule B	
j	Tax-exe	mpt status (che	ck only оле) —501(c)(3) X 501(c) (4) 🔻 (insert no)	4947(a)(1)	or527	(Form	1 990, 990	-EZ, or 990-PF)	
ĸ	Form of	f organization	Corpuration	Trust	Association	Χo	thar Mor	:-profit (0	Charity)		
		-				_			-11		
			7b to line 9 to determine				re, or it total	assets		0.000	
			elow) are \$500,000 or me				/ 11		<u>▶\$</u>	2,000	
,Pē	rt 📗		e, Expenses, and C						ions for	Part I)	
		Cneck if	the organization use	ed Schedule O to	respond to any	question	in this Pai	τι.		·	
- 1	1	Contribution	is, gifts, grants, and si	mılar amounts rece	ved .	•		•	1	,	
	2	Program se	rvice revenue includin	g government fees	and contracts				2	- 	
- 1	3	Membershij	p dues and assessme	nts					3		
	4	Investment	income						4		
1	5a	Gross amou	unt from sale of assets	other than inventor	ту	5а					
	b	Less cost of	or other basis and sale	s expenses .		5b]./*.].		
Ì	С	Gain or (los	s) from sale of assets	other than inventor	y (Subtract line 5	b from line	5a)		5c	0	
1	6	Gaming and	d fundraising events				•				
- 1	а	Gross incor	ne from gaming (attac	h Schedule G if gre	ater than						
. 割		\$15,000)	•			6a				一点 化线点 电电流	
SE	b	Gross incor	ne from fundraising ey	ents (not including	\$	of col	ntributions			•	
		from fundra	ising events reported	on _i line 1) (attach Sc	hedule G if the				12 1	•	
NUT		sum of such	n gross income and co	intributions exceeds	\$15 000)	6b					
z I	С	Less direct	expenses from gamir	ig and fundraising e	vents	6c			-		
	d	Net income	or (loss) from gaming	and fundraising eve	ents (add lines 6a	and 6b a	nd subtract		7		
		line 6c)							6d	0	
MPR	7a	Gross sales	s of inventory, less reti	irns and allowances	3	7a			1, 1		
20	b	Less cost of	of goods sold			7b			7		
20	С	Gross profit	or (loss) from sales o	f inventory (Subtrac	t line 7b from line	· 7a)			7c	0	
en	8		nue (describe in Sched						8	2,000	
- 1	_ \$	Total rever	ide. Acd lines 1, 2, 5,	4, 50, 6d, 7c, and 0	1	DEC		_ >	3	2,000	
3018	10		similar amounts paid		1	TEU	IVED	7	10	1,950	
000	11	Benefits pa	id to or for members		a			- I	11		
မွ	12	Salaries, of	her compensation, an	d employee benefits	\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	MARA	O 4.	181	12		
Expenses	13		al fees and other paym		t contractors	MAR 0	₹ 2018	Ğ	13		
be	14		, rent_utilities, and ma		1	_		9	14	200	
Ϋ́	15		blications, postage ar			GDE	1 1 1 =	ŒΙ	15	150	
	16		nses (describe in Schi				y, UT	i	16		
	17		nses. Add lines 10 thr					→	17	2,300	
·	18		deficit) for the year (Si		line 9)				18	-300	
Net Assets	19		or fund halances at be			i (A)) (mus	st agree wit	h	7		
S		end-of-year	figure reported on pri	or year's return)	,	. // (5		19		
7	20		ges in net assets or fu		n in Schedule O)				20		
ž	21		or fund balances at er				•	Þ	21	-300	
			on Acr Motion see the						<u></u>	5 - 900 E7 (0017)	

	990-EZ (2017) Help On the Way Foundation			8	2-2 <u>50</u> :	2781		Page 2	
Par	t II Balance Sheets. (see the instructions for I	Part II)							
	Check if the organization used Schedule O to re	espond to any question in	this Part II						
				(A) Beginning of	f year		(B) End of year		
22	Cash, savings, and investments .			(-1)	,	22	(-,,		
23	Land and buildings	,	ļ			23			
24	Other assets (describe in Schedule O)			24					
25	Total assets .	•	į		0	25	A	V 0	
26	Total liabilities (describe in Schedule O)					26		<u> </u>	
27	Net assets or fund balances (line 27 of column (l	B) must agree with line 2	1)		0	27	<u>;</u>	-300	
	rt Statement of Program Service Accomplis								
	Check if the organization used Schedule O t	· · · · · · · · · · · · · · · · · · ·	•				Expenses		
\A/bc	at is the organization's primary exempt purpose?			abled children	ın İn		ured for section		
	cribe the organization's primary exempt purpose re-				111 1111		c)(3) and 501(c)(4		
	neasured by expenses. In a clear and concise manner						nizations, optiona thers)	ı	
	ons benefited, and other relevant information for each		biovided, the hai	inder or			<i>,</i>		
28									
					 -				
						1			
	(Grants \$) If this amount	includes foreign grants of	check here	•		28a			
29	(Granto) in this arrivant				<u> </u>	202	+		
	•••••••••••								
							1		
	(Grants \$) If this amount			•	ΤĦ	29a			
30						250	 		
30									
			· <i>-</i>						
	(Grants \$) If this amount	20-							
. 24	Other program services (describe in Schedule O)	includes foreign grants, o	SHECK HEIG			30a	 		
٥,		includes foreign grants, o	check here			31a	1		
22	Total program service expenses. (add lines 28a t		SHOOK HOTE		<u> </u>	312	 	0	
	irt IV List of Officers, Directors, Trustees, and F		and aven if not one	mnonantad sa	o tho u		ione for Bort IV		
LIE	Check if the organization used Schedule O to			npensaleu—se	e uie ii	istruct	ions for Fait IV	′ ┌─	
<u></u>	Check if the organization used Schedule O to	Tespond to any question	(c) Reportable	48.11		· 1			
		(b) Average	compensation				(e) Estimated amount of		
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-M	IISC) employee	 C) employee benefit pl 		other compens	sation	
		devoted to position	(if not paid, enter	-0-) and deferred	l compen	sation			
			}			}			
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1,31	instructions for Part V) Check if the organization used Schedule O to respond to any question in the	ns Par	t۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			,
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		_^_
55 a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		_X_
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
07 -	during the year? If "Yes," complete applicable parts of Schedule N	36	. 32	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a Did the organization file Form 1120-POL for this year?	37b	· Æ	- X
38 a		-	3	_^_
00 0	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	81.5	₹, -	
39	Section 501(c)(7) organizations Enter			12
а	Initiation fees and capital contributions included on line 9	1 5.5	¥	
	Gross receipts, included on line 9, for public use of club facilities	- 1	Wile-	5
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	. \$4° . * x)
h	section 4911 ►, section 4912 ►, section 4955 ►	٠٠٠, ٔ پر	٤,	*
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	199	•	x divise
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	1 8	- (k)	ž Š.,
	on organization managers or disqualified persons during the year under sections 4912,	r. š.		,
	4955, and 4958	1	· 4.	, ,
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	7.74		, į , ,
_	40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		No.	3
C	transaction? If "Yes," complete Form 8886-T	40e	²	x
41	List the states with which a copy of this return is filed ► NC			
42 a	The organization's books are in care of ► Krishnamurthy Mahalingam Telephone no ►	(919) 6	22-26	17
	Located at ► 1016 Dotson Way City Apex ST NC ZIP + 4 ► 275			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country		***	18.
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	AG 2	1	676.5 7.7 615.3
	Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		<u> </u>
42	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here			_[
43				
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	,	163	1,10
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	_		
	completed instead of Form 990-EZ	44b	<u> </u>	X
	Did the organization receive any payments for indoor tanning services during the year?	44c	-	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1-1-1	. a . c	ر هما به
A5 ~	explanation in Schedule O . Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	ļ. —	X
45 a		45a	Sept.	7
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		1.2	P* 5. 5. 3
	Form 990-EZ (see instructions)	45b	7 7 74	X
		Form 9	an-F	7 (2017

year? If "Yes," complete Schedule C, Part II 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Is Did the organization and school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Is Did the organization and school as described in section 527 organization? 50 Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization of lither is none, enter "None" 6 (a) Name and side of each employee 6 (b) Average (c) Average	Form 990-EZ (201	7) Help On the Way Found	ation			82	-2502781	
to candidates for public office? If "Yes," complete Schedule C, Part I VI Scribton 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47—49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI The provided of the organization used Schedule O to respond to any question in this Part VI The provided of the organization used Schedule O to respond to any question in this Part VI The provided of the organization used Schedule O to respond to any question in this Part VI The provided of the organization used Schedule O to respond to any question in this Part VI The provided of the provi							Y	es
Section 501(c)(3) organizations omly all sections (1)(c)(3) organizations omly assetting the section 501 (c)(3) organization was a sewer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI			· · · · · · · · · · · · · · · · · · ·	ctivities on behalf	of or in oppositi	ion		
All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 24					·· ·		46	_
Vest	A 50	ll section 501(c)(3) organizations n 0 and 51.	nust answer questions 4		·	the tables f	or lines	
A	C	heck if the organization used Sche	dule O to respond to an	y question in this	s Part VI .			
year? If "Yes." complete Schedule C, Part II ### Is the organization a school as described in section 170(b)(1)(A)(n)? If "Yes," complete Schedule E ### If "Yes," was the related organization a section 52? organization? ### Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization of there is none, enter "None" ### If It is a section 52 organization? ### It is a							Υ.	<u>es</u>
49a a Did the organization make any transfers to an exempt non-charitable related organization? 50 b (f*Yes." was the related organization a section 527 organization? 50 Complete this table for the organization? is five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100.000 of compensation from the organization if there is none, enter? None* (a) Name and title of each employee hours per week develed to position which programs to the programs and the organization of			ies or have a section 501(h	n) election in effec	t during the tax		47	
b If "Yes," was the related organization 3 section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and tide of each employee	48 Is the or	ganization a school as described in se	ction 170(b)(1)(A)(ii)? If "Y	es," complete Sch	edule E		48	
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and Keyemployees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and tide of each employee	49 a Did the	organization make any transfers to an	exempt non-charitable rela	ated organization?			49a	
employees) who each received more than \$100,000 of compensation from the organization (if there is none, enter "None" (ii) Average hours per week devoted to position of the organization of organization of the organization of t								_
(g) Name and title of each employee								
(a) Name and title of each employee	employe	ees) who each received more than \$10	0,000 of compensation fro	m the organization	If there is nor	ne, enter "N	one "	
Name	(a	Name and title of each employee	hours per week	compensation	contributions to benefit plans	to employee and deferred		
Name	Name None				<u> </u>			
Name Title Hr/WK O0 Name Title Name Name Name Name Name Name Name (a) Name and business address of each independent contractor (b) Type of service (c) Compensation Name Name Name Name Name Name Name Name			Hr/WK 00					
Name Title								
Name Title			Hr/WK 00					
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Name Name	· · · · · · · · · · · · · · · · · · ·							
Title			Hr/WK00					
Title								
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and business address of each independent contractor (b) Type of service (c) Compensation Name None Str. City ST ZIP Name Str. City ST ZIP Name Str. City ST ZIP Name Str. City ST ZIP Old Total number of othe, independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section \$501(c)(3) organizations must attach a completed Schedule A Under penalties of perjury, I decare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Deciptation of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signalure of officer Firm's name Preparer's signature SELF-PREPARED RETURN Firm's EIN Phone in Phone in			Hr/WK 00					
City ST ZIP Name Str. City ST ZIP Via d Total number of other, independent contractors each receiving over \$100,000	<u>\$100,00</u>				service	(c) (Compensation	
Name Str ZIP Otty ST ZIP Name Str ZIP Otty ST ZIP Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a Complete Schedule A Note: All section 501(c)(3) organizations must attach a Complete Schedule A Note: All section 501(c)(3) organizations must attach a Complete Schedule A Note: All section 501(c)(3) organizations must attach a Complete Schedule A Note: All section 501(c)(3) organizations must attach a Complete Schedule A Note: All section 501(c)(3) organizations must attach a Complete Schedule A Note: All section 501(c)(3) organizations must attach a Complete Schedule A Note: All section 501(c)(3) organizations must attach a Complete Schedule A Note: All section 501(c)(3) organizations must attach a Complete Schedule A Note:	Name None	Str						
Name	City	ST	ZIP					
Name Str ZIP Name Str ZIP Name Str ZIP Name Str ZIP Otty ST ZIP Total number of other independent contractors each receiving over \$100,000 ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Under penalties of perjury, I deciare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Decipation of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Date Krishnamurthy Mahalingam CEO Type or print name and title Preparer Use Only Firm's name Firm's sim Firm's EIN F	Name	Str						
Name	City	ST	ZIP			 		
Name Str City ST ZIP Anne City ST ZIP d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Under penalties of perjury, I deciare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Peclatation of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Krishnamurthy Mahalingam Type or print name and title Preparer Use Only Firm's name Firm's elin Firm's	Name	Str						
Str ZIP Name Str ZIP d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Under penalties of perjury, I deciare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Decialation of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Krishnamurthy Mahalingam CEO Paid Preparer Use Only Firm's name Firm's EIN ▶ Phone no	City	ST	ZIP	 				
Name Str City ST ZIP d Total number of other independent contractors each receiving over \$100,000 52								
City ST ZIP d Total number of othic, independent contractors each receiving over \$100,000 ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Under penalties of perjury, I deciare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Decialation of preparer (other than/officer) is based on all information of which preparer has any knowledge Sign Here Prignarure Preparer's signature Preparer's signature Firm's name Firm's name Firm's name Firm's address Prim's address Prim's address Firm's address Prim's address Firm's address Firm's address Firm's address Firm's address Firm's address			ZIP		<u>_</u>			
d Total number of other independent contractors each receiving over \$100,300 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Under penalties of perjury, I deciare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Peclatation of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Krishnamurthy Mahalingam CEO Preparer's signature Preparer's signature SELF-PREPARED RETURN Firm's name Firm's edif-employed Firm's edifess Phone no					\ -			
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Under penalties of perjury, I deciare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Krishnamurthy Mahalingam Type or print name and title Preparer Use Only Prim's name Firm's name Firm's address Phone no				700				
Completed Schedule A Under penalties of perjury, I deciare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Peclalation of preparer (other than officer) is based on all information of which preparer has any knowledge Sign		•	_	•	·			
Sign Here Signature of officer Signature Signat	complet	ed Schedule A						X
Sign Signature of officer Date		complete Declaration of preparer (other than office				<u></u>		
Here Krishnamurthy Mahalingam Type or print name and title Paid Preparer Use Only Krishnamurthy Mahalingam Type or print name and title Preparer's signature SELF-PREPARED RETURN Firm's name Firm's address Phone no	Sign						0/2018	
Type or print name and title Paid Preparer's name Preparer's signature SELF-PREPARED RETURN Date Check ☐ if Self-employed Firm's name Firm's name Firm's address Phone no		_ ~						
Paid Preparer Use Only Pnnt/Type preparer's name Preparer's signature SELF-PREPARED RETURN Preparer's signature SELF-PREPARED RETURN Prim's name Firm's EIN Phone no	пеге				CEC	<i></i>		
Paid Preparer Use Only Check if self-employed			Preparer's signature		Date		PTIN	
Use Only Firm's name ► Firm's EIN ► Phone no	Paid	, Type property 5 name	' -	l.	Į c		' ''	
Use Only Firm's name Phone no Phone no	Preparer		19FTL-AKENAKED	KETUKN				_
Filins address Filins	-	1 1110 110110						
May the IRS discuss this return with the preparer shown above? See instructions Yes					Phor			
	May the IRS d	siscuss this return with the preparer sh	own above? See instruction	ns			Yes	<u>L</u>

, SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(10)

► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

Help On the Way Foundation Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (d) Corrected? (b) Relationship between disqualified person and (c) Description of transaction 1 (a) Name of disqualified person organization Yes Nο (1)(2)(3) (4)(5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year 2 under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 3 Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (c) Purpose (a) Name of interested person (b) Relationship (d) Loan to or (e) Onginal (f) Balance due (q) In default? (h) Approved (i) Written with organization of loan from the principal amount by board or agreement? committee? organization? Yes Nο Yes From No Yes No (1) (2)(3)(4)(5) (6)(7)(8)(9) (10)Total \$ 0 \blacktriangleright Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (b) Relationship between interested (c) Amount of assistance (a) Name of interested person (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2) (3) (4) (5) (6)(7)(8) (9)

Part IV	Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c										
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shanng of organization's revenues?						
(1)					Yes	No					
(2)											
(3)											
(4)											
(5)											
(6)			<u>'</u>								
<u>(7)</u> <u>(8)</u>						<u> </u>					
_(9)						 					
(10)											
Part V	Supplemental Information Provide additional information for	r responses to questions o	n Schedule L (see ır	nstructions)							

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