## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

<b>B</b> C		2018 calendar year, or tax year beginning Sep 1 , 2018, and endi	<u> </u>									
	Check if	applicable C Name of organization Joshua's Way, Inc.	D Er	nployer identification number								
□ A	Address	change Doing business as	5	7-1091204								
□ N	Name ch	ange Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite <b>E</b> Te	lephone number								
□ Ir	nıtıal ret	urn PO Box 1605	(	864)801-4464								
_ F	inal retur	n/terminated City or town, state or province, country, and ZIP or foreign postal code										
_	mende	0 00 00050 1005	<b>G</b> G	ross receipts \$ 118,139								
_		on pending F Name and address of principal officer	H(a) is this a group re	turn for subordinates? Yes X No								
_ ^	тррпови	Dan Johnson, 1001 W Poinsett St, Greer, SC 296										
. T		npt status	'And 12 (24) (1)	tach a list (see instructions)								
	Vebsite		<del>//</del>	nption number ▶								
		rganization ☑ Corporation ☑ Trust ☑ Association ☑ Other ► L Year of forma		State of legal domicile SC								
Pa			10011 10001111	State of legal dofficire 50								
انكعا		Summary  Disflue describe the average time to measure as most significant activities: (3)	<u> </u>									
	1	Briefly describe the organization's mission or most significant activities: Chri	stian study	and service cente								
ဦ	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)											
E		Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.										
ē		<del>-</del>		_								
ဗွ	3			3 4.								
∞5	4	Number of independent voting members of the governing body (Part VI, line 1b	)	^4.								
iğ	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	· • • • • • • • • • • • • • • • • • • •	5								
₹	6	Total number of volunteers (estimate if necessary)		<b>&gt;6 /</b> 8								
¥	7a	Total unrelated business revenue from Part VIII, column (C), line 12	X /	( <b>7,á</b> )								
	ь	Net unrelated business taxable income from Form 990-T, line 38	. \\\\	<b>⁄7b</b> (								
			Pnor Yèar	Current Year								
	8	Contributions and grants (Part VIII, line 1h)	280,0	00. 115,957								
Revenue	9	Program service revenue (Part VIII, line 2g)	1,5									
<u> </u>	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		75. 262								
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		73: 202								
- 1	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	201 0	30 118 136								
$\rightarrow$	13		281,9									
- 1		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	36 <b>,</b> 2	31. 51,449								
	14	Benefits paid to or for members (Part IX, column (A), line 4)	10.0									
9	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	49,8	14. 49,223								
Sugar		Professional fundraising fees (Part IX, column (A), line 11e)										
×	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0.										
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	64,0									
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	150,0	66. 156,460								
- 1	19	Revenue less expenses. Subtract line 18 from line 12	131,8	64								
- 1		Neverlue less expenses. Subtract line to from time 12										
- S		Nevertue less expenses. Subtract line 10 from line 12	Beginning of Current	Year End of Year								
- S	20	Total assets (Part X, line 16)										
-s	20		Beginning of Current	90. 587,719								
- S		Total assets (Part X, line 16)	Beginning of Current 642,4	90. 587,719 32. 0								
Net Assets or Fund Balances	20 21 22	Total assets (Part X, line 16)	Beginning of Current 642,4 15,5	90. 587,719 32. 0								
Net Assets or Fund Balances	20 21 22 1	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)	642,4 15,5 626,9	90. 587,719 32. 6 58. 587,719								
Net Assets or Fund Balances	20 21 22 1     er pena	Total assets (Part X, line 16)	642,4 15,5 626,9 ements, and to the be	90. 587,719 32. 0 58. 587,719 est of my knowledge and belief,								
Net Assets or Fund Balances	20 21 22 1     er pena	Total assets (Part X, line 16)	642,4 15,5 626,9 ements, and to the be	90. 587,719 32. (0 58. 587,719 est of my knowledge and belief,								
Met Assets or tune,	20 21 22 rt II er pena , correct	Total assets (Part X, line 16)	642, 4 15, 5 626, 9 ements, and to the beer has any knowledge	90. 587,719 32. 0 58. 587,719 est of my knowledge and belief,								
Net Assets or true Balances  Fund Balances	20 21 22 21 er pena , correct	Total assets (Part X, line 16)	642,4 15,5 626,9 ements, and to the be	90. 587,719 32. (0 58. 587,719 est of my knowledge and belief,								
Net Assets or Fund Balances true,	20 21 22 21 er pena , correct	Total assets (Part X, line 16)	642, 4 15, 5 626, 9 ements, and to the beer has any knowledge	90. 587,719 32. (0 58. 587,719 est of my knowledge and belief,								
Signature, Fund Balances	20 21 22 21 er pena , correct	Total assets (Part X, line 16)	Beginning of Current 642,4 15,5 626,9 ements, and to the beer has any knowledge Date	90. 587,719 32. 0 58. 587,719 est of my knowledge and belief,								
Signature, Fund Balances	20 21 22 11   er pena , correct	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Signature Block  ties of perjury, I declare that I have examined this return, including accompanying schedules and stat, and complete. Declaration of preparer (other than officer) is based on all information of which prepared and Johnson, President  Type or print name and title  Print/Type preparer's name  Preparer's signature	Beginning of Current 642,4 15,5 626,9 ements, and to the beer has any knowledge Date	90. 587,719 32. 0 58. 587,719 st of my knowledge and belief, 1								
Sign Hero	20 21 22 1 II er pena , correct	Total assets (Part X, line 16)	Beginning of Current 642,4 15,5 626,9 ements, and to the beer has any knowledge Date	90. 587,719 32. 0 58. 587,719 st of my knowledge and belief, 1								
Sigr Hero Paid Pre	20 21 22 11   er pena , correct	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Signature Block  ties of perjury, I declare that I have examined this return, including accompanying schedules and stat, and complete. Declaration of preparer (other than officer) is based on all information of which prepared Signature of officer  Dan Johnson, President Type or print name and title  Print/Type preparer's name Steven M. Bateman	Beginning of Current 642, 4 15, 5 626, 9 ements, and to the beer has any knowledge Date  Date  01/13/2020	90. 587,719 32. 0 58. 587,719 st of my knowledge and belief, in the ck x if PTIN								

For Paperwork Reduction Act Notice, see the separate instructions. BAA

Form **990** (2018)

Part	<b>Statement of Program Service Accomplishments</b> Check if Schedule O contains a response or note to any lin	e in this Part III
1	Briefly describe the organization's mission:	
	Christian study and service center	
2	Did the organization undertake any significant program services du	ring the year which were not listed on the
_	prior Form 990 or 990-EZ?	
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant cha	nace in hear it conducts and program
3	services?	
	If "Yes," describe these changes on Schedule O.	· · · · · · · · · · · · · · · · · · ·
4	Describe the organization's program service accomplishments for	each of its three largest program services, as measured b
	expenses. Section 501(c)(3) and 501(c)(4) organizations are require	d to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service re	ported.
la	(Code. ) (Expenses \$ 4,510. including grants of	
	Assistance Fund	
	Joshua's Way Inc. ("JWI") seeks to promote an	
	ministries to persons in need, including pers	
	financial, educational, social and other basis	
	with rent, utilities, transportation and emer	
	In addition to financial assistance, JWI deve	
	to serve as mentors to advise and encourage to in the hope that improved behavior patterns continuous to serve as mentors to advise and encourage to serve as mentors	
	self-sufficiency can be established.	
	Sear Surrication can be established:	
)	(	
	Cross Culture Network	
	This aspect of JWI ministers to international	
	geographical area. Through this outreach to	local
	campuses, JWI touches the lives of students f	
	The students come from across the globe, but	
	from countries in Asia, Africa, Central Ameri	
	By assisting international students in naviga the process of finding apartments and related	
	Cross Culture Network connects with students	no meaningful ways
	The students are invited to join in dinner pa	
	give opportunities to develop relationships a	
	3	is chart the cooper have the side
;	(Code: ) (Expenses \$ 45,215, including grants of	\$ 0.)(Revenue \$ 4,650.)
	Gamby Ethiopia Medical Mission	
	Ministering to the needs of the poor in Ethio	pia
	has been a key program area for JWI for over	a decade. During the fiscal year,
	JWI continued its partnership with the GAMBY '	
	Hospital in Bahir Darm Ethiopia through the G	
	During this fifth year of ministry to the med	
	the poor in the area of Bahir Dar, the GAMBY	
	provided surgical treatment and follow-up car	
	"Fallen Womb" and has funded cataract and goi	
	Joshua's Way also financially assists the min	
	Addis Ababa, Ethiopia.	
- 1	Other program services (Describe in Schedule O.)	
•	(Expenses \$ including grants of \$ )	(Revenue \$ )
e	Total program service expenses ► 124,377.	

ABDETO

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A	2	_ <u>×</u>	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	×	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	×	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? #5:1/1698/11509000 Schedule I. Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		×
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	
4	Enter the number reported in Pay 2 of Form 1006 Fatar 0 16 and applicable		Yes	No
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
С	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	10	<del></del>	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	,		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	75,484	A STATE	X97.
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		Ta.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		×
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		No.	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country: ▶		7. T.	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	:: 538		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		32.3
7	Organizations that may receive deductible contributions under section 170(c).		(1) (1 ≪31e11	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	617	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	. v.54.4	37. · · ·	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	35.7. 7	74
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	tusining [ F.	· ANNAXAMO	24m.2.1.1.1.1.1
	sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	75 mm 52	iani yang
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a	Saute	n. 'd/#
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	- 35	₹3 <u>%</u>	3%%
`a	Initiation fees and capital contributions included on Part VIII, line 12		3,13	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	143	,	
11	Section 501(c)(12) organizations. Enter:	1 :63		3
a	Gross income from members or shareholders		Marie .	
b	Gross income from other sources (Do not net amounts due or paid to other sources	[2]	1972 ·	
-	against amounts due or received from them.)	. 5	5.6 3.7	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	16.18	默治	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			113
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
•	Note. See the instructions for additional information the organization must report on Schedule O.	TIN	23.	713
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		10 m	
С	Enter the amount of reserves on hand		34. · .	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
*	If "Yes," see instructions and file Form 4720, Schedule N.			PAR I
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes." complete Form 4720. Schedule O.		Ž,	1 : 36

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. S Check if Schedule O contains a response or note to any line in this Part VI			
Secti	ion A. Governing Body and Management	• •		. X
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a	;	<b>-</b>	
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	iue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	<u> </u>
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	Ĺ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
12	describe in Schedule O how this was done	12c	×	<del></del>
13 14	Did the organization have a written whistleblower policy?	13		×
15	• •	14		×
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ SC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	[ (Sec	tion F	501(c)
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,500		(0)
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>•</b>	
	THAT HOURSON PRESIDENT HULL W POINCALL ST. GRAAT SC 20650 /06/1001_//6/			

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Om.	ggn	(2018)	

Page 7

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)  Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n	ot ch	Pos neck is pe	c) ition more rson lirect	than of the state	one n an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Florin Palghia Employee (2) Vernon Baxley	36.00				×	×		45,725.	0.	0.
Director (3) Heath Hicks Director	2.00	×						0.	0.	0.
(4) Dan Johnson President	36.00	×		×				0.	0.	0.
(5) Randy Kemp Treasurer	2.00	×						0.	0.	0.
(6) Tully Stoudemayer Director	1.00	×						0.	0.	0.
(7) Louise Rogers Director (8)	5.00	×						0.	0.	0.
(9)		-								
(10)										<u> </u>
(11)										
(12)										
(13)										
(14)										

	. (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, office or directo	ot ch	Pos eck s pe	c) ition more	e than or highest compensated	one n an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportation compensation related organization (W-2/1099-M	ole n from	Est ame comp fro orga and	(F) imated ount of other eensation m the nization related	f on n d
(15)							ed	_					_	
(16)											+			
(17)				_										
(18)														
(40)														
(20)														
(24)														
(22)						_								
(22)											-			
			1									-		
(25)														
1b c d	Sub-total	VII, Sectio	n A					<ul><li> </li><li> </li></ul>	45,725. 45,725.		0.			0.
2	Total number of individuals (including but reportable compensation from the organic	not limited						e) w		ore than \$1	00,000	of		
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete S</i>	ficer, direc						mp	loyee, or high	est compe	nsated	3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha	an \$1 	50,0		? If	"Yes	s," · <i>.</i>	complete Sch	edule J fo	r such	4		×
5	Did any person listed on line 1a receive o for services rendered to the organization?											5		×
Section 1	Complete this table for your five highest compensation from the organization. Rep year.													ax
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compens	ation	
		_							·					
				_										
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abo	ove) who				

Part	VIII	Statement of Reve			,	- D4 \ //!!		fa	
SINCE AND SECOND	13,000,000 A Cooks 15,000,000 A Cooks	Check if Schedule C	contains a res	ponse or note to	(A) Total revenue	(5) Related or	(C) Unrelated	(D)	<u>. Ļ</u>
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from under section 512-514	
Grants	1a b		1b	1					
ıs, Gifts, imilar An	c d e	Fundraising events. Related organizations Government grants (cor	i 1d			1		e in	
Contributions, Gifts, Grants and Other Similar Amounts	f g	All other contributions, g and similar amounts not inc Noncash contributions include	luded above 1f	115,957.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	_	Total. Add lines 1a-1	f	Business Code	115,957.				
Program Service Revenue	2a b c.,	Seminars/course	e/trip fees	611710	1,920.	1,920.	0.		0.
ram Sen	d. e					3 5			
Prog	f. g	All other program ser <b>Total.</b> Add lines 2a-2		•	1,920.				
	3 .	Investment income and other similar amount income from investmen	(including divid ounts)		262.	262.	0.	, ,	0.
	5	Royalties	(i) Real	▶ (ii) Personal					
	6a b	Gross rents Less: rental expenses Rental income or (loss)	(1)						
•	d 7a	Net rental income or Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
1	b c	Less cost or other basis and sales expenses . Gain or (loss) Net gain or (loss) .							
enne	8a	Gross income from fuevents (not including \$	ındraising	, ,,					
Other Revenue		of contributions reporte	ed on line 1c).						
Off	ь •с 9а	Less: direct expenses Net income or (loss) f Gross income from ga See Part IV, line 19	rom fundraising	events . ▶					
	b c 10a	Less: direct expenses Net income or (loss) f Gross sales of in	rom gaming acti						
	b	returns and allowance Less: cost of goods s Net income or (loss) f	old <b>b</b>	•					
'		Miscellaneous R		Business Code		A S. Ma.			é,
	11a b c			,					
	d e 12	All other revenue  Total. Add lines 11a-	11d		110 130	2 102			

## Part IX Statement of Functional Expenses

) and 501(c)(4) organiz			

	Schedule O contains a respon				
8b, 9b, and 10b of Pa		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
	assistance to domestic organizations	•			
,	vernments. See Part IV, line 21	1,939.	1,939.		
ındividuals. Se	other assistance to domestic e Part IV, line 22	4,510.	4,510.		
	other assistance to foreign		,		
	oreign governments, and foreign				
	Part IV, lines 15 and 16	45,000.	45,000.		
	o or for members				Belling State State 197
	key employees	45,725.	45,725.	. 0.	. , ,
	not included above, to disqualified		,	,	•
	ined under section 4958(f)(1)) and				,
persons describ	ed in section 4958(c)(3)(B)				
7 Other salaries				_	
	ccruals and contributions (include				
	nd 403(b) employer contributions)				
	ee benefits	2 400	2 400	, ,	
	es (non-employees):	3,498.	3,498.	, 0.	0
	es (non-employees).	460.	0.	460.	0
· <del>-</del>		400.		400.	
_		850.	0.	850.	C
_		77.			
	fraising services. See Part IV, line 17		\$7.7 T + 1-7 T		
	anagement fees		,	·	
	amount exceeds 10% of line 25, column at 11g expenses on Schedule O.)				,
12 Advertising an	d promotion	1,343.	0.	1,343.	0
13 Office expense	es	5,449.	0.	5,449.	C
	chnology	1,151.	0.	1,151.	C
•		6 060	1 000	- 101	
16 Occupancy .		6,360.	1,239.	5,121.	, C
17 Travel 18 Payments of tr	avel or entertainment expenses	4,143.	4,143.	0.	
for any federal	, state, or local public officials	-			
•	conventions, and meetings .	146.	0.	146.	C
	ffiliates	438.	0.	438.	ļ <del> '</del>
•	depletion, and amortization .	10,559.	0.	10,559.	C
•		4,787.	0.	4,787.	0
	s. Itemize expenses not covered			A BURNEY	
	cellaneous expenses in line 24e. If				
	t exceeds 10% of line 25, column				
• • •	line 24e expenses on Schedule O.)	THE WALL	Correlant Control	Hart D.	A State of the Sta
	ce charges	639.	283.	356.	<u> </u>
<b>b</b> Licenses		378.	0.	378.	
c Program su	upplies	18,040.	18,040.	1 045	(
d Repairs		. 1,045.	0.	1,045.	(
e All other expenses 25 Total functional	expenses. Add lines 1 through 24e	156,460.	124,377.	32,083.	. (
	Complete this line only if the	150,400.	127,311.	32,003.	
organization re from a combi fundraising soli	ported in column (B) joint costs ned educational campaign and citation. Check here ▶ ☐ if		,		
following ŠOP 9	98-2 (ASC 958-720)	REV 05/20/19 PRO			Form <b>990</b> (20

**Balance Sheet** 

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 317,431. 273,716. Cash—non-interest-bearing . . . . . . 1 1 2 2 Savings and temporary cash investments . . . . . . . . 3 3 Pledges and grants receivable, net . . . 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . . 6 **Assets** 7 8 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 496,919. 182,916. 325,059. Less: accumulated depreciation . . . . 10b 10c 314,003 11 11 Investments—publicly traded securities . . . . . . 12 12 Investments—other securities. See Part IV, line 11 . . . . . . 13 Investments—program-related. See Part IV, line 11 . . . . . . . . 13 14 14 15 15 642,490. 16 587,719 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 16 17 17 Accounts payable and accrued expenses . . . . . . 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . 22 Secured mortgages and notes payable to unrelated third parties . . . 15,532. 23 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 15,532. 26 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗵 and complete lines 30 through 34. ō Net Assets 30 30 Capital stock or trust principal, or current funds . . . . . . . . . 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 626,958. 32 587,719. 32 Retained earnings, endowment, accumulated income, or other funds. 626,958. 587,719. 33 33 587,719. 642,490. 34 Total liabilities and net assets/fund balances . . . . . Form 990 (2018)

orm 9	90 (2018)			Pa	ge <b>12</b>
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		18,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		56,4	
3	Revenue less expenses. Subtract line 2 from line 1	3		38,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		26,9	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	5	88,6	37.
	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII			 Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🗌 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	piled or			
b	Were the organization's financial statements audited by an independent accountant?		2b		_ <u>×</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a		İ	
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex		20		
	Schedule O.				

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

~ ı		5.3	<b>T</b>					57 1001004	
		Way,		-it Ctatus /All			4- 4l-:	57-1091204	
	t I				organizations must				ons.
	_		•		s: (For lines 1 through		-	•	, a
1					on of churches descr				$D^{\gamma}$
2					(Attach Schedule E (F				
3		•	•		ganization described i onjunction with a hosp				(iii) Entartha
4			name, city, and stat	•	onjunction with a nos	Dilai Gest	inned in s	Section 170(D)(1)(A)	(iii). Enter the
5		•			college or university	owned o	r operate	d by a government	al unit described in
Ŭ			<b>'0(b)(1)(A)(iv).</b> (Com		concept of university	OWING C	operate	a by a government	ar arm described in
6				•	mental unit described	l in sectio	on 170/b)	(1)( <b>A</b> )(v)	
7					tantial part of its sup				the general public
			in section 170(b)(1			<b>F</b> - · · · · · · · ·	<b>3</b>		· ····· garrarar paaria
8					)(1)(A)(vi). (Complete	Part II.)			
9	_				d in section 170(b)(1)		erated in	conjunction with a l	and-grant college
					iculture (see instruction				
		iversity:	J		•	•		-	-
10	<b>⊠</b> An	organiz	ation that normally	receives: (1) mor	e than 331/3% of its si	upport fro	m contril	butions, membershi	o fees, and gross
	rec	ceipts tro	om activities related om gross investmen	i to its exempt fu t income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less se	and (2) no more tha ection 511 tax) from	n 331/3% of its businesses
	ac	quired b	y the organization a	ifter June 30, 19	75. See <b>section 509(a</b>	a)(2). (Cor	nplete Pa	art III.)	
11	☐ An	organiz	ation organized and	d operated exclus	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).	
12					sively for the benefit o				
					ns described in secti				
	Ch			•	scribes the type of sur		•	•	•
а	Ш				l, supervised, or contr				
					regularly appoint or e			he directors or trust	ees of the
				•	ete Part IV, Sections				
b	Ш				sed or controlled in co				
					rganization vested in V, Sections A and C.		: persons	that control of man	age the supported
С		-	• •	=	ting organization oper		onnection	with and functions	ally integrated with
·					ns). You must comp				any integrated with,
d			<del>-</del>		pporting organization				orted organization(s)
_	_				nization generally mu				
					omplete Part IV, Sec				
е		Check	this box if the organ	nization received	a written determination	on from ti	ne IRS th	at it is a Type I. Type	e II. Type III
					tionally integrated sur				, . , [
f	Ente	r the nui	mber of supported	organizations .					
g	Prov	ide the f	following informatio	n about the supp	orted organization(s).				
	(i) Nam	e of suppo	orted organization	(ii) EIN	(iii) Type of organization		organization or governing	(v) Amount of monetary	(vi) Amount of
					(described on lines 1–10 above (see instructions))		ment?	support (see instructions)	other support (see instructions)
					"	Yes	A2-		·
	_					res	No		
A)									
						-			
B)									
		<del></del>							
C)									
<i></i>		-				<u> </u>			
D)									
E)									
-, 									

Part	Support Schedule for Organization (Complete only if you checked the						
t	Part III. If the organization fails to		· ·		• .	•	
	on A Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	/(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.")		_				, 
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			_			
3	The value of services or facilities furnished by a governmental unit to the organization without charge	, ,		,		/	_
4	Total. Add lines 1 through 3	Week to be a second	W	. 790x %v17 V			
5 .	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						·
6	Public support. Subtract line 5 from line 4		BE COME.	1			
	on B. Total Support		,				
_	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						•
9	Net income from unrelated business activities, whether or not the business is regularly carried on				,		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			·		,	:
11	<b>Total support.</b> Add lines 7 through 10				(重要),生宝岩		
12	Gross receipts from related activities, etc					12	- F01/a\/0\
13	First five years. If the Form 990 is for the organization, check this box and stop he		i's iirst, secon	a, thira, rourtr	i, or iiπn tax y	ear as a sectio	n 501(c)(3) ► □
Secti	on C. Computation of Public Suppor		<u></u>	· · · · / ·	<u> </u>	<del>- · · · · · · · · · · · · · · · · · · ·</del>	· · · · <u>-</u> _
14	Public support percentage for 2018 (line			1. column (f)		14	%
15	Public support percentage from 2017 Scl				\	15	%
16a	331/3% support test-2018. If the organi				nd line 14 is 33	31/3% or more,	check this
_	box and stop here. The organization qua				. /		▶ □
b	331/3% support test—2017. If the organithis box and stop here. The organization					is 33 <sup>1</sup> /3% or m	ore, check ▶ □
17a′	10%-facts-and-circumstances test—20 for more, and if the organization meets the granization meets the granization.	018. If the orga	anization did n -and-circumst	ot check a bo ances" test, cl	x on line 13, 1 heck this box	and <b>stop here.</b>	d line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets th	e "facts-and-o	circumstances	" test, check"	this box and s	stop here.
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
/	Instructions	• • •	<u></u>	· · · · ·	· · · · ·	<u> </u>	<u> </u>

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	130,807.	199,901.	173,540.	281,555.	117,877.	903,680.
2	Gross receipts from admissions, merchandise						_
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	0.	0.	0.	0.	0.	0.
3	Gross receipts from activities that are not an				-	-	
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities		<del></del>				
3	furnished by a governmental unit to the						
	organization without charge						
^		120 007	199,901.	173,540.	281,555.	117 077	003 600
6 7-	Total. Add lines 1 through 5	130,807.	199,901.	1/3,340.	201,333.	117,877.	903,680.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	· · ·			-			
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from					İ	
	line 6.)						903,680.
	on B. Total Support					r .	
	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	130,807.	199,901.	173,540.	281,555.	117,877.	903,680.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.	220.	162.	205.	375.	262.	1,224.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	220.	162.	205.	375.	262.	1,224.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets			;			
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	131,027.	200,063.	173,745.	281,930.	118,139.	904,904.
14	First five years. If the Form 990 is for the	e organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re			<u>.</u>		<b>&gt;</b> 🗆
Secti	on C. Computation of Public Suppor	t Percentage	C				
15	Public support percentage for 2018 (line 8						99.86 <b>%</b>
16	Public support percentage from 2017 Sch			<del></del>	<u> </u>	16	99.88 <b>%</b>
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2018 (	ine 10c, colum	nn (f), divided b	y line 13, colu	mn (f))	17	0.14 %
18	Investment income percentage from 2017	' Schedule A, F	Part III, line 17			18	0.12 %
19a	331/3% support tests-2018. If the organi						
	17 is not more than 331/3%, check this box	and <b>stop here.</b>	The organization	on qualifies as	a publicly supp	orted organizati	on . ▶ 🔀
b	331/3% support tests - 2017. If the organiz	ation did not c	heck a box on	line 14 or line 1	19a, and line 16	is more than 3	
	line 18 is not more than 331/3%, check this t				•		
20	Private foundation. If the organization di	-	-	· ·	•		

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
g y			
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3)	3D	), t	
lf	3c	'e.13	
n n	4a	77, 35, 34, 3 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
n d ))	4b		
" V I;	4c	4 2 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
y	5a 5b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12 <u>)</u>
o d r	5C 6	4 4 4 4 4 4 4 4	
r y	7		
?	<u>.</u> 8		
e d	9a		
h	9b		
t	9c		
n d	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	
,	10a 10b		· ·

	E A (1 0111 330 01 330-12) 2010			rage <b>J</b>
Part	Supporting Organizations (continued)			r <u>.                                    </u>
		salah da dari	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1413		
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		⊢—
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Secti	on B. Type I Supporting Organizations			
		Printago and	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			動物
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		1	.commission.	myaka, s and
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			143
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Secti	on C. Type II Supporting Organizations			
		F 13 / F 23 /	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			16 JG
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1 1 1 m	· 386	Î ( )
	the supported organization(s).	1		L
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	7.5		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		100	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		7.7.6	نسنا
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	ik is Nothbours	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	20023		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	411 12		
	,, , , , , , , , , , , , , , , , , , , ,	3		<u> </u>
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstruc	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins		
2	Activities Test. Answer (a) and (b) below.	- 3	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1.3 6		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	د میروستاند معاشین سده		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	XIII	<u> </u>	
_	•	2a	ISSEPPINA-	Name of the last
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	£ \$4.2		3
	reasons for the organization's position that its supported organization(s) would have engaged in these	187.00		لننا
	activities but for the organization's involvement.	2b	N 401 W.	4300
3	Parent of Supported Organizations. Answer (a) and (b) below.	1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	THE PARTY	Ŷ.	BEG
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income	-	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		-
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		A CONTRACTOR OF THE CONTRACTOR	
a Average monthly value of securities	1a	•	
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	,	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	44.6		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		,
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		-
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	<b>《</b> 《 《 》 》 <b>《 》 》 《 》 </b>	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	<b>表现 1                                   </b>	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continued)	
Sect	tion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	,	
2	Amounts paid to perform activity that directly furthers exorganizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5.			,	
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	-	1	-
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	ch the organization is re	sponsive	,
9	Distributable amount for 2018 from Section C, line 6	,		
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.		,	
3	Excess distributions carryover, if any, to 2018	MARKERALITY		
а	From 2013			
b	From 2014		MONTH TO THE PARTY	
С	From 2015			200
d	From 2016			
е	From 2017			
f	Total of lines 3a through e	** ***********************************		
g	Applied to underdistributions of prior years		Hadi nata - comis un obrada in consequenciana in applicable des-	
h	Applied to 2018 distributable amount	19 15 PARTY 17 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18		SERVIC LANS CAMPERSON CONTRACTOR
i	Carryover from 2013 not applied (see instructions)	ALL COMMUNICATIONS CO. 1 4 MAY 1 NO COMMUNICATION		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
•	Section D, line 7: \$			
а	Applied to underdistributions of prior years		The second secon	
b	Applied to 2018 distributable amount			the many terr section 17 to 1 to 1 to 1 to 1 to 1 to 1 to 1 t
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.		,	
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3 <sub>j</sub> and 4c.			
		Maritina Mar / Lundanindahanda Seroman	TO THE WORLD CONTRACT	automotive companion to the contract of the co
_8	Breakdown of line 7:	COMPANY TO THE PROPERTY OF	SEPTEMBER 1 CAN TO SEE THE PROPERTY OF THE PRO	
<u>a</u>	Excess from 2014			
<u> </u>	Excess from 2015			
<u>c</u>	Excess from 2016			
<u>d</u> _	Excess from 2017  Excess from 2018			K. A. C.
e	LAUGAA IIUU ZU IO	TO MUNICIPAL PROPERTY AND AND AND AND AND AND AND AND AND AND	I ALBERT DEL LEGIO. Y a " PERSONE SEE THE SEE	1 2 4

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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## **SCHEDULE D** (Form 990) ·

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name o	f the organization		Employer identification number
Jos	nua's Way, Inc.		57-1091204
Par			
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or f	or any other purpose
	conferring impermissible private benefit?	<u> </u>	· · · · · · · 🗌 Yes 🗌 No
Par	Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	_	
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a			
Ь	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in		
2			
3	Number of conservation easements modified, trantax year ►	sterred, released, extinguished, or terr	ninated by the organization during the
4			
4 5	Number of states where property subject to conse Does the organization have a written policy re		anakina hamalina af
3	violations, and enforcement of the conservation ea	garding the periodic monitoring, ins	· · · · · · · · · · · · · Yes · No
6	Staff and volunteer hours devoted to monitoring, inspe		
•	Land volunteer riodis devoted to monitoring, mape	cung, handling of violations, and emorcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	ng handling of violations, and enforcing	conservation easements during the year
•	►\$	ig, handling or violations, and emorcing	conservation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ıı)?		Ves No.
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the t	footnote to its financial statements that	t describes these items.
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar	r assets held for public exhibition, ed	lucation, or research in furtherance of
	public service, provide the following amounts relat	ing to these items <sup>.</sup>	
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	if the organization received or held works of art	, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		<b>&gt;</b> \$
b	Assets included in Form 990, Part X	<u> </u>	• \$

Schedule	D (Form	990) 2018	

Page 2

Par	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply)	accession, and ot							
а	☐ Public exhibition		d [	] Loan d	or exchange	prograi	ms		
b	☐ Scholarly research		e 🗆	Other			·		
C	☐ Preservation for future generation								
4	Provide a description of the organiza XIII.	ition's collections a	and explair	n how th	ey further th	e orgar	nızation's exer	npt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be mainta							. □ No
Pari								-	
	Complete if the organization	n answered "Yes'	' on Form	1990, P	art IV, line 9	e, or re	ported an an	nount on I	⁻orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee included on Form 990, Part X?								. □ No
b	If "Yes," explain the arrangement in F	art XIII and comple	te the follo	owing tal	ble:				
							A	mount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou		•						. □ No
	If "Yes," explain the arrangement in P	art XIII. Check here	if the exp	lanation	has been pr	ovided	on Part XIII .		
Par									
	Complete if the organization								
		(a) Current year	(b) Prior	year	(c) Two years t	ack (d	) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
ь	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of	the current year en	d balance	(line 1g,	column (a))	neld as:	;		
а	Board designated or quasi-endowme	nt ▶	%						
b	Permanent endowment	<u>"</u> %							
C	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in th	e possession of the	e organiza	tion that	t are held an	d admi	nistered for th	e	
	organization by:							Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related of	-	•					3b	
4	Describe in Part XIII the intended uses		n's endow	ment fur	nds.				
Part			_				_		
	Complete if the organization			990, Pa	art IV, line 1	1a. Se	<u>e Form 990,</u>	Part X, Iır	ie 10.
	Description of property	(a) Cost or oth (investme		o) Cost or (oth	other basis ner)		cumulated eciation	(d) Book	ralue
1a	Land	. 70	,801.					70	,801.
b	Buildings	. 347	7,708.			1	20,770.	226	5,938.
С	Leasehold improvements								
d	Equipment	. 78	3,410.				62,146.	16	5,264.
ее	Other	•							
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 99	00, Part X.	column	(B), line 10c	)	▶	314	1,003.

Part VII	Investments - Other Securities				
•	Complete if the organization ar	swered "Yes" on Forn	n 990, Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or categ (including name of security)	lory	(b) Book value	• • •	nod of valuation -of-year market value
(1) Financial	derivatives				,
(2) Closely-I	neld equity interests	[			
(3) Other		,			
(A)					
(B)					
(C)					
		,			
(E)	·		<u> </u>		
(F)					
(G)	**				1
(H)		`			
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments—Program Relate				
	Complete if the organization an	iswered "Yes" on Forn			
	(a) Description of investment		(b) Book value		hod of valuation of-year market value
					Orycal market value
(1)		-			
(2)		,			
(3)					
<u>(4)</u>		,		<u></u>	1
<u>(5)</u> <u>(6)</u>					
(7)	,	··			
(8)					9
(9)		,		<u></u>	
	b) must equal Form 990, Part X, col (B) line 13.)	<b>&gt;</b>			
Part IX	Other Assets.	<u> </u>	Ъ,	> W6.3 K4.	1, 4 1 1, 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Complete if the organization an	swered "Yes" on Form	990, Part IV, line	11d. See Form	990. Part X. line 15.
				ı	
(1)		(a) Description		i	(b) Book value
_\''		(a) Description		, ,	(b) Book value
`		(a) Description		· · ·	(b) Book value
(2)				. , .	(b) Book value
(2)					(b) Book value
(2)			:		(b) Book value
(2) (3) (4)					(b) Book value
(2) (3) (4) (5)					(b) Book value
(2) (3) (4) (5) (6)					(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)					(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	mn (b) must equal Form 990, Part X,			>	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, Other Liabilities.	col. (B) line 15.)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	mn (b) must equal Form 990, Part X,	col. (B) line 15.)	990, Part IV, line		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization an line 25. (a) Description of liability	col. (B) line 15.)	n 990, Part IV, line		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu)	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization an line 25. (a) Description of liability	<i>col. (B) line 15.)</i> swered "Yes" on Form	n 990, Part IV, line		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization an line 25. (a) Description of liability	<i>col. (B) line 15.)</i> swered "Yes" on Form	n 990, Part IV, line		
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization an line 25. (a) Description of liability	<i>col. (B) line 15.)</i> swered "Yes" on Form	n 990, Part IV, line		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal Inf (2) (3) (4)	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization an line 25. (a) Description of liability	<i>col. (B) line 15.)</i> swered "Yes" on Form	n 990, Part IV, line		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  1. (1) Federal In (2) (3) (4) (5)	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization an line 25. (a) Description of liability	<i>col. (B) line 15.)</i> swered "Yes" on Form	n 990, Part IV, line		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal in (2) (3) (4) (5) (6)	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization an line 25. (a) Description of liability	<i>col. (B) line 15.)</i> swered "Yes" on Form	n 990, Part IV, line		
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal in (2) (3) (4) (5) (6) (7)	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization an line 25. (a) Description of liability	<i>col. (B) line 15.)</i> swered "Yes" on Form	n 990, Part IV, line		
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X   1. (1) Federal in (2) (3) (4) (5) (6) (7) (8)	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization an line 25. (a) Description of liability	<i>col. (B) line 15.)</i> swered "Yes" on Form	n 990, Part IV, line		
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization an line 25. (a) Description of liability	col. (B) line 15.) swered "Yes" on Form (b) Book value	n 990, Part IV, line		

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	e D (Form 990) 2018	omi	With Davanus ===	Dot	Page
	Reconciliation of Revenue per Audited Financial Statem			Returi	n.
_	Complete if the organization answered "Yes" on Form 990,		·		
1	Total revenue, gains, and other support per audited financial statements			1	<u>.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	۱	I		
a	Net unrealized gains (losses) on investments	2a		1	
b	Donated services and use of facilities	2b		4	
C	Recoveries of prior year grants			4 ]	
d	Other (Describe in Part XIII.)			-	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	i ·		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		<del> </del>	
b	Other (Describe in Part XIII.)			<del> </del>	
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			4c	
_	XII Reconciliation of Expenses per Audited Financial Statem				
aru	Complete if the organization answered "Yes" on Form 990,		-	er neu	2f11.
4				1 <b>4</b> 1	
1	·			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	1 0-			
a		2a 2b		-{	
b	Prior year adjustments			-	
C				<del> </del>	
d	Other (Describe in Part XIII.)				
е 3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i	 I	3	
-	Investment expenses not included on Form 990, Part VIII, line 7b	40			
a b	Other (Describe in Part XIII.)			1	
C	Add lines <b>4a</b> and <b>4b</b>		<u> </u>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	
_	XIII Supplemental Information.		<del> </del>	<u> </u>	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
	,				
		· <b></b>			
		·••••			

Schedule D (Fo	rm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
•		
	······································	
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## **SCHEDULE F** (Form 990) `

Department of the Treasury

Internal Revenue Service Name of the organization

## **Statement of Activities Outside the United States**

OMB No 1545-0047

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

2018

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

	nua's way, inc.				[5/-109	
Par	General Information Form 990, Part IV, line	n on Activit 14b.	ties Outside	the United States. Con	nplete if the organization a	answered "Yes" on
1	For grantmakers. Does the	e organizatio	n maintain red	cords to substantiate the	amount of its grants and	
	other assistance, the grante	ees' eligibility	for the grant	ts or assistance, and the	selection criteria used to	
	award the grants or assistan	ce?			• • • • • • • • •	Yes □ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organizatıon	's procedures for monitoring	ng the use of its grants an	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	an be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Sub-Saharan Africa	0	0	program svcs	humanıtarıan	45,000.
(2)						
(3)						
(4)						
(5)					-	
(6)						
(7)		4				
(8)	<del></del>					
						-
(9)						
(10)						
(11)						
(12)					,	
(13)						
(14)		•				
(15)						
(16)						-
(17)						
3a	Subtotal	0	0			45,000.
b	Total from continuation sheets to Part I		•			
C	Totals (add lines 3a and 3b)	0	0			45,000.

Schedule F (Form 990) 2018

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

<u> </u>	er)															1		0700
(i) Method of valuation (book, FMV,	appraisal, oth					-			J									Cabadule E (Com 000) 2040
(h) Description of noncash assistance												,				ix-exempt ▼	<b>A</b>	200
se of (e) Amount of (f) Manner of (g) Amount of (h) Cash cash grant cash grant disbursement assistance		4				-	17			,		,				itry, recognized as ta		٠
(f) Manner of cash disbursement	,					٧					-			21	·	s by the foreign courning letter		
(e) Amount of cash grant	,											ı				t are recognized as charities by the far section 501(c)(3) equivalency letter		
	Medical treatment	5					:	-						,				
IRS code (c) Region (d) Purpo grant applicable)	Guh-Gaharan Africa										,		·			Enter total number of recipient organizations listed above the by the IRS, or for which the grantee or counsel has provided	Enter total number of other organizations or entities	
(b) IRS code section and EIN (if applicable)																mber of recipier for which the gi	nber of other or	
1 (a) Name of organization		(2)	(3)	(4)	(5)	(9)	((0)	(8)	(6)	(0.b)	(42)	((13)	(114)	(15)	(91)	2 Enter total nur by the IRS, or	3 Enter total nur	

Page 3

Schedule F (Form 990) 2018

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Part III

Did Duran to tart to the total	of areat or consistence of the Bossos Ashire Forest	(a) Number of	3- 4-11-11-11	7			
		recipients	cash grant	cash disbursement	U Amodricol noncash assistance	(g) Description of noncash assistance	(n) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)				~			
(14)							
(15)				•			!
(16)							
(17)							
(18)					į		
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Schedule F (Form 990) 2018

Schedu	ıle F (Form 990) 2018		Page
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	⊠ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	⊠ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	⊠ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	⊠ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	⊠ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	☐ Yes	⊠ No

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#### Schedule F (Form 990) 2018

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

Pt I Line 2: Joshuas Way Inc monitors the expenditure of funds for ministry
outside the United States by sending the President or other representatives to
observe and participate in the ministry activity for which an expenditure has
been made. In addition, Joshuas Way requires regular reporting from its ministry
partners overseas or their representatives on the use of funds provided by Joshuas
Way.
***************************************
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# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Open to Public Inspection OMB No 1545-0047

► Attach to Form 990. • Go to www.irs.gov/Form990 for the latest information.

Name of the organization							Employ	Employer identification number
Joshua's Way, Inc.							57-1	57-1091204
Part I General Information on Grants and Assistance	nation on G	rants and	Assistance	100				
	maintain recc sed to award	ords to subs the grants o	stantiate the amou or assistance?	int of the grants or	assistance, the g	rantees' eligibility fo	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	e, and XYes □No
2 Describe in Part IV the organization's procedures for moniton	organization	's procedur	es for monitoring t	ing the use of grant funds in the United States.	nds in the United	States.		L
3	ner Assistal for any recip	oce to Dol	mestic Organizations of the second more than the se	ations and Dom an \$5,000. Part	nestic Governm Il can be duplica	ents. Complete It ted if additional s	the organization ansv pace is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) none over \$5,000								
(2)								
(3)								
(4)								
(5)								
(9)								
(۵)								
(8)	į							
(6)								
(10)								
(11)								
(12)								
	section 501(c)	(3) and gov	ernment organizat	izations listed in the line 1 table	ine 1 table			•
3 Enter total number of other organizations listed in the line 1 table	other organiza	tions listed	in the line 1 table					<b>A</b> .

Schedule I (Form 990) (2018)

4

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	(a) Tuna of areas or accidence	(h) Number of	(a) Amount of	to tonomy (b)	Jood restantes to bodson (e)	Constitution descends to contamount (6)
	(a) type of graft of assistance	recipients	cash grant	noncash assistance	FMV, appraisal, other)	(I) Description of noncash assistance
A DE	Supplemental mormation. Provide the imprination required in Part I, line 2, Part III, Column (9), and any other additional imprination.			ez, rat III, colui	(b), and any other addition	oria mormation.
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		
		9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				

Schedule I (Form 990) (2018)

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## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
Joshua's Way, Inc.	57-1091204
Pt VI, Line 11b: Form 990 is prepared by an external CPA, then re	viewed by the
president and the directors.	
Pt VI, Line 12c: Directors are required to report to the Presiden	t any interests
that might give rise to conflict. The organization seeks to avoi	d any situation
that could give the appearance of conflict.	
Pt VI, Line 19: The governing documents, conflict of interest pol	icy, and financial
statements are made available to the public upon request througho	ut the year.
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