

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation ON HIS PATH		A Employer identification number 27-1354039	
Number and street (or P.O. box number if mail is not delivered to street address) 604 NORTH PARKWAY STREET		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code WAYLAND, IA 52654		B Telephone number (see instructions) (319) 256-5656	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 915,161		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,158,933			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	1,158,933	0	0	
	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	9,960	0	0	9,960
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	8,872	0	0	8,872
	22 Printing and publications				
	23 Other expenses (attach schedule)	131,497	0	0	121,497
	24 Total operating and administrative expenses. Add lines 13 through 23	150,329	0	0	140,329
	25 Contributions, gifts, grants paid	1,248,554			1,178,325
	26 Total expenses and disbursements. Add lines 24 and 25	1,398,883	0	0	1,318,654
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-239,950			
	b Net investment income (if negative, enter -0-)		0		
c Adjusted net income (if negative, enter -0-)				0	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing	1,060,252	897,440	897,440
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use	3,755	3,576	3,576
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ 6,597 Less accumulated depreciation (attach schedule) ▶ _____	6,597	6,597	6,597
15	Other assets (describe ▶ _____)	7,548	7,548	7,548	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,078,152	915,161	915,161	
Liabilities	17	Accounts payable and accrued expenses	4,570	11,301	
	18	Grants payable	135,497	205,725	
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	140,067	217,026	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	938,085	698,135	
30	Total net assets or fund balances (see instructions)	938,085	698,135		
31	Total liabilities and net assets/fund balances (see instructions) .	1,078,152	915,161		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	938,085
2	Enter amount from Part I, line 27a	2	-239,950
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	698,135
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	698,135

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

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

2 Capital gain net income or (net capital loss) <div style="float: right; font-size: small;"> { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } </div>	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	1,199,942	963,353	1 245589
2016	925,373	866,703	1 067693
2015	1,243,634	129,994	9 566857
2014	1,207,923	239,278	5 048199
2013	976,524	54,867	17 798021

2 Total of line 1, column (d)	2	34 726359
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	6 945272
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	852,680
5 Multiply line 4 by line 3	5	5,922,095
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7 Add lines 5 and 6	7	5,922,095
8 Enter qualifying distributions from Part XII, line 4	8	1,318,654

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	0
b	Exempt foreign organizations—tax withheld at source	6b	
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.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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 ▶	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). 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	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0		
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? If "Yes," attach a detailed description of the activities	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ <u>IA</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9	Yes
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	No

Part VII-A Statements Regarding Activities (continued)

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

Located at ► 604 NORTH PARKWAY STREET WAYLAND IA ZIP+4 ► 52654

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	► 15		
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

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

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

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions.	1b		No
	Organizations relying on a current notice regarding disaster assistance check here.			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		No

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

		Yes	No
5a	During the year did the foundation pay or incur any amount to		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.	5b	No
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870	6b	No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b	
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. **0**

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 EL SALVADOR CLUBFOOT - ON HIS PATH SUPPORTS SEVEN CLINICS THAT PROVIDE ACCESS TO TREATMENT FOR BOTH URBAN AND RURAL FAMILIES. THE CLINICS PROVIDE TREATMENT FOR CHILDREN AND COUNSELING FOR FAMILIES OF CHILDREN BORN WITH CLUBFOOT. HIGHLIGHTS FOR 2018: A TRAINING ON PONSETI METHOD WAS HELD OCTOBER 6. THERE WERE A TOTAL OF 31 PARTICIPANTS WHO REFRESHED SKILLS AND LEARNED TECHNIQUES FOR TREATING CHILDREN WITH CLUBFOOT THROUGHOUT EL SALVADOR. OTHER HIGHLIGHTS INCLUDE THE JANUARY 31 CONSTRUCTION COMPLETION OF A PEDIATRIC REHABILITATION ROOM AND THE OCTOBER 1 LAUNCHING OF THE PONSETI KIDS CLUBFOOT SPONSORSHIP PROGRAM THAT PROVIDES ANOTHER WAY TO ENSURE PROPER TREATMENT FOR CHILDREN WITH CLUBFOOT IN EL SALVADOR.	5,158
2 GUATEMALA MISSION MOBILITY - ON HIS PATH CONTINUES TO PARTNER WITH BETHEL MINISTRIES INTERNATIONAL TO PROVIDE WHEELCHAIRS, FOOD AND OTHER SUPPLIES TO AID THE NEEDY AND DISABLED IN GUATEMALA. HIGHLIGHTS FOR 2018: A SUMMER 2018 MISSION TRIP TO GUATEMALA INCLUDED DISTRIBUTION OF 52 WHEELCHAIRS ALONG WITH WALKERS, CANES AND CRUTCHES. GIFTS FOR GUATEMALA CAMPAIGN PROVIDED 311 GIFT BOXES THAT WERE SHIPPED TO GUATEMALA IN NOVEMBER 2018. IN SEPTEMBER 100 PAIR OF SHOES WERE DISTRIBUTED IN GUATEMALA THROUGH A PARTNERSHIP WITH FINLEY CHAPEL UNITED METHODIST CHURCH.	50,952
3 UGANDA - IN FEBRUARY A TRIP TO UGANDA INCLUDED A VISIT TO GOD'S MERCY SCHOOL AND ORPHANAGE, A PARTNERED ENDEAVOR WITH GRACE MISSION TO THE NATIONS. THE SCHOOL SERVES 230 STUDENTS AND HOUSES 18 STAFF. IN JULY, PARTNERING WITH DR. LUCY'S MEDICAL CLINIC, A MEDICAL CAMP IN UGANDA SERVED 892 PATIENTS IN ONE DAY.	3,962
4 OTHER PROGRAMS - DISTRIBUTION OF BIBLES, WATER UNITS, MEALS, MEDICAL DEVICES, EMERGENCY AND DISASTER ASSISTANCE SUPPLIES IN THE U.S. AND ABROAD. ALL AREAS ARE FOCUSED ON GREATEST NEED. HIGHLIGHTS FOR 2018: CONTINUED SUPPORT OF MATER DEI AFRICA IN TANZANIA WITH WOMEN'S MICROFINANCE PROGRAMS. CONTINUED SUPPORT OF EDUCATION AND NUTRITION PROGRAMS THROUGH THE VIMUKTHI SCHOOL IN INDIA WHICH NOW HAS 870 STUDENTS AND 30 TOTAL STAFF. SUPPORT ALSO INCLUDES LEPROS CARE, SEWING CENTER AND WIDOW FEEDING PROGRAM.	70,299

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	865,665
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	865,665
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	865,665
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	12,985
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	852,680
6	Minimum investment return. Enter 5% of line 5.	6	42,634

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

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	1,318,654
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	1,318,654
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,318,654

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				
d From 2016.				
e From 2017.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ _____				
a Applied to 2017, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2018 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2014.				
b Excess from 2015.				
c Excess from 2016.				
d Excess from 2017.				
e Excess from 2018.				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶

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

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

Tax year	Prior 3 years			(e) Total	
(a) 2018	(b) 2017	(c) 2016	(d) 2015		
0	0	0	0	0	
b 85% of line 2a	0	0	0	0	
c Qualifying distributions from Part XII, line 4 for each year listed	1,318,654	1,199,942	925,373	1,243,634	4,687,603
d Amounts included in line 2c not used directly for active conduct of exempt activities	1,178,325	1,084,038	833,257	1,132,925	4,228,545
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	140,329	115,904	92,116	110,709	459,058
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.	28,423	32,112	28,890	4,333	93,758
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

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

c Any submission deadlines

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	
b <i>Approved for future payment</i> See Additional Data Table				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

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

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

[illegible]

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

b If "Yes," complete the following schedule

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

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

Sign Here	*****	2019-11-12	*****	May the IRS discuss this return with the preparer shown below? (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SHAWNA HULS				P01315330
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325			
Firm's address ▶ 201 FIRST ST SE STE 800 CEDAR RAPIDS, IA 524011512					Phone no (319) 298-5333

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

JOHN MITCHELL
JEAN MITCHELL

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BETHEL MINISTRIES INTERNATIONAL PO BOX 573 RESERVE, NM 87830		PC	MINISTRIES AND MISSIONS TO AID POOR AND DISABLED IN GUATEMALA	122,178
CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DR 2200 ORLANDO, FL 32832		PC	CAMPUS MINISTRY AND OUTREACH	12,000
CHRISTIAN OUTREACH CENTER 11220 OAKHURST RD LARGO, FL 33774		PC	GENERAL FUNDING FOR GREATEST NEED	1,500
Total ▶ 3a				1,178,325

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHURCH WORLD SERVICECROP 28606 PHILLIPS STREET PO BOX 968 ELKHART, IN 46515		PC	WORLD HUNGER RELIEF	1,000
COMPASSION INTERNATIONAL 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80921		PC	CHILD SURVIVAL IN EL SALVADOR FOCUSING ON INFANTS THROUGH THEIR FIRST YEAR AND THEIR MOTHERS	14,267
CREATION TRUTHPO BOX 1435 NOBLE, OK 73068		PC	HAITI TRAVEL FUNDING	4,000
Total ▶ 3a				1,178,325

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CURE INTERNATIONAL 774 LIMEKILN ROAD NEW CUMBERLAND, PA 17055		PC	INDIA CLUBFOOT PROGRAM	82,500
CURE INTERNATIONAL 774 LIMEKILN ROAD NEW CUMBERLAND, PA 17055		PC	LAUNCH 7 NEW CLINICS IN ANDHRA PRADESH AND TELANGANA PROVIDE CLUBFOOT TREATMENT AND TRAIING FOR MEDICAL PERSONNEL	82,997
DAYSPRING OUTREACH MINISTRIES 3702 E 10TH ST JOPLIN, MO 648015624		PC	ORPHANAGE COMPLETION	15,000
Total ▶ 3a				1,178,325

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DEVELOPMENT FOR FREEDOM INTERNATIONAL 11 IMPASSE MESMIN DELMAS 62 PORTAUPRINCE HA		PC	HAITI AGAPE SCHOOL RENT AND 24-PASSENGER BUS	45,000
DR LUCY'S MEDICAL CLINIC PO BOX 24730 KAMPALA UG		NC	MEDICAL CLINIC CAMP, SUPPLIES AND OPERATIONAL COSTS	15,000
DR LUCY'S MEDICAL CLINIC PO BOX 24730 KAMPALA UG		NC	OPERATIONAL COSTS, TWO MEDICAL OUTREACHES, ADDITIONAL ROOMS IN CLINIC	7,500
Total ▶ 3a				1,178,325

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FUNDACION MEXICANA DEL PIE EQUINO VARO AC CALLE VENUSTIANO CARRANZA NO 233 SANTA CATARINA MX		NC	SPONSORSHIP OF CLINIC COORDINATORS	38,400
GRACE MISSION TO THE NATIONS PO BOX 381 MUKONO UG		NC	TO SUPPORT BASIC NEEDS OF ORPHANS AND WIDOWS AT A UGANDAN ORPHANAGE	43,619
IGLESIA BAUTISTA VISTA HERMOSA CALLE HUIZUCAR Y COL LA CONSTANCIA 25 CIMA I SAN SALVADOR ES		NC	CLUBFOOT CLINICS	80,215
Total ▶ 3a				1,178,325

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LIVING WATER CHRISTIAN MISSION NORTHEAST EVANGELISM OF MOBERLY MO PO BOX 795 MOBERLY, MO 65270		PC	PASTOR PASSPORT AND TRAVEL EXPENSE	3,500
LONE PINE MINISTRIES 3923 CRESCENT DRIVE GRANBURY, TX 76049		PC	HUMANITARIAN EFFORTS IN CUBA	20,000
MATER DEI 294 IRVINE AVE SAINT PAUL, MN 55102		PC	MATER DEI AFRICA MICROFINANCE PROGRAM	20,000
Total ▶ 3a				1,178,325

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MIO FRONTIERSPO BOX 60730 PHOENIX, AZ 85082		PC	CHURCH PLANTING AND DEVELOPMENT	3,500
MISSION TO THE NATIONS 3-19-6 SANTHINAGAR ROAD KAKINADA, ANDHRA PRADESH IN		NC	CONTINUED SUPPORT OF VIMUKTHI SCHOOL, GENERAL FUNDING FOR GREATEST NEED, SPONSORING PASTORS, MEDICAL SUPPLIES AND CLEAN WATER WELLS	167,515
MISSION TO THE NATIONS PLOT 18 D NO 3-19-6 KAKINADA, ANDHRA PRADESH IN		NC	VIMUKTHI SCHOOL--ADDITION OF TWO CLASSROOMS AND TWO BATHROOMS, LEPER CARE--NEW ROOF FOR FACILITY, SEWING CENTER, WIDOW FEEDING PROGRAM/SUPPORT, MEDICAL EQUIPMENT, ROOF REPLACEMENT FOR CHURCH	25,000
Total ► 3a				1,178,325

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MT PLEASANT CHRISTIAN SCHOOL 1505 EAST WASHINGTON ST MT PLEASANT, IA 52641		PC	SCHOLARSHIP FUND TO HELP FAMILIES WITH TUITION COSTS	25,000
NEW LONDON CHRISTIAN CHURCH 2770 NEW LONDON RD NEW LONDON, IA 52645		PC	PROJECTOR PURCHASE	600
NEW SONG CHRISTIAN LIFE CHURCH 207 ARCHIBALD ST NEW LONDON, IA 52645		PC	FOOD AND EDUCATION FOR ORPHANS	27,340
Total ▶ 3a				1,178,325

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ONESIMUS MINISTRY (PARTNERING WITH THE FORSAKEN CHILDREN INC) PO BOX 381483 GERMANTOWN, TN 38183		PC	GENERAL FUNDING	16,635
OPERATION BLESSING INTERNATIONAL 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463		PC	TEACHER SALARIES, SCHOLARSHIPS IN HAITI AND FLORENCE DISASTER RELIEF	67,381
OUR CHURCH COMMUNITY CHURCH 1474 FRANKLIN AVE WAYLAND, IA 52654		PC	SUPPORT OF FOOD PANTRY	6,000
Total ▶ 3a				1,178,325

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PURE WATER FOR ALL FOUNDATION 403 W MAIN ST WASHINGTON, IA 52353		PC	WATER SYSTEMS IN PERU/AMAZON	10,000
TAKE AWAY HUNGERKIDS AGAINST HUNGER 3244 160TH STREET BRIGHTON, IA 52540		PC	MEALS FOR INTERNATIONAL FAMILIES	34,778
TANAGER PLACE2309 C STREET SW CEDAR RAPIDS, IA 52404		PC	GENERAL FUNDING	5,000
Total ▶ 3a				1,178,325

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE FOUNDATION FOR BARNES-JEWISH HOSPITAL 1001 HIGHLANDS PLAA DR WEST SUITE 140 ST LOUIS, MO 63110		PC	PONSETI TRAINING	10,000
THE FOUNTAIN CHARITABLE FOUNDATION 1125 ORANGE AVENUE KALONA, IA 52247		PC	WAGES FOR HOUSING PROGRAM	25,000
TRUTH FOUNDATION INCPO BOX 165 NEW LONDON, IA 52645		PC	DAILY OPERATIONS	104,500
Total ▶ 3a				1,178,325

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF IOWA FOUNDATION - PONSETI INTERNATIONAL ASSOCIATION 114 CMAB UNIVERSITY OF IOWA IOWA CITY, IA 52242		PC	TRAVEL SPONSORSHIP TO TRAIN HEALTHCARE PROFESSIONALS IN THE PONSETI METHOD OF CLUBFOOT TREATMENT IN DEVELOPMENT COUNTRIES	20,000
WASHINGTON UNIVERSITY CAMPUS BOX 1247 ST LOUIS, MO 63105		PC	PONSETI EDUCATION AND HEALTHCARE	10,000
WAYLAND MINISTERIAL ASSOCIATIONSUGAR CREEK MENNONITE CHURCH 1209 FRANKLIN AVE WAYLAND, IA 52654		PC	WAYLAND TRAILER COURT FUND	5,400
Total ▶ 3a				1,178,325

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YMCA OF WASHINGTON COUNTY 121 EAST MAIN STREET WASHINGTON, IA 52353		PC	YMCA YOUTH PROGRAM	1,000
YOUTH FOR CHRISTPO BOX 4478 ENGLEWOOD, CO 80155		PC	GENERAL FUNDING	5,000
Total ▶ 3a				1,178,325

TY 2018 Accounting Fees Schedule**Name:** ON HIS PATH**EIN:** 27-1354039

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	9,960	0	0	9,960

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

TY 2018 Expenditure Responsibility Statement

Name: ON HIS PATH

EIN: 27-1354039

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
FUNDACION MEXICANA DEL PIE EQUINO VARA AC (GRANT #0206)	PRESIDENTS CARRANZA 233 COLONIA SANTA CATARINA CO MEXICO CITY MX	2018-03-05	30,000	TO SPONSOR CLINIC COORDINATORS IN 25 LOCATIONS IN MEXICO	30,000	NONE	4/1,5/1,6/1		
FUNDACION MEXICANA DEL PIE EQUINO VARA AC (GRANT #0235)	PRESIDENTS CARRANZA 233 COLONIA SANTA CATARINA CO MEXICO CITY MX	2018-12-12	33,600	TO SPONSOR CLINIC COORDINATORS IN 27 LOCATIONS IN MEXICO	8,400	NONE	12/12		
IGLESIA BAUTISTA VISTA HERMOSA (GRANT #0205)	CALLE HUIZUCAR Y COL LA CONSTANCIA 25 CIMA I SAN SALVADOR ES	2018-03-05	56,540	OPERATION AND ADMINISTRATION OF 7 PONSETI CLUBFOOT CLINICS	56,540	NONE	5/1,8/1,11/1		
MISSION TO THE NATIONS (GRANT #0167)	PLOT 18 D NO 3-19-6 KANNAYYAKAPUNAGAR, KAKINADA IN	2017-02-22	100,000	VIMUKTHI SCHOOL, LEPER CARE, SEWING CENTER, WIDOW FEEDING PROGRAM SUPPORT/FUNDING	100,000	NONE	1/1,4/1,7/1,10/1		
MISSION TO THE NATIONS (GRANT #0208)	PLOT 18 D NO 3-19-6 KANNAYYAKAPUNAGAR, KAKINADA IN	2018-03-05	155,015	VIMUKTHI SCHOOL, LEPER CARE, WIDOW FEEDING PROGRAM SUPPORT/FUNDING	155,015	NONE	1/1,4/1,7/1,10/1		
MISSION TO THE NATIONS (GRANT #0209)	PLOT 18 D NO 3-19-6 KANNAYYAKAPUNAGAR, KAKINADA IN	2018-03-08	12,500	25 WATER WELLS/\$500 EACH FOR NEEDY RURAL VILLAGES	12,500	NONE	1/1,4/1,7/1,10/1		
DR LUCY'S MEDICAL CLINIC (GRANT #0213)	PO BOX 24730 KAMPALA UG	2018-07-30	5,000	MEDICAL CLINIC CAMP, SUPPLIES AND OPERATIONAL COSTS	5,000	NONE	4/10,7/28		
DR LUCY'S MEDICAL CLINIC (GRANT #0223)	PO BOX 24730 KAMPALA UG	2018-09-26	10,000	MEDICAL CLINIC OPERATIONAL COSTS	10,000	NONE	9/26		
GRACE MISSION TO THE NATIONS (GRANT #0212)	BOX 381 MUKONO UG	2018-04-23	43,619	CLEAN WATER WELL, PURCHASE TOOLS, TEACHER SALARIES, CONSTRUCTION OF DIRECTOR'S HOUSE AND OTHER MICROENTERPRISE COSTS	43,619	NONE	6/5		
IGLESIA BAUTISTA VISTA HERMOSA (GRANT #0215)	CALLE HUIZUCAR Y COL LA CONSTANCIA 25 CIMA I SAN SALVADOR ES	2018-05-15	10,000	VARIOUS ACTIVITIES SERVING MEN AND YOUTH	10,000	NONE	5/15		

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
IGLESIA BAUTISTA VISTA HERMOSA (GRANT #0237)	CALLE HUIZUCAR Y COL LA CONSTANCIA 25 CIMA I SAN SALVADOR ES	2018-12-20	54,700	EL SALVADOR CLUBFOOT PROGRAM	13,675	NONE	4/16		
DR LUCY'S MEDICAL CLINIC (GRANT #0190)	PO BOX 24730 KAMPALA UG	2017-09-21	15,000	OPERATIONAL COSTS, TWO MEDICAL OUTREACHES AND ADDITIONAL ROOMS IN CLINIC	15,000	NONE	4/10,7/28		

TY 2018 Other Assets Schedule

Name: ON HIS PATH

EIN: 27-1354039

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
MOLDS	7,548	7,548	7,548

TY 2018 Other Expenses Schedule**Name:** ON HIS PATH**EIN:** 27-1354039**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BOOKS, SUBSCRIPTIONS	2,950	0	0	2,950
LIFE INSURANCE PREMIUM	10,000	0	0	0
OTHER	1,072	0	0	1,072
POSTAGE & MAILING	44,835	0	0	44,835
PRINTING & COPYING	16,864	0	0	16,864
SUPPLIES	5,385	0	0	5,385
TELEPHONE	586	0	0	586
FREIGHT	44,835	0	0	44,835
ADVERTISING	4,418	0	0	4,418
PAYPAL FEES	373	0	0	373

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BONE MODELS	179	0	0	179

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to <u>www.irs.gov/Form990</u> for the latest information	OMB No 1545-0047
		2018
Name of the organization ON HIS PATH		Employer identification number 27-1354039

Organization type (check one)

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization ON HIS PATH	Employer identification number 27-1354039
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Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Employer identification number

27-1354039

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

Name of organization

ON HIS PATH

Employer identification number

27-1354039

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

Additional Data

Software ID:
Software Version:
EIN: 27-1354039
Name: ON HIS PATH

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	MITCHELL DESIGNS C/O JOHN R MITCHELL 604 N PARKWAY S WAYLAND, IA 52654	\$ 1,020,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>2</u>	BETHEL MENNONITE CHURCH 3185 WAYLAND RD WAYLAND, IA 52654	\$ 7,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>3</u>	JOHN AND HEIDI FERGUSON 57 WILSON BLVD FAIRFIELD, IA 52556	\$ 9,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>4</u>	ROGER AND COLLEEN ARMSTRONG 17672 40TH AVENUE BURLINGTON, IA 52601	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>5</u>	BETH'S BREAKAWAYS LLC 2575 SOCKUM RIDGE ROAD WASHINGTON, IA 52353	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>6</u>	CANDEO CONSTRUCTION LLC PO BOX 254 WASHINGTON, IA 52353	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	NEW LONDON CHRISTIAN CHURCH	\$ 11,400	Person <input checked="" type="checkbox"/>
	PO BOX 186		Payroll <input type="checkbox"/>
	NEW LONDON, IA 52645		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>8</u>	MATTHEW AND JULIE PRIHODA	\$ 5,400	Person <input checked="" type="checkbox"/>
	2450 280TH STREET		Payroll <input type="checkbox"/>
	WASHINGTON, IA 52353		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)