## EXTENDED TO NOVEMBER 15, 2018 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.

Name of foundation  THE WAY FOUNDATION INC.  Number and Street (or P O box number if mail is not delivered to street address)  2609 KEISER BLVD  City or town, state or province, country, and ZIP or foreign postal country and ZIP or foreign post	de ] Initial return of a fo ] Amended return ] Name change rivate foundation exable private founda	Room/suite	A Employer identification  82-3325659  B Telephone number  (610) 927-  C If exemption application is per  D 1. Foreign organizations	4550  Inding, check here
THE WAY FOUNDATION INC.  Number and Street (or P O box number if mail is not delivered to street address)  2609 KEISER BLVD  City or town, state or province, country, and ZIP or foreign postal comments of the country	Initial return of a fo Amended return Name change rivate foundation exable private founda		82-3325659  B Telephone number (610) 927- C If exemption application is pe	4550  Inding, check here
Number and street (or P O box number if mail is not delivered to street address)  2609 KEISER BLVD  City or town, state or province, country, and ZIP or foreign postal country	Initial return of a fo Amended return Name change rivate foundation exable private founda		B Telephone number (610) 927- C If exemption application is pe	inding, check here
Number and street (or P O box number if mail is not delivered to street address)  2609 KEISER BLVD  City or town, state or province, country, and ZIP or foreign postal country	Initial return of a fo Amended return Name change rivate foundation exable private founda		B Telephone number (610) 927- C If exemption application is pe	inding, check here
City or town, state or province, country, and ZIP or foreign postal country and ZIP or foreign postal countr	Initial return of a fo Amended return Name change rivate foundation exable private founda	ormer public charity	C if exemption application is pe	inding, check here
City or town, state or province, country, and ZIP or foreign postal country.  WYOMISSING, PA 19610  G Check all that apply: X Initial return	Initial return of a fo Amended return Name change rivate foundation exable private founda	ormer public charity	C If exemption application is pe	inding, check here
WYOMISSING, PA 19610  G Check all that apply:  Final return  Address change  H Check type of organization:  X Section 501(c)(3) exempt pr	Initial return of a fo Amended return Name change rivate foundation exable private founda	ormer public charity	D 1. Foreign organizations	
G Check all that apply:    X   Initial return	Amended return  Name change  vate foundation  axable private founda	ormer public charity		
Final return  Address change  H Check type of organization: X Section 501(c)(3) exempt pr	Amended return  Name change  vate foundation  axable private founda			. cneck here 💎 🗀 🗀
H Check type of organization: X Section 501(c)(3) exempt pr	Name change rivate foundation exable private founda			•
H Check type of organization: X Section 501(c)(3) exempt pr	rvate foundation exable private founda	MA	Foreign organizations med check here and attach cor	sting the 85% test, nputation
	exable private founda		  E   If private foundation stat	
		tion	under section 507(b)(1)	· · · · · · · · · · · · · · · · · · ·
I Fair market value of all assets at end of year J Accounting meth	od: X Cash	Accrual	F If the foundation is in a 6	
(from Part II, col. (c), line 16) Other (spe	ecify)		under section 507(b)(1)	
▶\$ 0. (Part I, column (d) m	nust be on cash basis	3.)		
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not average.	) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
necessarily equal the amounts in column (a) )	oenses per books	income	income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received			N/A	
2 Check X if the foundation is not required to attach Sch. B				
Interest on savings and temporary cash investments				
4 Dividends and interest from securities				
5a Gross rents		<del></del>		
b Net rental income or (loss)				
62 Net gain or (loss) from sale of assets not on line 10				
Gross sales price for all assets on line 6a		<del></del>		
b assets on line 6a 7 Capital gain net income (from Part IV, line 2)		<u> </u>	<del></del>	
Net Short-term capital gain				
9 Income modifications Gross sales less returns				
10a and allowances				
b Less Cost of goods sold	·		<del> </del>	
c Gross profit or (loss)		<del></del>		
11 Other income	- <del>\</del> 0.	0.		<del></del>
12 Total Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc	0.	0.		0.
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages				<u>-</u>
15 Pension plans, employee benefits				
	7,000.	0.		7,000.
b Accounting fees				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b Accounting fees c Other professional fees		<del></del>	<del>                                     </del>	
				<del></del>
17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy RECEIVED 21 Travel, conferences, and meetings				
19 Depreciation and depletion				
冒20 OcclipancyRECEIVED				
21 Travel, conferences, and meetings				
22 Printing and publications 2018				
19 1981 IDAN I				
24 Total operating and administrative				
expenses. Add lines 13 through 23.	7,000.	0.		7,000.
25 Contributions, grits, grants paid	0.			0.
26 Total expenses and disbursements				
Add lines 24 and 25	7,000.	0.		7,000.
27 Subtract line 26 from line 12;				
Excess of revenue over expenses and disbursements	-7,000.			
b Net investment income (If negative, enter -0-)		<u> </u>		
723501 01-03-18 LHA For Paperwork Reduction Act Notice, see in			N/A	Form <b>990-PF</b> (2017

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J Pa	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only	beginning or year	End 0	
_		Column should be for the or year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing			<del></del>
		Savings and temporary cash investments			
	3	Accounts receivable -			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less' allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and Toans receivable			
		Less; allowance for doubtful accounts			
Ŋ	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds	-		
		Investments land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other	· ·		
	-	Land, buildings, and equipment: basis			
		Less accumulated degreciation			
	15	Other assets (describe >		==	
		Total assets (to be completed by all filers - see the		1 .	
		instructions. Also, see page 1, item I)	0.	l √ <b>火</b> o.	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
_	17	Accounts payable and accrued expenses			,
	18	Grants payable			
<b>,</b>	19	Deferred revenue		-	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
bık	21	Mortgages and other notes payable			
Lia		Other liabilities (describe PAYABLE FOR REIMBU)	0.	7,000.	
		Other machines (accorded to a second to a		,,,,,,,,,	
	23	Total liabilities (add lines 17 through 22)	0.	7,000.	
		Foundations that follow SFAS 117, check here	<del></del>		
		and complete lines 24 through 26, and lines 30 and 31			
ses	24	Unrestricted			
ŭ	25	Temporarily restricted			
or Fund Balanc	26	Permanently restricted			
Ā		Foundations that do not follow SFAS 117, check here			
FG		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
\SS	29	Retained earnings, accumulated income, endowment, or other funds	0.	-7,000.	
et /	30	Total net assets or fund balances	0.	-7,000.	
Ž	00	Total liet assets of fully balances	<u> </u>	7,000	
	21	Total liabilities and net assets/fund balances	0.	0.	
Ξ					
	art	Analysis of Changes in Net Assets or Fund Ba	ilances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	-	t agree with end-of-year figure reported on prior year's return)		1	0.
2	Enter	amount from Part I, line 27a		2	-7,000.
3	Othe	increases not included in line 2 (itemize)	· · ·	3	0.
4	Add	ines 1, 2, and 3		4	-7,000.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	-7,000.

See the Part VI instructions.

Enter qualifying distributions from Part XII, line 4

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

Part VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	3 4 3 6 3 9 Se instruc	Page 4
<u></u>	e ilistruc	LIOTIS)
1a Exempt operating foundations described in section 4940(d)(2), check here   and enter *N/A* on line 1.		
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%   1		0.
of Part I, line 27b		
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		
2 Tax under section 5 11 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		<u> </u>
3 Add lines 1 and 2		0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		0.
6 Credits/Payments:		
a 2017 estimated tax payments and 2016 overpayment credited to 2017  6a  0.		ļ
b Exempt foreign organizations - tax withheld at source 6b 0.		
c Tax paid with application for extension of time to file (Form 8868)  6c  0.		
d Backup withholding erroneously withheld 6d 0.		
7 Total credits and payments. Add lines 6a through 6d		0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		0.
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		
11_ Enter the amount of line 10 to be; Credited to 2018 estimated tax		
Part VII-A   Statements Regarding Activities		
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes No
any political campaign?	1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	16	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		
distributed by the foundation in connection with the activities.		
c Did the foundation file Form 1120-POL for this year?	1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		<del></del>
(1) On the foundation. $\blacktriangleright$ \$ 0 . (2) On foundation managers. $\blacktriangleright$ \$ 0 .		1 1
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		
managers. ▶ \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	x
If "Yes," attach a detailed description of the activities.	- <del> </del>	<del>-   -</del>
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	$\frac{1}{x}$
b If "Yes," has it filed a tax return on Form 990-T for this year?  N/2		<del></del>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	X
If "Yes," attach the statement required by General Instruction T		<del></del>
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		
By language in the governing instrument, or		
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		
remain in the governing instrument?	- <del> </del>	${x}$
	6	X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	<del>-   ^-</del>
8a Enter the states to which the foundation reports or with which it is registered. See instructions.		1 1
PA	-	
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	<b>-</b>	
	λ <del>                                    </del>	
	A 8b	<del></del>
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	<u> </u>	$\frac{1}{x}$
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9	$\frac{\Lambda}{X}$
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10 Form 990	-PF (2017)
	FUITH SOU	· • (ZUI/)

of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

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3b

4a

N/A

Total number of other employees paid over \$50,000

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Part	Information About Officers, Directors, Trustees, Foundation Man Paid Employees, and Contractors (continued)	agers, Highly	
3 Five	highest-paid independent contractors for professional services. If none, enter "NONE."	<del></del>	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	NONE	(2)	
Total no	imber of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part	X-A Summary of Direct Charitable Activities		
	foundation's four largest direct charitable activities during the tax year. Include relevant statistical informa	tion such as the	Expenses
	of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		
1	N/A		
		<del></del>	
2			
		<del></del> -	
3			
٠ <u> </u>	<del></del>		
4			
	X-B Summary of Program-Related Investments		
Describ	e the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	2	Amount
1	N/A		
	<del></del>		
2	<del></del>		
_			
All sales	and the second s		<del></del>
	r program-related investments. See instructions.		
3			
		<del></del>	
Total A	dd lines 1 through 3		0.

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THE WAY FOUNDATION INC.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations, see	nstructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	10	0.
	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2_	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	<del>-</del>
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return Enter 5% of line 5	6	0.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	ľ	
_	foreign organizations, check here  and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	7,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	7,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	7,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years.	ualifies for th	e section

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Part XIII Undistributed Income (see instructions)

•	(a)	(b)	(c)	(d)
•	Corpus	Years prior to 2016	2016	2017
1 Distributable amount for 2017 from Part XI,				
line 7				0.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:				
<del></del> ', <del></del> ',		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
<b>b</b> From 2013				
c From 2014				
d From 2015				
e From 2016	0.			
f Total of lines 3a through e  4 Qualifying distributions for 2017 from	<u> </u>			
Part XII, line 4: ► \$				
a Applied to 2016, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		•		
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				0.
e Remaining amount distributed out of corpus	7,000.			
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,000.			
<b>b</b> Prior years' undistributed income. Subtract	· · · · · · · · · · · · · · · · · · ·			
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2018				0.
7 Amounts treated as distributions out of	İ			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	ا م			
may be required - see instructions)	0.			<del></del> . <del>-</del>
8 Excess distributions carryover from 2012	0.			
not applied on line 5 or line 7	U • I			
9 Excess distributions carryover to 2018 Subtract lines 7 and 8 from line 6a	7,000.			
O Analysis of line 9:	7,000.		<del></del>	
a Excess from 2013				
b Excess from 2014	ļ			
c Excess from 2015				
d Excess from 2016				
e Excess from 2017 7,000.				

	FOUNDATION FOUNDATION			<u> </u>	25659 Page 1
Part XIV Private Operating F	oundations (see in	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter that	t it is a private operating			
foundation, and the ruling is effective fo			<b>•</b>		<u> </u>
b Check box to indicate whether the foun	•		n section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years		/
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for			· · · · · · · · · · · · · · · · · · ·		
each year listed					
b 85% of line 2a		1		1	
c Qualifying distributions from Part XII.					
line 4 for each year listed				/	
d Amounts included in line 2c not		"		<del></del>	
used directly for active conduct of					
exempt activities					<del></del>
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the				<del>                                     </del>	
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets		/	1		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,	1				
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)			1		
(3) Largest amount of support from					
an exempt organization			1		\ \ \ \
(4) Gross investment income					
Part XV Supplementary Info			f the foundation	had \$5,000 or mor	e in assets
at any time during	the year-see instr	uctions.)	N/A		
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation w			ibutions received by the	foundation before the clos	e of any tax
year (but only if they have contributed	more than \$5,000). (See s	ection 507(d)(2) )			
					<del>-</del>
<b>b</b> List any managers of the foundation w			or an equally large port	on of the ownership of a pa	rtnership or
other entity) of which the foundation h	as a 10% or greater interes	St.			
	<u> </u>				
2 Information Regarding Contribut		• •	_		
				not accept unsolicited reque	ests for funds. If
the foundation makes gifts, grants, etc.				· · · · · · · · · · · · · · · · · · ·	
a The name, address, and telephone num	iber or email address of th	ne person to whom applica	ations should be addres	ssed:	
<b>b</b> The form in which applications should	be submitted and informati	tion and materials they sh	ould include:		
c Any submission deadlines;					<u> </u>
		<del></del> -		· · · · · · · · · · · · · · · · · · ·	
d Any restrictions or limitations on award	is, such as by geographica	al areas, charitable fields,	kınds of institutions, or	other factors:	

3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	or substantial contributor	recipient	oont in an or			
a Paid during the year						
NONE						
		. ,				
Total			<u> </u>	0.		
b Approved for future payment						
,,						
NONE						
110112						
Total			<b>▶</b> 3b	0.		

Part XVI-A	Analysis of Income-Producing	<b>Activities</b>
------------	------------------------------	-------------------

	Unrelated	business income	Exclu	ded by section 512, 513, or 514	(a)
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	741100111	code	7 induit	101101101110
a	<del></del>		<b>├</b> ─	<del></del>	
b	<del></del>		<b>├</b>		
c	1		<b>├</b>		<del> </del>
d	ļ		<b> </b>		
e		<del></del>	ļ		
1	<b></b>		ļ		
g Fees and contracts from government agencies	<u> </u>		ļ		
2 Membership dues and assessments	<b> </b>	<del></del>	<b> </b>		
3 Interest on savings and temporary cash	1		1		
investments	ļ		<b>-</b>		
4 Dividends and interest from securities			ļ		
5 Net rental income or (loss) from real estate:			<u> </u>		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal	}		}		
property			<u> </u>	<u> </u>	<u></u>
7 Other investment income			<u> </u>	<u> </u>	
8 Gain or (loss) from sales of assets other	1 1		1		
than inventory			<u> </u>		
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			L		
11 Other revenue:					
a		<del></del>			} 
b			<u> </u>	\ <u></u>	
c	1 1				·
d		<del></del>			
e					
12 Subtotal Add columns (b), (d), and (e)	<u> </u>	0.		0.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Accor	nplishment of Exe	empt	Purposes	
Line No Explain below how each activity for which incomplete the foundation's exempt purposes (other than			contrib	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than	by providing fam	us for such purposes).			
				<del></del>	<del></del>
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Orm	. 000.B	F(2017) THE W	AY FOUNDATION I	·NC	82_33	25659	Da	ge 13
	irt XV		garding Transfers to a		d Relationships With Nonch		<u> </u>	ye is
1	Did th		ectly engage in any of the follow	ng with any other organizatio	n described in section 501(c)		Yes	No
•		•	izations) or in section 527, relativ	- •	(0)			
a			ition to a noncharitable exempt o	- ·				
	(1) C	· · · · ·	•	•		1a(1)		X
	` '	ther assets				1a(2)		Х
b	Other	transactions:						
	(1) S	ales of assets to a noncharital	ole exempt organization			1b(1)		X
	(2) P	urchases of assets from a no	ncharitable exempt organization			1b(2)		X
	(3) R	ental of facilities, equipment,	or other assets			1b(3)		Х
	(4) R	leimbursement arrangements				1b(4)		X
	(5) L	oans or loan guarantees				1b(5)		Х
	(6) P	erformance of services or me	mbership or fundraising solicitati	ons		1b(6)		X
C	Sharır	ng of facilities, equipment, ma	iling lists, other assets, or paid ei	nployees		1c		X
d	If the	answer to any of the above is	"Yes," complete the following sch	iedule. Column (b) should alv	vays show the fair market value of the goo	ds, other ass	ets,	
					e in any transaction or sharing arrangemen	it, show in		
	$\overline{}$	<del></del>	other assets, or services received		<del></del>			
(a) ∟	ine no	(b) Amount involved	(c) Name of noncharitab	le exempt organization	(d) Description of transfers, transactions, a	and sharing arr	angemer	nts
			N/A					
				<del></del>				
				- <del></del>				
					<del>_</del>			
					<del> </del>			
				<del></del>	<del> </del>			
					<del></del>			
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_		<del></del>	<del></del>		<del> </del>			
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_				<del></del>	<del></del>			
_		<del></del>	<del></del>		<del></del>			
	ın sec	= = = = = = = = = = = = = = = = = = =	city affiliated with, or related to, or no solice (c)(3)) or in section 527?	e or more tax-exempt organiz	ations described	Yes	X	] No
		(a) Name of org		(b) Type of organization	(c) Description of relati	onship		
		N/A						

						<del></del>	
	_						
Sign Here		penalties of perjury, I declare that I			Information of which prepare		May the IRS discuss this return with the preparer shown below? See instruction X Yes No.
	Sign	nature of officer or trustee		Date	Title		L
Paid		Print/Type preparer's name  JILL A. MART	( W	signature A. MARTIN	Date 05/15/18	self- employed	P00011691
Prepa Use C		Firm's name ► BAKER	TILLY VIRCH	OW KRAUSE,	LLP	Firm's EIN ► 39	-0859910
		Firm's address ► 2609	KEISER BLVD	•			
		WYOM	MISSING, PA 1	9610-3338		Phone no. 610	.927.4910_

FORM 990-PF	LEGAL FEES		STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES	7,000.	0.		7,000.	
TO FM 990-PF, PG 1, LN 16A	7,000.	0.		7,000.	

FORM 990-PF OTHER LIABILITIES	THER LIABILITIES	
DESCRIPTION	BOY AMOUNT	EOY AMOUNT
PAYABLE FOR REIMBURSEMENT OF ADVANCED START-UP COSTS	0.	7,000.
TOTAL TO FORM 990-PF, PART II, LINE 22	0.	7,000.

	II - LIST OF OFFICERS, DIRECTORS TEES AND FOUNDATION MANAGERS			STATEMENT 3	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB		
STEVEN YELLAND 2609 KEISER BLVD WYOMISSING, PA 19610	PRESIDENT 2.00	0.	0.	0.	
AMY YELLAND 2609 KEISER BLVD WYOMISSING, PA 19610	VICE PRESIDENT 2.00	0.	0.	0.	
MICHAEL ADORNETTO 2609 KEISER BLVD WYOMISSING, PA 19610	SECRETARY 2.00	0.	0.	0.	
ANN ADORNETTO 2609 KEISER BLVD WYOMISSING, PA 19610	TREASURER 2.00	0.	0.	0.	
SUSAN WARHIME RUPP 2609 KEISER BLVD WYOMISSING, PA 19610	MEMBER AT LARGE 2.00	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.	