= Information should be entered into light gray shaded cells.

Name of Proposed Charter School: Planned Opening School Year (YYYY):	
	Muncie Community Schools
Planned Location:	Muncle Community Schools
1. Instructions	 All organizers submitting a charter application to the Indiana Charter Schoo Board must complete all four BLUE tabs of the 5-Year Pro Forma Budget Template. No information is required to be entered into WHITE cells, they wi autofill as information is entered into GREY cells.
2. Enrollment Projection	 Please provide a summary of the school's projected enrollment for the proposed grade span for the next five years.
	 Please provide a list of administrative, instructional, and other staff along with estimates of proposed salaries and benefits. Please include both full and part-time employees and contractors. Projected salary and benefits should align with Year 0 and 5-Year budgets.
<u>3. Staffing Plan</u>	 The estimated "average salary" for each position should include all taxable amounts (including taxable fringe benefits, stipends, bonuses, awards, and allowances).
	"Other Insurance" includes health care, long-term care, life, disability.
	 "Other Benefits" are non-taxable benefits (e.g., educational assistance, dependent care assistance, transportation benefits, non-taxable fringe benefits, etr.)
4. Year 0 - Budget and Cash Flow	Please provide budget and cash flow projections for the start-up year (Year 0).
5. 5-Year Budget	 Please provide 5-year budget projections (Year 1 - Year 5). Year 0 data will automatically populate once Tab 4 is completed. Note that the information provided in Tab 3 must align with the personnel expenses provided in Tab 5 or Tab 5 will throw an ERROR.
Notes:	 Applicants proposing to operate a network of schools should add a worksheet or attach a separate file reflecting the consolidated network's 5- Year pro-forma bugget, reflecting all components - including the regional bac office/central office - of the Indiana network.
	 This template is not intended to be exhaustive. If it is unclear to which line particular item of revenue or expense belongs, add it to the closest approximation or to one of the "other" categories and make a note in the budget narrative.

School Name: Planned Opening Ye	ar:	WAY Academy-Muncie 2019-2020									
Enrollment	Year 1	Year 2	Year 3	Year 4	Year 5						
Kindergarten											
Grade 1											
Grade 2											
Grade 3											
Grade 4											
Grade 5											
Grade 6											
Grade 7	30	40	50	65	75						
Grade 8	30	40	50	65	75						
Grade 9	35	50	65	75	85						
Grade 10	35	49	65	75	80						
Grade 11	35	48	60	75	80						
Grade 12	35	48	60	70	80						
Adult											
Total Enrollment:	200	275	350	425	475						
Special Education #	50	69	88	106	119						
English Learners #	2	3	4	4	5						
FRL #	170	234	298	361	404						
Basic Grant	\$ 1,070,400.00	\$ 1,471,800.00	\$ 1,873,200.00	\$ 2,274,600.00	\$ 2,542,200.00						
Complexity	\$ 289,384.20	\$ 398,328.84	\$ 507,273.48		\$ 687,713.04						
Adult Grant	\$ -	\$ -	\$ -	\$ -	\$ -						
Total:	\$ 1,359,784.20	\$ 1,870,128.84	\$ 2,380,473.48	\$ 2,889,115.86	\$ 3,229,913.04						
Indiana's Complexity school corporations the school corporatio <u>estimate</u> based on th	serving proportional on's students receivi	ly more students fro ng SNAP, TANF, or f	om low-income fam oster care services.	ilies. It is based on th The above Complexi	ne percentage of i ty calculation is an						

School Name: Planned Opening Year:

WAY Academy-Muncie 2019-2020

5-Year Projected Staffing Plan

Complete all relevant Grey Shaded areas -> Name of Position, Number of Positions, Average Salary, Health Insurance, Retirement Contribution, and Other Benefits. Projected salary and benefits should align with Year 0 and 5-Year budgets.

Г	Year 0 Ye		Year 1	Year 2				Year 3			Year 4			Year 5		
	Number Average Salary	Total Expense	Number	Average Salary Total E	pense Num	ber Average Salary	Total Expense	Number	Average Salary	Total Expense	Number	Average Salary	Total Expense	Number	Average Salary	Total Expens
INSTRUCTIONAL STAFF																
Position (specify)	\$ -	\$ -		\$ - \$	•	\$-	\$ -		\$-	\$-		\$ -	\$ -		\$-	\$ -
Lab Expert (Teacher) - ELA	\$ -	\$ -	1.0	\$ 37,000.00 \$ 33	,000.00 1.	0 \$ 37,000.00	\$ 37,000.00	2.0	\$ 37,000.00	\$ 74,000.00	2.0	\$ 37,000.00	\$ 74,000.00	2.0	\$ 37,000.00	\$ 74,000.
Lab Expert (Teacher) - Math	\$ -	\$ -	1.0	\$ 40,000.00 \$ 40	,000.00 2.	0 \$ 40,000.00	\$ 80,000.00	2.0	\$ 40,000.00	\$ 80,000.00	2.5	\$ 40,000.00	\$ 100,000.00	3.0	\$ 40,000.00	\$ 120,000.
Lab Expert (Teacher) - Social Studies	\$ -	\$ -	1.0	\$ 37,000.00 \$ 33	,000.00 1.	0 \$ 37,000.00	\$ 37,000.00	2.0	\$ 37,000.00	\$ 74,000.00	2.0	\$ 37,000.00	\$ 74,000.00	1.5	\$ 37,000.00	\$ 55,500.
Lab Expert (Teacher) - Science	\$ -	\$ -	1.0	\$ 40,000.00 \$ 40	,000.00 1.	5 \$ 40,000.00	\$ 60,000.00	1.0	\$ 40,000.00	\$ 40,000.00	2.0	\$ 40,000.00	\$ 80,000.00	3.0	\$ 40,000.00	\$ 120,000.
	\$ -	\$ -		\$ - \$	-	\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -
Mentors(1 to 15)=13stipends@5,000	<u>\$</u> - \$-	\$ - \$ -	1.0	\$ 66,667.00 \$ 66 \$ - \$.667.00 1.	0 \$ 91,667.00 \$ -	\$ 91,667.00 \$ -	1.0	\$ 116,667.00 \$ -	\$ 116,667.00 \$ -	1.0	\$ 141,667.00 \$ -	\$ 141,667.00 \$ -	1.0	\$ 158,333.00 \$ -	\$ 158,333. \$ -
Resource Room Lab Expert (Teacher)	\$ -	\$ -	2.0	\$ 45,000.00 \$ 90	,000.00 2.	5 \$ 45,000.00	\$ 112,500.00	3.5	\$ 45,000.00	\$ 157,500.00	4.0	\$ 45,000.00	\$ 180,000.00	5.0	\$ 45,000.00	\$ 225,000.
Team Leader	\$ -	\$ -	1.5	\$ 40,000.00 \$ 60	.000.00 2.	5 - 0 \$ 40,000.00	\$ 80,000.00	3.0	\$ 40,000.00	\$ 120,000.00	3.5	\$ 40,000.00	\$ 140,000.00	4.0	\$ 40,000.00	\$ 160,000.
	\$ -	\$ -		\$ - \$	-	\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -
Title I Reading Specialist	\$ -	\$ -	1.0	\$ 60,000.00 \$ 60	,000.00 1.	0 \$ 60,000.00	\$ 60,000.00	1.0	\$ 60,000.00	\$ 60,000.00	1.0	\$ 60,000.00	\$ 60,000.00	1.0	\$ 60,000.00	\$ 60,000.
itle I Math Specialist	\$ -	\$ -	0.5	\$ 60,000.00 \$ 30	,000.00 1.		\$ 60,000.00	1.0	\$ 60,000.00	\$ 60,000.00	1.0	\$ 60,000.00	\$ 60,000.00	1.0	\$ 60,000.00	\$ 60,000.
	\$ -	\$ -		\$ - \$		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -
otal Instructional Staff:	0.0	\$ -	10.0	\$ 460	,667.00 13	.0	\$ 618,167.00	16.5		\$ 782,167.00	19.0		\$ 909,667.00	21.5]	\$ 1,032,833.
DMIN & SUPPORT	A			¢ ()		<u>,</u>	s .		s .			<u>^</u>			¢	6
osition (specify)	\$ -	\$ -		> - >	-	> -	÷		+	> -		> -	> -		> -	
uperintendent	\$ -	\$ -	0.2		,875.00 0.			0.2	\$ 125,000.00		0.5	\$ 125,000.00		0.5	\$ 125,000.00	
dmin. Asst. to the Superintendent/Board	\$ -	\$ -	0.2		.515.00 0.			0.2	\$ 45,000.00	\$ 7,515.00	0.5	\$ 45,000.00	\$ 22,500.00	0.5	\$ 45,000.00	
rector (Building Principal)	\$ -	\$ -	1.0		,000.00 1.			1.0	\$ 90,000.00	\$ 90,000.00	1.0	\$ 90,000.00	\$ 90,000.00	1.0	\$ 90,000.00	
rector of Finance + Accountant	\$ -	\$ -	0.2		,795.50 0.			0.2	\$ 136,500.00	\$ 22,795.50	0.2	\$ 136,500.00	\$ 22,795.50	0.2	\$ 136,500.00	
rector of Special Eduation	\$ -	\$ -	0.2	\$ 100,000.00 \$ 10	,700.00 0.	2 \$ 100,000.00	\$ 16,700.00	0.2	\$ 100,000.00	\$ 16,700.00	0.5	\$ 100,000.00	\$ 50,000.00	1.0	\$ 100,000.00	\$ 100,000.
irector of Facilities	\$ -	\$ -	0.2	\$ 40,000.00 \$,680.00 0.	2 \$ 40,000.00	\$ 6,680.00	0.2	\$ 40,000.00	\$ 6,680.00	0.2	\$ 40,000.00	\$ 6,680.00	0.2	\$ 40,000.00	\$ 6,680.
etwork Administrator	\$ -	\$ -	0.2	\$ 53,200.00 \$ 8	.884.40 0.	2 \$ 53,200.00	\$ 8,884.40	0.2	\$ 53,200.00	\$ 8,884.40	0.2	\$ 53,200.00	\$ 8,884.40	0.2	\$ 53,200.00	\$ 8,884.
echnology Support	ś -	Ś -	1.0	\$ 27,000.00 \$ 23	.000.00 1.	0 Ś 27.000.00	\$ 27,000.00	1.0	\$ 27.000.00	\$ 27,000.00	1.0	\$ 27,000.00	\$ 27,000.00	1.0	\$ 27,000.00	\$ 27,000.
dmin. Asst./Attendance Liaison	Ś -	\$.	1.0	\$ 30,000.00 \$ 30	,000.00 1.	0 \$ 30,000.00	\$ 30,000.00	1.0	\$ 30,000.00	\$ 30,000.00	1.0	\$ 30,000.00	\$ 30,000.00	1.0	\$ 30,000.00) \$ 30,000.
urse	Ś -	\$.	0.2		.000.00 0.			0.2	\$ 50,000,00	\$ 10.000.00	0.2	\$ 50,000.00	\$ 10,000.00	0.2	\$ 50,000.00	
ocial Worker	÷	\$.	1.0		.000.00 1.			1.0	\$ 50,000.00	\$ 50,000.00	1.0	\$ 50,000.00	\$ 50,000.00	1.0	\$ 50,000.00	
sychologist	\$ -	\$ -	0.2		.692.00 0.			0.2	\$ 76,000.00	\$ 12,692.00	0.2	\$ 76,000.00	\$ 12,692.00	0.2	\$ 76,000.00	
irector of Accountability/Compliance	- ç	\$.	0.2		.030.00 0.			0.2	\$ 90,000.00	\$ 15,030.00	0.2	\$ 90,000.00	\$ 15,030.00	0.2	\$ 90,000.00	
ustodian		\$	1.0		.000.00 1.			1.0	\$ 40,000.00		1.0	\$ 40,000.00		1.0	\$ 40,000.00	
ustodian otal Admin & Support Staff:	0.0	\$ - \$ -	6.5		.171.90 6.		\$ 358,171.90	6.5	\$ 40,000.00	\$ 358,171.90	1.0	\$ 40,000.00	\$ 448,081.90	1.0	\$ 40,000.00	\$ 498,081.
otal Admin & Support Starr:		\$ -	6.5		.171.90 6.		\$ 356,171.90	6.5		\$ 356,171.90	7.5		\$ 446,061.90	8.0] r	\$ 496,081
	Rate/Per Employee Expense	Total Expense		Rate/Per Employee Total E: Expense	pense	Rate/Per Employee Expense	Total Expense		Rate/Per Employee Expense	Total Expense		Rate/Per Employee Expense	Total Expense		Rate/Per Employee Expense	Total Expens
ENEFITS							-			·	1		•			-1
ther Insurance	\$ -	\$ -		\$ 5,000.00 \$ 83	,680.00	\$ 5,000.00	\$ 97,680.00		\$ 5,000.00	\$ 115,180.00		\$ 5,000.00	\$ 132,675.00		\$ 5,000.00	\$ 147,675
tirement Contribution	\$ -	\$ -		\$ - \$	-	\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$
ocial Security	6.2%	\$ -		6.2% \$ 50	768.01	6.2%	\$ 60,533.01	1	6.2%	\$ 70,701.01		6.2%	\$ 84,180.43		6.2%	\$ 94,916
edicare	1.45%	\$ -		1.45% \$ 1:	873.16	1.45%	\$ 14,156.91	1	1.45%	\$ 16,534.91		1.45%	\$ 19,687.36		1.45%	\$ 22,198
nemployment	2.5%	\$ -			470.97	2.5%	\$ 24,408.47		2.5%	\$ 28,508.47		2.5%	\$ 33,943.72		2.5%	\$ 38,272
ther Benefits	\$ -	s -		s - s	-	Ś.	s -		\$ -	s -		\$ -	s -		\$	\$
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JMMARY	Year 0			Year 1		Year 2			Year 3			Year 4			Year 5	
	Total Staff	0.0	Total Staff	16			19.5	Total Staff		23.0	Total Staff		26.5	Total Staff		29.5
	Total Salaries:	ş -	Total Salaries		838.90 Total Si		\$ 976,338.90	Total Salaries		\$ 1,140,338.90	Total Salarie		\$ 1,357,748.90	Total Salaries		\$ 1,530,914
1	Total Benefits:	\$-	Total Benefits		792.15 Total B		\$ 196,778.40	Total Benefit		\$ 230,924.40	Total Benefit		\$ 270,486.51	Total Benefits		\$ 303,062
	Total Salaries + Benefits:	\$-	Total Salaries	+ Benefits: \$ 984	631.05 Total Sa	alaries + Benefits:	\$ 1,173,117.30	Total Salaries	s + Benefits:	\$ 1,371,263.30	Total Salarie	s + Benefits:	\$ 1,628,235.41	Total Salaries	+ Benefits:	\$ 1,833,977
1	Student/teacher ratio	N/A	Student/teacl	her ratio 20	1 Studen	t/teacher ratio	21:1	Student/teac	her ratio	21:1	Student/tea	cher ratio	22:1	Student/teacl	her ratio	22:1
1	Student/teacher ratio Student/staff ratio	N/A N/A	Student/teacl Student/staff			t/teacher ratio t/staff ratio	21:1 42:1	Student/teac Student/staff		21:1 54:1	Student/tea Student/stat		22:1 56:1	Student/teacl Student/staff		22:1 59:1

School Name: WAY Academy-Muncie

Planned Opening Year: 2019-2020

											-		
REVENUES	July	August	September	October	November	December	January	February	March	April	May	June	Year 0 Totals
	,						,	,			,		
Federal Revenues - See Footnotes													
1 Public Charter School Program Grant	\$ -	\$-	\$ -	\$ -	\$-	\$-	\$-		\$-	\$ -			\$ -
2 Other Federal Revenue (please describe) (1)	\$ -	\$-	\$ -	\$ -	\$-	\$-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		r											
Total Federal Revenues:	\$ -	\$-	\$ -	\$ -	\$ -	\$-	\$-	\$ -	\$-	\$ -	\$ -	\$ - :	\$ -
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Other Revenues		r .			· .						F		
3 Contributions and Donations from Private Sources	\$ -	\$ -		\$ -	\$ -	\$ -	ş -	\$ -	ş -	Ş -	ş -	Ŧ	\$ -
4 Interest Income	\$ -	ş -	Ŧ	\$ -	ş -	\$ -	ş -	Ŧ	\$ -	ş -	7	\$ -	\$ -
5 Other Revenue (please describe)	\$ -	ş -	Ş -	\$ -	Ş -	\$ -	Ş -	Ş -	\$ -	Ş -	\$ 70,000.00	\$ -	\$ 70,000.00
					1.			1. 1				 	
Total Other Revenues:	\$ -	\$ -	\$-	\$ -	\$-	\$-	\$-	\$ -	\$ -	\$ -	\$ 70,000.00	\$ -	\$ 70,000.00
TOTAL REVENUES:		L		*			ś -	I.			* *****		
TOTAL REVENCES:	\$ -	\$ -	\$ -	\$ -	\$-	\$-	ş -	\$ -	\$ -	\$ -	\$ 70,000.00	\$ -	\$ 70,000.00
EXPENSES													
Personnel Expenses													
6 Wages, Benefits and Payroll Taxes	ć	ć	ć	ć	ė	<u>ج</u>	ć	ć	ć	ć	ć	ć	<u>ć</u>
o wages, benenis and Pdyroll Taxes	\$ -	ş -	ş -	ş -	э -	\$ -	ə -	\$ -	ş -	ş -	ş -	ş -	\$ -
Total Personnel Expenses:	s -	<u>ج</u>	\$ -	Ś -	ś -	\$ -	<u>ج</u>	Ś -	Ś -	<u>ج</u>	¢ -	Ś - 1	\$ -
Total Personnel Expenses:	Ş -	Ş -	Ş -	\$ -	Ş -	\$ -	ş -	Ş -	Ş -	Ş -	<u> </u>	\$ -	\$ -
Instructional Supplies and Resources - See Footnotes	1												
7 Textbooks	ś -	ć	ć	Ś -	ć	ś-	ć	Ś -	Ś -	Ś -	\$ -	<u>. </u>	Ś-
8 Library/Media Services (Other than Staff)	\$ - \$ -	\$ - \$ -		\$ - \$ -	\$ - \$ -	\$ - \$ -	\$ - \$ -	Ŧ	\$ - \$ -	ş - s -	+		\$ - \$ -
9 Instructional Supplies	\$ - \$ -	\$ - \$ -		\$ - \$	\$ -	\$ -	ş - \$ -	Ŧ	\$ -	\$ - \$ -	Ŧ		\$ - \$
10 Technology Supporting Instruction (2)	ş - \$ -	ş - ¢ -		ş - \$ -	\$ - \$ -	ş - \$ -	ş - ¢ -		- -	ş - \$ -	\$ - \$ -		s -
11 Student Assessment	ş - \$ -	ş - ¢ -	7	ş - \$ -		ş -	ş - \$ -	Ŧ	<u> </u>	\$ -	\$ -	Ŷ	ş - \$ -
12 Computers used for Instruction	э - с	р - с	р - с	ş - \$ -		ş -	э - с	Ŧ	ş - \$ -	э - с	\$ - c	Ŷ	ş - \$ -
13 Instructional Software	ş -	ş - \$ -	ş - \$ -	\$ -	\$ -	\$ -	ş -	Ŧ	<u> </u>	ş -	ş -		\$ -
14 Enrichment Programs (3)	\$ -	Ŧ		\$ -	\$ -	\$ -	\$ -	T	\$ -	Ŧ	Ŧ		\$ -
It circulations (3)	Ş -	ş -	ş -	ş -	Ş -	ş -	ş -	ş -	ş -	Ş -	ş -	ş -	ş -
Total Instructional Supplies and Resources:	ś -	ś -	\$-	s -	Ś -	\$ -	¢ .	\$ -	\$ -	Ś -	\$ -	\$ - I	\$ -
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15 Support Supplies and Resources	1												
16 Administrative Computers	ś -	Ś -	Ś -	Ś -	Ś -	Ś -	s -	Ś -	Ś -	Ś -	Ś -	\$ -	ś -
17 Administrative Software	\$ -	ş -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	ş -	\$ -		\$ -
18 Administrative Technology Services	\$ -			\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -
19 Administration Dues & Fees	\$ -	Ŧ		\$ -	\$ -	\$ -	\$ -	Ŧ	\$ -	\$ -	\$ -		\$ -
20 Operational Supplies	÷ -	÷ -		\$ -	\$ -	\$ -	÷ -	ş -	\$ -	÷ -	\$ -		\$ -
21 Professional Development	\$ -			\$ -	\$ -	÷ -	\$ -	ş -	\$ -		\$ -		\$ -
22 Other (please describe)	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
										,			<u>.</u>
Total Support Supplies and Resources:	\$ -	\$-	\$ -	\$-	\$-	\$-	\$ -	\$ -	\$ -	\$ -	\$-	\$ -	\$-
	•					•	i					I`	
Governing Board Expenses]												1
23 General Board Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24 Legal Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,000.00	\$ 3,000.00	\$ 6,000.00
25 Board Supplies	\$ -			\$ -	\$ -	\$ -	\$ -		\$ -		\$ 250.00		\$ 400.00
26 Dues & Fees	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -
27 Other (please describe)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Board Expenses:	\$-	\$-	\$ -	\$ -	\$-	\$-	\$-	\$-	\$-	\$-	\$ 3,250.00	\$ 3,150.00	\$ 6,400.00
											· · · · ·	· · · · ·	
Purchased or Contracted Services													
28 Audit Services	\$ -	\$ -	\$ -	\$-	\$ -	\$-	\$-	\$ -	\$ -	\$ -	\$ -	\$ 1,800.00	\$ 1,800.00
29 Payroll Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$-	\$ -	\$ -	\$ -	\$ -		\$ -
30 Financial Accounting	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
31 Other Fiscal Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
32 Printing, Publishing, Duplicating Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
33 Other Professional/Technical Services	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -		\$ -	\$ -			\$ -
34 Telecommunication Services	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -
35 Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
36 Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
37 Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
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DEVENITES													(
	\$ -	Ś -	Ś -	Ś -	Ś -	Ś -	Ś -	Ś -	Ś -	Ś -	Ś -	\$ -	Ś -
39 Student Information Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40 Food Services	\$ -	Ś -	\$ -	\$ -	\$ -	\$ -	Ś -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41 Contracted Transportation Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42 Other Transportation Services (please describe)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43 Promotion Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
44 Other (please describe)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Professional Purchased or Contracted Services:	\$-	\$ -	\$-	\$ -	\$-	\$ -	\$-	\$-	\$-	\$ -	\$-	\$ 1,800.00	\$ 1,800.00
Facilities Expenses													
45 Rent of Buildings, Facilities, and Equipment	\$-	\$-	\$-	\$ -	\$ -	\$ -	\$-	\$ -	\$ -	\$ -	\$ 3,600.00	\$ 3,600.00	\$ 7,200.00
46 Purchase of Furniture & Equipment	\$ -	\$ -	\$-	\$-	\$ -	\$-	\$ -	\$ -	\$ -	\$ -	\$-	\$-	\$-
47 Electric/Gas	\$-	\$ -	\$-	\$-	\$-	\$-	\$ -	\$-	\$-	\$ -	\$ 732.00	\$ 732.00	\$ 1,464.00
48 Water & Sewage	\$-	\$ -	\$-	\$-	\$ -	\$-	\$ -	\$-	\$-	\$ -	\$ 561.00	\$ 561.00	\$ 1,122.00
49 Repair and Maintenance Services (not provided by school personnel)	\$-	\$ -	\$-	\$-	\$ -	\$-	\$ -	\$-	\$-	\$ -	\$ 25,000.00	\$ 25,000.00	\$ 50,000.00
50 Custodial Services (not provided by school personnel)	\$-	\$ -	\$-	\$-	\$-	\$-	\$ -	\$-	\$ -	\$ -	\$-	\$-	\$ -
51 Waste Disposal	\$-	\$ -	\$-	\$-	\$-	\$-	\$ -	\$-	\$-	\$ -	\$ 150.00	\$ 150.00	\$ 300.00
52 Debt Service for Facilities (Principal & Interest)	\$-	\$ -	\$ -	\$-	\$-	\$-	\$ -	\$ -	\$-	\$ -	\$-	\$ -	\$ -
53 Debt Service for Equipment (Principal & Interest)	\$ -	\$ -	\$ -	\$-	\$-	\$-	\$ -	\$-	\$-	\$ -	\$-	\$-	\$-
54 Other (please describe)	\$-	\$ -	\$ -	\$-	\$-	\$-	\$ -	\$-	\$-	\$ -	\$ -	\$-	\$-
		•	•	•	•	•		•	•				
Total Facilities Expenses:	\$-	\$-	\$-	\$ -	\$-	\$-	\$ -	\$-	\$-	\$-	\$ 30,043.00	\$ 30,043.00	\$ 60,086.00
Other Expenses													
55 Indiana Charter School Board Administrative Fee	\$-	\$-	\$-	\$-	\$-	\$-	\$ -	\$-	\$-	\$-	\$-	\$-	\$ -
56 CMO/EMO Fee	\$-	\$-	\$-	\$-	\$-	\$-	\$ -	\$-	\$-	\$-	\$-	\$-	\$ -
57 Bank Fees	\$-	\$ -	\$-	\$-	\$-	\$-	\$ -	\$-	\$-	\$-	\$ 45.00	\$ 45.00	\$ 90.00
58 Depreciation Expense	\$-	\$ -	\$ -	\$-	\$-	\$-	\$ -	\$-	\$-	\$-	\$-	\$-	\$-
59 Escrow	\$-	\$ -	\$ -	\$-	\$-	\$-	\$ -	\$-	\$-	\$ -	\$ -	\$-	\$-
Total Other Expenses:	\$-	\$-	\$ -	\$-	\$-	\$-	\$ -	\$-	\$-	\$-	\$ 45.00	\$ 45.00	\$ 90.00
TOTAL EXPENSES:	\$-	\$-	\$ -	\$ -	\$-	\$-	\$ -	\$-	\$-	\$ -	\$ 33,338.00	\$ 35,038.00	\$ 68,376.00
SURPLUS / (DEFICIT):	\$ -	\$ -	\$ -	\$ -	\$-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 36,662.00	\$ (35,038.00)	\$ 1,624.00

ent company or affiliate of a management company that are not included in Line 97 ;; or fees related to the management, sale, or lease of real estate. Please also state

Year 5	Assumptions
\$ 3,229,913.04	
\$ -	
\$ 237,500.00	\$500 per student
\$ -	

\$ 3,467,413.04

~		
Ş	-	Granted this amount in past openings
\$	-	
\$	97,419.00	Amounts based on existing school w/ similar demographics
\$	139,634.00	Amounts based on existing school w/ similar demographics
\$	12,146.00	Amounts based on existing school w/ similar demographics
\$	-	
\$	-	
\$	-	

\$ 249,199.00

\$ -	
\$ -	
\$ -	
\$ -	
\$ -	Est. Loan Yr 0; In Kind match Mgt Co for Central Administrators

\$	-	
\$	3,716,612.04	
_		
\$	85,000.00	
\$	120,000.00	
\$		Spec Ed Director + Director of Accountability/Compliance
\$	22,795.50	
\$	342,825.50	
<u> </u>	400 500 05	
\$	489,500.00	
\$	225,000.00	
\$	318,333.00	
\$	-	
	1 033 033 05	
\$	1,032,833.00	
<i></i>	62 602 00	
\$	62,692.00	
\$	35,884.40	Network Admin., Tech Support
\$	10,000.00	
\$	-	
\$ \$	-	
\$	-	
\$	46,680.00	
\$	-	
\$	-	
L ć	455 356 40	
\$	155,256.40	
ć	1 520 014 00	
\$	1,530,914.90	
ć	165 207 00	
\$ \$	155,387.86	
	147,675.00	
\$ \$	-	
Ş	-	
\$	303 063 06	
Ş	303,062.86	
ć	1 922 077 70	
\$	1,833,977.76	
ć		Curriculum Online
\$ \$	-	
\$ \$	- 14,250.00	Includes Title I supplies in yr 1
Ş	14,250.00	includes the isopplies in yill

\$ 18,200.00	Staff Computers (Refurbished Imac's 13" \$700/unit.)
\$ 5,000.00	
\$ 12,000.00	1 to 1 Chromebooks (\$240/student) + Computer lab in yr 1
\$ 1,282,500.00	\$2200/student access fee Yr 1 &2: \$2700/student access fee
\$ -	

\$ 1,331,950.00

\$ -	No Increase in Admin. Staff
\$ 6,000.00	Easy IEP
\$ -	
\$ 500.00	Professional Organizations
\$ 5,000.00	Printers/Fax, General Office Eq., Toner, etc.
\$ 12,146.00	Title II allocation
\$ -	

\$ 23,646.00

\$ 2,000.00	Brd PD, Consultants, etc.
\$ 4,000.00	
\$ 1,200.00	
\$ -	
\$ -	

\$ 7,200.00

\$ 8,500.00	Independent CPA's
\$ -	Payroll performed by Mgt Co.
\$ -	Position in employee staffing plan
\$ -	Position in employee staffing plan
\$ 5,000.00	
\$ 33,060.00	Computer Ins. (\$60/unit)
\$ 141,800.00	Internet & Hot Spots
\$ 10,886.00	Liability Ins. (Est. based on similar school)
\$ 3,000.00	
\$ 1,000.00	
\$ -	Position in employee staffing plan
\$ -	Included in access fee above
\$ -	Partner w/ School for FS; local school keeps all Federal Rev.
\$ -	Facility Located on the Bus Line
\$ -	
\$ 10,000.00	Marketing
\$ -	
\$ 213,246.00	

Attachment 19



Budget and Finance Narrative

The WAY Academy-Muncie Board of Directors will have final oversite and authority over all fiscal matters for the school including the annual budgeting process and any subsequent amendments. The Board will be assisted in these matters by the highly experienced W-A-Y Program Central Administrative Team who will bring before the Board a fiscally sound budget for approval. It is the policy of W-A-Y Program to budget in a conservative and fiscally appropriate manner based on historic projections, past practice and current financial forecasts. Where possible all budgetary items are backed by quotes or documented financial assumptions.

Budget Assumptions

Revenue

Year 0

W-A-Y Program, the Educational Service Provider (ESP) will assist WAY Academy-Muncie with obtaining a short-term, 1-year loan for cash flow purposes to fund upfront and startup costs including construction to bring the anticipated educational site up to existing school code. W-A-Y Program has had success in the past working with Charter School Capital in obtaining such funding. Historic interest rates for these loans in the past has been around nine percent.

Year 1 – Year 5

WAY Academy-Muncie anticipates a 200-student enrollment in Year 1 with a 75-student enrollment increase each subsequent year. The Year 5 anticipated growth will be 50 students bringing the projected site up to near building capacity. Based on historic trends and data and due to its flexibility and structure, the WAY Program educational model attracts a large portion of special education students and students qualifying for free and reduced lunch. Thus, 25% of students each year are assumed to be those with special needs and 85% of students each year will be assumed to come from families with lower income levels. One percent of students are assumed to be English Language Learners.

In addition, Year 1 will include an In-Kind Match from W-A-Y Program to offset the salary costs of the Administrative Team assigned to oversee the Academies success.

Actual funding will include the Basic Grant & Complexity Grant, & the Charter and Innovation Network School Grant. On three separate occasions and for three different Academies, W-A-Y Program has had success obtaining funding for the Charter School Program Grant at or around \$250,000. It is assumed this funding will be available for WAY Academy-Muncie as well. Title I, Title II & IDEA funding are assumed to be similar rates to an existing charter school with similar enrollment and demographics.

Should the number of students not meet the anticipated enrollment projections, future budget amendments will be presented to the Board for approval containing appropriate and vetted expenditure reductions, including but not limited to staffing reductions and cost containment. First preference for cost containment will come from items as far away from instructional items as possible to minimize impacts on student learning.

Expenditures

Personnel Expenses

All staff will be employees of the ESP (W-A-Y Program) and be contracted to work at WAY Academy-Muncie site.

WAY Academy-Muncie will consist of a Blended Learning Model meaning fifty percent of the learning will occur in the Lab (classroom) Environment and fifty percent of the learning occurs online. To accommodate the above structure, the instructional staffing will include the following:

Lab Expert (Teacher) = 1 to 50 student ratio (staff to student ratio is 1 to 25 due to a.m. and p.m. sessions)

Special Education Lab Experts (Resource Room Teacher) = 1 to 25 ratio

Team Leader = 1 to 120 student ratio

Mentors = 1 to 15 student ratio (\$5,000 stipend position)

As grant funding allows, a Title I Reading Specialist and Title I Math Specialist will also be hired to work with 60 of the lowest performing students.

Hiring and staffing preference is prioritizing math and science teachers as traditionally these are the subjects where students struggle the most.

Personnel costs include health, dental and vision care paid 100% at the single coverage rate. Additional coverage should it be required (i.e. spouse, dependents) is paid by the employee. The anticipated value of the single coverage benefit is approximately \$5,000 per year.

Employees of the ESP are eligible to participate in a 401 (k) retirement plan. In the beginning years of operation of the charter school, there is no 401 (k) match. However, as the enrollment and the management fee increase, a 401 (k) match will be provided as federal guidelines/restrictions allow.

Technology Costs

The Academy intends to issue Chromebooks on a 1 to 1 student ratio to accommodate the blended learning model. Anticipated costs for the Chromebooks are \$240/student including the management console license. Staff will be issued 13-inch refurbished iMacs at a cost of approximately \$700 per unit. Administrative staff will receive MacBook Airs with an estimated unit price of \$1,000. Year 1, includes outfitting a computer lab with approximately 50 computers utilizing Public Charter School Program Grant funds.

Computer Insurance against, theft, damage or breakage will be purchased for every computer unit at an approximate cost of \$60 per year from Worth Avenue.

Internet and/or Hot Spots will be issued to those students requiring access at home at an approximate cost of \$40/month over 12 months with an estimated utilization rate of 60% (comparable to other campuses).

The instructional software line includes the access fee paid to W-A-Y Program (ESP) based on student enrollment. The access fee is \$2,700/per pupil and is a consistent fee billed across the entire W-A-Y Program educational network. This fee provides access to Online Instructors, Curriculum, Communication Monitoring, Online Professional Development, and the HERO reporting system. The price has been reduced to \$2,200/per pupil for Years 1 & 2 to help support the Academy fiscally until enrollment growth can sustain all educational costs.

Instructional Supplies & Professional Development

Instructional supplies are funded at \$30/student each year to provide support and materials to the online projects and curriculum. Year 1 includes costs for math manipulatives and science kits funded with Title I funds.

Staff Professional Development is handled inhouse by the ESP with highly qualified and experienced staff (and is considered a part of the annual Management Fee). However, additional Professional Development will be supplemented with Title II funds.

Facility Expenses

The instructional model utilized by W-A-Y prioritizes an open, lab space environment close to or on an existing bus line. As such, preliminary research as gone into a site consisting of 7,200 square feet of open space on an existing bus line in Muncie, Indiana. The projected rental costs are \$6/square foot and it is anticipated that there will be approximately \$75,000 required in construction costs to bring the building up to existing school code.

Year 1 includes the interest and loan repayment of the needed funds to perform the construction.

All utilities and custodial supplies are assumed at rates similar to an existing Academy with the same approximate size and enrollment.

Transportation Expenses

WAY Academy-Muncie does not intend to provide transportation. Should providing transportation become necessary to reach enrollment or demand by our families, the cost of providing bus passes will be reviewed and submitted to the Board for approval.

Management Fee to the ESP

The budget projection includes a three percent management fee payable to the ESP each year based on the Basic Grant Revenue received.

Attachment 20



Form 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014

Open to Public Inspection

Dep	artment of the nal Revenue	Treasury Service	► Do not ► Informati	enter social secur on about Form 99	ity numbers on this fo 0 and its instructions	orm as it may b is at www.irs	e made public.	0.	La Carlo	Open to	Public ection		
-	SCHREICOUP + DRIES	Level and real	dar year, or tax year beg			2014, and e	-		- Comment	, 2015	and a second		
B	Check if app				ing Advance				ver iden	tification num	nber		
		s change	Doing business as	II I WILLEI	ing Auvance	ments I	or routh						
	Name	change		North 14 14 Bet H H						27-3319122 E Telephone number			
	Initial n		369 Main Street		C. A. COL M. D. DANK,			E					
		urn/terminated		City or town, state or province, country, and ZIP or foreign postal code						(313) 444-9292			
	1	led return								1			
		ation pending	Belleville F Name and address of princip	al officer		MI 481		G Gross r s a group return		\$ 6,921			
		non bending			1			1			Yes X No		
1	Tax-ever	npt status	Glen Taylor 7705 1 X 501(c)(3) 501(c)			MI 481	27	Il subordinates ,' attach a list. (see inst	ructions)	Yes No		
J	Websit		w.wayprogram.ne		Sert no.) [4947(and the second second			1.1			
K		rganization:	X Corporation Trust	Association	Other ►	1 Verset		p exemption nu			MT		
		Summar		Association	Other	L Year of fe	ormation: 201		State of	legal domicile:	MI		
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nce	di	strict	s. Also provide	manageme	nt support	to chart	er schoo	ls					
na						<u>oo onurc</u>							
Activities & Governance	2 Ch	eck this bo	x > if the organization	on discontinued	its operations or d	isposed of m	ore than 25%	of its net a	ssets.				
5	3 Nu	mber of vo	ting members of the gove	rning body (Par	VI, line 1a)				3		4		
Se	4 Nu	mber of inc	lependent voting member	s of the governi	ng body (Part VI, lir	ne 1b)			4		2		
viti	5 10	al number	of individuals employed in	n calendar year	2014 (Part V, line 2	(a)	******	*****	5	1	210		
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-	b Ne	t unrelated	business taxable income	from Form 990.	T line 34				7b		0.		
-		. annoiatea			1, 1010 041 1 1 1 1			Prior Year	10	Curr	ent Year		
1.5	8 Co	ntributions	and grants (Part VIII, line	1h)				r nor rear		oun	ent rear		
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ievel			come (Part VIII, column (A						42.		5217010.		
Å			e (Part VIII, column (A), lir							1			
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	13 Gra	ants and si	milar amounts paid (Part I	X, column (A), I	ines 1-3)						Second states of the		
	14 Be	nefits paid	to or for members (Part IX	(, column (A), lin	ne 4)		4.4.4						
s	15 Sa	laries, othe	r compensation, employe	e benefits (Part	IX, column (A), line	es 5-10)	A	2,726,439. 3,6			614,970.		
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chei	b Tot	al fundrais	ing expenses (Part IX, col	lumn (D), line 2	5) ►		0.						
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2 8			enpendeer eublidet inte					ning of Curre			of Year		
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Ass	21 To	a second s	s (Part X, line 26)					29,5			34,884.		
Net Assets or Fund Balances	22 Ne	t assets or	fund balances. Subtract li	ne 21 from line	20			372,8	100.00		515,155.		
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								05/13/1	6				
Si	gn	Signatu	re of officer					Date					
He	re		n Taylor				Exec	utive	Dire	ctor			
_	_		print name and title.										
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orm 990 (2014)	W-A-Y Wideni	ng Auvancement	s for fouth		27-3319	9122 1	Page
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	be the organization's r		o any line in this Part III				
	online learn:						
			students throw	gh local school			
district	s. Also prov	ide management	support to ch	arter schools.			
100100	<u>er nico pror</u>		Support to th	arter schoors.			
2 Did the organ	nization undertake any	significant program se	rvices during the year w	hich were not listed on th	ne prior		
Form 990 or	990-EZ?					Yes X	No
If 'Yes,' descr	ribe these new service	es on Schedule O.			1		
3 Did the organ	nization cease conduct	ting, or make significan	t changes in how it cond	ducts, any program service	ces?	Yes X	No
	ribe these changes on						
Section 501(organization's program c)(3) and 501(c)(4) org if any, for each progra	anizations are required	ents for each of its three I to report the amount o	e largest program service f grants and allocations t	es, as measured to o others, the total	by expenses. I expenses,	
a (Code:) (Expenses	\$ 2,223,072.	including grants of	\$ 0.) (Revenue \$	4,239,2	87
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Form 990 (2014) W-A-Y Widening Advancements for Youth Part IV 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,' complete Schedule A.	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		x
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		x
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		x
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		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		x
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		х
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	ic.	х
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.			
a	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11a	х	
k	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.	11 b		х
c	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	11 c		х
c	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	11 d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
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		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		х
	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	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	2.12	X
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		x
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		х
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		х
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		х
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		х
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		х
20 a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
b	o If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

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Form 990 (2014) W-A-Y Widening Advancements for Youth Part IV Checklist of Required Schedules (continued)

			Yes	No
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? If 'Yes,' complete Schedule I, Parts I and II	21		x
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		x
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? <i>If 'Yes,' complete Schedule J</i> .	23	x	
24:	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			x
1	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	-	A
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			
	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24c		
		240		-
	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		x
1	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		X
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		x
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	Text	<u>X</u>
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):			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		x
•	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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		x
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	10.1		
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R. Part II, III, or IV.	33		X
	and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
t	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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		x
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
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art V Statements Regarding Other IRS Filings and Tax Compliance			Page
Check if Schedule O contains a response or note to any line in this Part V			Г
		Yes	No
a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2	163	140
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vepdors and reportable as			
(gampling) winnings to prize winners?	· · · · · · 1c	X	Mechaniche
a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a			
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?	210	V	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	· · · · · · 2b	X	N
a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3-		x
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.			^
a At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov		-	-
b If 'Yes,' enter the name of the foreign country: ►	/er,a 4a	15.050	X
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (F	BAR)		
a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		12353	x
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		-	
a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizat solicit any contributions that were not tax deductible as charitable contributions?	tion		x
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts w not tax deductible?	vere		
Organizations that may receive deductible contributions under section 170(c).	••••••••••••••••••••••••••••••••••••••		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	to file		
Form 8282? Image: Second property in the required of the second property in the required of the second property in the required of the second property in the second property in the required of the second property in the required of the second property in the second property in the required of the second property in the second pr	· · · · · · · 7c		Х
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	· · · · · · · 7e	Chill and the	x
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sp	oonsoring	Section 14	-
organization have excess business holdings at any time during the year?			
Sponsoring organizations maintaining donor advised funds.		A STATE OF STATE	
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
Section 501(c)(12) organizations. Enter:		×	- 41
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).			
a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	· · · · · · 12a		
Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?	42-		2.2
Note. See the instructions for additional information the organization must report on Schedule O.	· · · · · · · 13a		
이는 것은 것은 것 같아요. 그는 것은 것은 것은 것은 것이 같이 말했다. 것은 것 것 같아요. 그는 것 같아요. 한 것 같아요. 한 것 같아요. 한 것 같아요. 그는 것이 같아요. 것이 같아요. 그는 것이 같아요. ????????????????????????????????????			
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			Sametra Sametra Maria
c Enter the amount of reserves on hand 13c	are-state		
a Did the organization receive any payments for indoor tanning services during the tax year?	· · · · · · 14a		

			Advancements		
Part VI Go	overnanc	e, Managen	nent, and Disclos	sure /	or each

(2014) W-A-Y Widening Advancements for Youth	27-3319122	Page 6
Governance, Management, and Disclosure For each 'Yes' respo a 'No' response to line 8a, 8b, or 10b below, describe the circumsta Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.	ances, processes, or changes in	

esponse or note to an	v line in this Part VI
re	response or note to an

1 a			1000	Yes	T
	Enter the number of voting members of the governing body at the end of the tax year	1a	4	103	1000
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
t	Enter the number of voting members included in line 1a, above, who are independent				Str. Al
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	1b	2		ALL NO
-	officer, director, trustee, or key employee?	hip with any other	2		NAL .
3	Did the organization delegate control over management duties customarily performed by or under of officers, directors, or trustees, or key employees to a management company or other person?	the allowed as a set to to t	3		T
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				t
5	Did the organization become aware during the year of a significant diversion of the organization's a	ecoto?	4	_	+
6	Did the organization have members or stockholders?	55615!	6	-	╀
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint one or more		-	t
	members of the governing body?		7 a		ļ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?		76		
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following:				and a second sec
a	The governing body?		8a	X	1
b	Each committee with authority to act on behalf of the governing body?		8 b		t
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	eached at the	9	x	İ
Sec	tion B. Policies (This Section B requests information about policies not require	d by the Internal Reve			1
		a by the internal reve	nue o	Yes	4
10 a	Did the organization have local chapters, branches, or affiliates?		10a	100	t
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and operations are consistent with the organization's exempt purposes?	branches to ensure their	1.0		ł
			401		
11 a			10b	v	ł
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for		10b 11a	x	
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for Describe in Schedule O the process, if any, used by the organization to review this Form 990.	m?	11 a		The second
b 12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	m?	11 a 12 a	X	and and a second s
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	m?	11 a 12 a 12 b	X X	The second secon
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	m?	11 a 12 a 12 b 12 c	x x x	
b 12a b c 13	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	m?	11 a 12 a 12 b 12 c 13	x x x x x	
b 12a b c 13 14	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	m?	11 a 12 a 12 b 12 c	x x x	
b 12 a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	m?	11a 12a 12b 12c 13 14	X X X X X	
b 12a b c 13 14 15 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	m?	111 a 122a 12b 12c 13 14 15a	x x x x x	
b 12a b c 13 14 15 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	m?	11a 12a 12b 12c 13 14	X X X X X	
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	m?	111a 12a 12b 12c 13 14 15a 15b	X X X X X	
b 12a b c 13 14 15 a b 16a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	m?	111 a 122a 12b 12c 13 14 15a	X X X X X	
b 12a b c 13 14 15 a b 16a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	m?	111 a 122 a 12b 12c 13 14 15a 15b 16a	X X X X X	
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	m?	111a 12a 12b 12c 13 14 15a 15b	X X X X X	
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	m?	111 a 122 a 12b 12c 13 14 15a 15b 16a	X X X X X	
b 12a b c 13 14 15 a b 16a b Sec 17	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	m?	111a 12a 12b 12c 13 14 15a 15b 16a 16b	X X X X X	
b 12a b c 13 14 15 a b 16a b Sec 17	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	m?	111a 12a 12b 12c 13 14 15a 15b 16a 16b	X X X X X	
b 12a b c 13 14 15 a b 16a b Sec 17 18	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If 'No,' go to line 13	m?	111a 12a 12b 12c 13 14 15a 15b 16a 16b	X X X X X	
b 12a b c 13 14 15 a b 16a b Sec 17 18	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'N Schedule O how this was done Did the organization negularly and consistently monitor and enforce compliance with the policy? If 'N Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approx persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see Instructions). Did the organization follow a written policy or procedure requiring the organization to evalue participation in joint venture arrangements under applicable federal tax law, and take steps to safegorganization's exempt status with respect to such arrangements? If 'Yes,' did the organization follow a written policy or procedure requiring the organiz	m?	111a 12a 12b 12c 13 14 15a 15b 16a 16b	X X X X X	

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	ees, and
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 Compensat	ed Employees	

1 a 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	Average is both an officer and a hours director/trustee) con					(D) Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other	
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Glen Taylor	50.00									
Executive Director		X		Х		X	182,312.	0.	0.	
(2) Beth Baker Executive Director	50.00	x		x		x	182,312.	0.	0.	
_(3)_James_Bosco Director	2.00	x					0.	0.	0.	
_(4)_John_Shinsky Director	_2.00	x					0.	0.	0.	
	40.00				x		74,000.	0.	0.	
_(6)_Bethany_Ray1 Regional Executive	40.00				x	x	137,956.	0.	0.	
_(7)_Darrel_Wanmaker Director of Multimedia and Design	40.00				x		60,000.	0.	0.	
(8) Kelli Glenn Director of Finance	40.00				x		90,000.	0.	0.	
_(9)							20/0001			
(10)										
(11)										
(12)										
(13)										
<u>(14)</u>							-			
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Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week	(do box offi	not ch , unles cer an	Posi neck s pe id a d	ition more rson i directo	than o s both pr/truste	ne an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)				n						
(16)										
(17)				-						1
(18)							_			
(19)					-	-				
(20)							-			
(21)										
(22)										
(23)					n)					
(24)										
(25)										
1 b Sub-total		 	•••	• •	•••	 		726,580.	0.	0
d Total (add lines 1b and 1c)		_	_	_		_	ived	726, 580.	0. 00 of reportable co	0 mpensation
 from the organization ► 3 3 Did the organization list any former officer, director, on line 1a? <i>If 'Yes,' complete Schedule J for such in</i> 4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th <i>such individual</i>	dividual oortable co nan \$150,	ompei 000?	nsati If 'Ye	on a es' d	and o	other	con Sch	npensation from edule J for	·····	Yes No . 3 X . 4 X
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	ompensatiomplete S	ion fro	om a ule J	ny l for	suci	ated	org	anization or individ	ual 	. 5 X
Section B. Independent Contractors Complete this table for your five highest compensation from the organization. Report compensation	ed indepensation for	ndent r the d	t con caler	trac	tors yea	that r end	rece	vived more than \$1 with or within the c	00,000 of organization's tax ve	ear.
(A) Name and business addre								(B) Description of		(C) Compensation
					_		_			
					_					
2 Total number of independent contractors (including \$100,000 of compensation from the organization	but not lin	nited	to the	ose	liste	d abo	ove)	who received mor	re than	 A statistical statisti Statistical statistical statis

Form 990 (2014) W-A-Y Widening Advancements for Youth

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 b d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f: 5				
and	h Total. Add lines 1a-1f	and the second			
Ine	Business Code	and the second state of the			Le construction
Program Service Revenue	2a School District services 611710 b	6,921,816.	6,921,816.	0.	0.
		6,921,816.			
	3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal				
	6 a Gross rents b Less: rental expenses				
	7 a Gross amount from sales of assets other than inventory b Less: cost or other basis				
	and sales expenses				
Other Revenue	B a Gross income from fundraising events (not including; of contributions reported on line 1c).				$\begin{array}{c} & \text{ and } \\ & \text{ and } \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $
ner Re	See Part IV, line 18 a b Less: direct expenses b			ana Ang tanàng taong	
ð	c Net income or (loss) from fundraising events ►			WA TO THE OWNER OF THE OWNER	
	9 a Gross income from gaming activities. See Part IV, line 19 a				
		Total revenue Related or exempt function revenue Unrelated business revenue			
1	0 a Gross sales of inventory, less returns and allowances a		attinise di suo di s		
	b Less: cost of goods sold b	(A) Related or Related or seempt function revenue (C) Unrelated business revenue (C) Unrelated business revenue (C) Unrelated business revenue (C) Unrelated business revenue (C) Unrelated business revenue (C) ns 1c 1c <td< td=""><td></td></td<>			
_	c Net income or (loss) from sales of inventory ► Miscellaneous Revenue Business Code				
1	Miscellaneous Revenue Business Code 1a				
1	2 Total revenue. See instructions	6,921,816.	6,921,816.	0.	0.

27-3319122

Form 990 (2014) W-A-Y Widening Advancements for Youth

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) (A) Total expenses (B) (C) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundraising expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. Grants and other assistance to domestic 2 individuals. See Part IV, line 22. Grants and other assistance to foreign 3 organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members. Compensation of current officers, directors, 5 trustees, and key employees 726,580 0 726,580 0 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 7 Other salaries and wages. 2,302,233. 2,121,932 180,301 0. Pension plan accruals and contributions 8 (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 317,084 222,143 94,941 0. 269,073. 0. 188,508 80,565 11 Fees for services (non-employees): 58,274 0 58,274 0. 22,775. 0 22,775. 0. e Professional fundraising services. See Part IV, line 17 . f Investment management fees Other. (If line 11g amt exceeds 10% of line 25, column q 39,988 26,030 (A) amount, list line 11g expenses on Schedule O). . . 13,958 0. 12 Advertising and promotion 57,415 57,415 0 0. 13 0. 31,115 0 31,115 14 Information technology 3,680 432 3,248 0. Royalties 15 16 92,149 38,199 53,950 0. 113,502 0 113,502 0. Payments of travel or entertainment 18 expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 17,014 0 17,014 0. 20 21 22 Depreciation, depletion, and amortization . . . 99,004 74,052 24,952 0. 23 89,836 0 89,836 0. Other expenses. Itemize expenses not covered above (List miscellaneous expenses 24 in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 97.362 97.362 a Direct materials____ 0. 0 b Auto expense, net personal use 27.563 27,563 0 0. ℃ <u>Dues & Subscriptions</u> 0 20.123 20.123 0. d Contracte education services 1,488,113 488,113 n 0 936,490 853,909 82,581 0. 25 Total functional expenses. Add lines 1 through 24e. . 6,809,373. 5,110,680. 1,698,693. 0. Joint costs. Complete this line only if the organization reported in column (B) 26 joint costs from a combined educational campaign and fundraising solicitation.

Check here ► | if following

SOP 98-2 (ASC 958-720).

27-3319122

Form 990 (2014) W-A-Y Widening Advancements for Youth Part X Balance Sheet

-3319122
-3319122

		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	137,900.	1	187,172
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
		2,350.	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10:	a Land, buildings, and equipment: cost or other basis		3	
	Complete Part VI of Schedule D			
1	b Less: accumulated depreciation	262,185.	10 c	352,693
11	Investments – publicly traded securities	202/1001	11	552,05.
12	Investments – other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	10,17
16	Total assets. Add lines 1 through 15 (must equal line 34)	402,435.	16	550,03
17	Accounts payable and accrued expenses	2,724.	17	6,00
18	Grants payable	2,121.	18	0,00
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
23	Secured mortgages and notes payable to unrelated third parties	00.000	22 23	00.07
24	Unsecured notes and loans payable to unrelated third parties	26,866.	24	28,87
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	29,590.	26	34,88
	Organizations that follow SFAS 117 (ASC 958), check here > and complete			
	lines 27 through 29, and lines 33 and 34.		The second secon	
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	*
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	372,845.	32	515 15
33	Total net assets or fund balances.		33	515,15
34	Total liabilities and net assets/fund balances	372,845.		515,15
4 A		402,435.	34	550,03

-	990 (2014) W-A-Y Widening Advancements for Youth 27-	3319122	1	Pa	ge 1
a	t XI Reconciliation of Net Assets				-
4	Check if Schedule O contains a response or note to any line in this Part XI			• • •	•
2	Total revenue (must equal Part VIII, column (A), line 12)	1	6,9	21,8	16
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,8	09,3	173
	Revenue less expenses. Subtract line 2 from line 1	3	1	12,4	43
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	3	72,8	45
	Net unrealized gains (losses) on investments	5			
	Donated services and use of facilities.	6			
	Investment expenses	7			
	Prior period adjustments	8	_		
	Other changes in net assets or fund balances (explain in Schedule O)	9			
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).	10		85,2	
	Check if Schedule O contains a response or note to any line in this Part XII		•••	Yes	. [No
	Accounting method used to prepare the Form 990: X Cash Cash Other			163	NU
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
	Were the organization's financial statements compiled or reviewed by an independent accountant?	eres a	2a	Х	Chan Cartan
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		(and the state		
1	Were the organization's financial statements audited by an independent accountant?		2 b	1.13	x
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t,	20		x
	If the organization changed either its oversight process or selection process during the tay year, evolution		-		

If the organization changed either its oversight process of in Schedule O.	or selection process during the tax year, explain	
3 a As a result of a federal award, was the organization requ Audit Act and OMB Circular A-133?	uired to undergo an audit or audits as set forth in the Single	a
b If 'Yes,' did the organization undergo the required audit or audits, explain why in Schedule Q and describe any s	or audits? If the organization did not undergo the required audit	

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Form 990 (2014)

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	Public Cha	rity Status and F	ublic	Supp	ort	OMB No. 1545-0047	
SCHEDULE A (Form 990 or 990-EZ)							
Department of the Treasury Internal Revenue Service	Information about Sch		90-EZ) a		structions is	Open to Public Inspection	
Name of the organization	STATISTICS IN THE REAL PROPERTY AND ADDRESS OF ADDRES ADDRESS OF ADDRESS br>ADDRESS OF ADDRESS OF ADDR				Employer identific	ation number	
	dvancements for Yout				27-331912	2	
Part I Reason for F	Public Charity Status (All	organizations must o	omplet	e this p	art.) See instruction	ns.	
The organization is not a pr	ivate foundation because it is: (Fo	or lines 1 through 11, cheo	k only or	ne box.)	12 10 10 10 10		
	tion of churches, or association o		ection 1	70(b)(1)(A)(i).		
	ed in section 170(b)(1)(A)(ii). (At						
3 A hospital or a co	operative hospital service organiz	ation described in sectio	n 170(b)	(1)(A)(iii)			
4 A medical research name, city, and s	ch organization operated in conju-	nction with a hospital dese	cribed in	section	170(b)(1)(A)(iii). Enter t	he hospital's	
5 An organization of	perated for the benefit of a colleg (Complete Part II.)	e or university owned or o	operated	by a gov	ernmental unit describe	d in section	
6 A federal, state, o	r local government or governmen	tal unit described in secti	ion 170(o)(1)(A)(v	<i>ı</i>).		
7 An organization t	hat normally receives a substantia	al part of its support from a	a governi	mental u	nit or from the general p	ublic described	
	(1)(A)(vi). (Complete Part II.) t described in section 170(b)(1)(Alfail (Complete Det II)					
9 X An organization the from activities relation to the investment income	hat normally receives: (1) more the ated to its exempt functions — sub- e and unrelated business taxable	an 33-1/3% of its support oject to certain exceptions	from cor	no more	than 33-1/3% of ite sun	nort from arose	
_ June 30, 1975. S	ee section 509(a)(2). (Complete	Part III.)				a construction of the	
	rganized and operated exclusivel rganized and operated exclusivel						
lines 11a through	11d that describes the type of su	i in section 509(a)(1) or s pporting organization and	complet	609(a)(2). e lines 1	. See section 509(a)(3). 1e, 11f, and 11g.	. Check the box in	
organization(s) th	ing organization operated, superverted, superverted, superverted, appoint or eleverted, sections A and B.	rised, or controlled by its s ect a majority of the direct	supported tors or tru	d organiz ustees of	ation(s), typically by givi the supporting organiza	ing the supported ition. You must	
b Type II. A suppor management of ti must complete F	ting organization supervised or co ne supporting organization vested Part IV, Sections A and C.	ontrolled in connection wit I in the same persons that	h its sup t control o	ported or or manag	ganization(s), by having the supported organiz	control or cation(s). You	
organization(s) (s	ally integrated. A supporting org ee instructions). You must comp	lete Part IV, Sections A,	D, and	E.			
- functionally integr	ctionally integrated. A supporting ated. The organization generally must complete Part IV, Section	must satisfy a distribution	requiren	tion with i nent and	its supported organization an attentiveness required an attentiveness required and the second s	on(s) that is not ement (see	
integrated, or Typ	the organization received a writte e III non-functionally integrated s supported organizations	upporting organization.				ionally	
	information about the supported						
(i) Name of sup organization	ported (ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat in your g	s the ion listed overning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No		and the second sec	
			165	NO			
A)					1-1-1		
B)			4				
C)							
D)							
D)							
E)			15				
Total							
Total					01.11.6/7	000 000 571 0044	

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

Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendary year (or fiscal year beginning in) - 1 GB, graits, contributions, and minimum mittain by the instance of the instan	Sect	tion A. Public Support						
Import Styles Section 5 bends that 2 Tox revenues block to the difference block to the differe	begin	nning in) 🖻	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
organization's benefit and either paid to or expended on its behalf or its behalf its behalf The value of services or facilities furnished by a organization without charge its behalf 4 Total. Add lines 1 through 3 its behalf 5 The potion without charge its behalf 6 Public support. its behalf 6 Public support. its behalf 8 Public support. its behalf 5 Continuum for ins 11, column (0) its behalf 7 Amounts from line 4 its behalf 8 Oross income from interest, dividends, payment secolved or instances in received organization, the kits with the row of the reset. its behalf 7 Amounts from line 4 its behalf 8 Oross income from interest, dividends, payments received or instances in regulary its behalf 9 Not income from unrelated beighning in)* its behalf 9 Not income from unrelated business is regulary its behalf 10 Other income. Do not include gain or kass from the sale of organization, check this box and stop here organization, check this box and stop here. 14 Public support test – 2014. If the organizatio	1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
facilities furnished by a governmental unit to the construction of total contributions by each person (other than a governmental contribution) incluided on line 1 that exceeds 2% of the amount show on line 11, column (1) . 6 Public support. Subtract line 5	2	organization's benefit and either paid to or expended						
5 The portion of total contributions by each person (other than a governmental unit or publicly supports during an public support and unit or public support. Subtracts tine 5 6 Public support. Subtracts tine 5 7 Public support. Subtracts tine 5 8 Catendar year (or fiscal year between the subtracts of the subtract of the subtracts of the subtract of the s	3	facilities furnished by a governmental unit to the						
contributions by each person (offer than a governmental unit or publicly supports organization) included on line in an shown on line 11, column (f) . image: the support is the support s	4							
form line 4	5	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 Image: Construction of the second of the secon	6							
beginning in y (b) 2011 (b) 2012 (b) 2013 (b) 2014 (b) 1013 7 Amounts from line 4 (b) 2011 (b) 2012 (b) 2013 (b) 2014 (b) 2014 8 Gross income from interest, dividends, payments received on securities loans, rents, royalles and income from metated business activities, whether or not the business is regularly carried on (b) 2011 (b) 2012 (b) 2012 (b) 2013 (b) 2014 (b) 2014 10 Other income. Do not include gain or loss from the sale of capitel assets (Explain in Part VI.) (c) 2014 (c) 2	Sec	tion B. Total Support	and the second se		Transfer in		1112 - 2 8 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
dividends, payments received on securities loans, rents, royalties and income from similar sources	7	Amounts from line 4						E
business activities, whether or not the business is regularly carried on	8	dividends, payments received on securities loans, rents, royalties and income from						
gain or loss from the sale of capital assets (Explain in Part VI.) Image: Comparison of the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Image: Comparison of the sale of capital assets (Explain in Part VI.) 12 Gross receipts from related activities, etc (see instructions) Image: Comparison of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Image: Comparison of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) Image: Comparison of the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 a3-1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circum	9	business activities, whether or not the business is regularly						
through 10 12 12 Gross receipts from related activities, etc (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	10	gain or loss from the sale of capital assets (Explain in		1				
12 Gross receipts from related activities, etc (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 % 16a 33-1/3% support test - 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 1 b 33-1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 1 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here.	11	Total support. Add lines 7 through 10						
organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 % 16a 33-1/3% support test – 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 b 33-1/3% support test – 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 17a 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, c	12		es, etc (see instru	ictions)			12	
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 % 16a 33-1/3% support test - 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 33-1/3% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 16 16 16 16 16 16 15 % 16a 33-1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 17 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization 16 b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test,	13							
 15 Public support percentage from 2013 Schedule A, Part II, line 14	Sec	tion C. Computation of Pul	blic Support	Percentage				
 16a 33-1/3% support test – 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	14	Public support percentage for 2014	4 (line 6, column	(f) divided by line 1	1, column (f))		14	%
and stop here. The organization qualifies as a publicly supported organization	15	Public support percentage from 20	13 Schedule A, F	Part II, line 14			15	%
and stop here. The organization qualifies as a publicly supported organization	16a							
or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	b	33-1/3% support test – 2013. If the and stop here. The organization of	he organization d qualifies as a pub	id not check a box icly supported orga	on line 13 or 16a, anization	and line 15 is 33-1/3	3% or more, check	this box
or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	17 a	or more, and if the organization me	eets the 'facts-and	d-circumstances' te	est, check this box	and stop here. Exp	lain in Part VI how	/ _
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	t	or more, and if the organization me	eets the 'facts-and	d-circumstances' te	est, check this box	and stop here. Exp	lain in Part VI how	/ the
	18	Private foundation. If the organiz	ation did not che	k a box on line 13	, 16a, 16b, 17a, or	17b, check this box	and see instruction	ons ►

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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.)

	tion A. Public Support dar year (or fiscal yr beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include						
2	any 'unusùal grants.')		5,000.	117,007.	0.	0.	122,007.
	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						- 2
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 furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons		5,000.	117,007.	0.	0.	122,007.
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						
c	Add lines 7a and 7b	Concernants II is					
8	Public support (Subtract line 7c from line 6.)						122,007.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6		5,000.	117,007.	0.	0.	122,007.
b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						1-17
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.)		5,000.	117,007.	0.	0.	122,007.
14	First five years. If the Form 990 i organization, check this box and s	s for the organization	tion's first, second, th	hird, fourth, or fifth	tax year as a secti	on 501(c)(3)	X
Sec	tion C. Computation of Pu						
	Public support percentage for 201			column (f))		15	00
16	Public support percentage from 2						8
	tion D. Computation of Inv					<u> </u>	
17	Investment income percentage fo))	17	20
18	Investment income percentage fro						8
19:	a 33-1/3% support tests - 2014. I is not more than 33-1/3%, check t	f the organization	did not check the bo	x on line 14, and I	ine 15 is more than	33-1/3%, and line	17
	b 33-1/3% support tests - 2013. I line 18 is not more than 33-1/3%,	f the organization check this box an	did not check a box d stop here. The or	on line 14 or line ' ganization qualifie	19a, and line 16 is i s as a publicly sup	more than 33-1/3%, ported organization	, and ►
20	Private foundation. If the organiz	zation did not che	ck a box on line 14,	19a, or 19b, check	this box and see in	nstructions	· · · · · · ► [

ler	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part tion A. All Supporting Organizations	1		
Dec	aion A. An Supporting Organizations	-	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?			
	If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
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)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
	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	3b		- Institute
	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	3c		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
	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	4b		1
			in the second	
	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	4c		
5	a 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)	5a		
	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?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with			
	regard to a substantial contributor? If Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9	a 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	9a		
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
	c Did a disqualified person (as defined in line 9(a)) 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	90		
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		
	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.)	10b		

Schedule A (Form 990 or 990-EZ) 2014 W-A-Y Widening Advancements for Youth

Schedule A (Form 990 or 990-EZ) 2014

27-3319122

Schedule A (Form 990 or 990-EZ) 2014	W-A-Y W	Videning	Advancement	s for	Youth	27-331912	2	P	Page 5
Part IV Supporting Organizati	ions (con	tinued)							_
			1.11.11.11.11	-				Yes	No
11 Has the organization accepted a gift	or contribut	ion from any	of the following pers	ons?			-		
a A person who directly or indirectly co governing body of a supported organ	ontrols, eithen nization?	er alone or to	gether with persons	describe	d in (b) and (c)	below, the	11a		263
b A family member of a person descril	bed in (a) at	ove?					11b		
c A 35% controlled entity of a person	described in	(a) or (b) ab	ove? If 'Yes' to a, b,	or c, pro	vide detail in P a	art VI	11c		
Section B. Type I Supporting O	rganizatio	ons							

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.			
	If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the			
-	supporting organization	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		

Section D. All Type III Supporting Organizations

		_	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - The organization satisfied the Activities Test. Complete line 2 below. a
 - The organization is the parent of each of its supported organizations. Complete line 3 below. b
 - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). c

2	Activities	Test. Answer	(a)) and	(b) belo
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		the second se	10000	
4	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities	2a	_	
4	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization is the second description of the second des			
	the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		grid ^{ter}	
1	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		
	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	E AN A ANALY	

Schedule A (Form 990 or 990-EZ) 2014

Yes No

27-3319122

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970 other Type III non-functionally integrated supporting organizations must complete Sections A through E.	. See instructions. Al
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.	

Sec	tion 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		1.
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	1	
Sec	tion 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	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1 d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	and the second se	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
-		1000		in the second

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2014

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiz	ations (continued)	
	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizati	ons	
3	Administrative expenses paid to accomplish exempt purposes of suppo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	ion is responsive (provi	de details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
12		(i)	(ii)	(iii)
Sec	tion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2014:		and the second s	
a				
b				
C				
d				
e	From 2013			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			and the second se
1	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			A start and the
a				
b				
c	A final sector and the se			and a state of the
d	Excess from 2013			
	Excess from 2014			

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Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 W-A-Y Widening Advancements for Youth 27-3319122 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)		plemental Financi				1545-004
	Part IV, lines (e if the organization answe 6, 7, 8, 9, 10, 11a, 11b, 11c,	11d, 11e, 11f, 12a, or 12	2b.	20	14
Department of the Treasury Internal Revenue Service	► Information about Sche	► Attach to Form edule D (Form 990) and its	instructions is at www.	rs.gov/form990.	Open t Inspec	o Publition
ame of the organization				Employe	or identification n	umber
W-A-Y Wi	dening Advancements	s for Youth				
	ations Maintaining Donc		Other Similar Fund	27-33	319122	_
Complete	if the organization answ	ered 'Yes' to Form 990	, Part IV, line 6.	s or Accounts	•	
a she was		(a) Donor advis	ed funds	(b) Funds and	d other accou	nts
	end of year					
	ontributions to (during year)					
	rants from (during year)					
	at end of year					
5 Did the organizat	ion inform all donors and donor ion's property, subject to the org	advisors in writing that the a	assets held in donor advis	sed funds		-
					Yes	No
for charitable pur	ion inform all grantees, donors, poses and not for the benefit of	and donor advisors in writin the donor or donor advisor.	g that grant funds can be or for any other purpose	used only conferring		
impermissible pri	vate benefit?		· · · · · · · · · · · · · · · ·	••••••••••••	Yes	No
	ation Easements.	OF COMMENTS STORE				
	e if the organization answ					
	nservation easements held by the		at apply).	Sec. Collins		
	of land for public use (e.g., reci	reation or education)	Preservation of a	historically importa	nt land area	
	natural habitat		Preservation of a	certified historic str	ructure	
	of open space					
2 Complete lines 2 last day of the tax	a through 2d if the organization	held a qualified conservation	n contribution in the form	of a conservation e	easement on	the
last day of the tax	, year.			Hold at t	he End of the	Tay V
a Total number of (conservation easements			2 a	ne cha of the	a lax n
	stricted by conservation easeme			2b		
	rvation easements on a certified			20		
				20		
structure listed in	rvation easements included in (the National Register	c) acquired aπer 8/17/06, an	id not on a historic	2 d		
	rvation easements modified, tra				na the	
tax year 🕨						
4 Number of states	where property subject to cons	servation easement is locate	d 🕨			
5 Does the organiz	ation have a written policy rega	rding the periodic monitoring	, inspection, handling of	violations,		_
	of the conservation easements				Yes	No
6 Staff and volunte	er hours devoted to monitoring,	inspecting, and enforcing co	onservation easements d	uring the year	47	
				and the second		
7 Amount of expen ►S	ses incurred in monitoring, insp	ecting, and enforcing conser	rvation easements during	the year		
				and Josh		
-	mintion apparent remarked on l	ine (7/4) above a dist. the ve				
8 Does each conse	ervation easement reported on li h)(4)(B)(ii)?	ine 2(d) above satisfy the red	quirements of section 170)(h)(4)(B)(i)	Yes	
8 Does each conse and section 170(h)(4)(B)(ii)?		quirements of section 170	0(h)(4)(B)(i)	Yes	
 8 Does each conse and section 170(I 9 In Part XIII, desc include, if applica 	h)(4)(B)(ii)?	ts conservation easements in	quirements of section 17(D(h)(4)(B)(i) e statement, and b	alance sheet.	and
 8 Does each conse and section 170(9 In Part XIII, desci include, if applica conservation eas 	h)(4)(B)(ii)? ribe how the organization report ble, the text of the footnote to the ements.	ts conservation easements in he organization's financial st	quirements of section 170 n its revenue and expens atements that describes	0(h)(4)(B)(i) e statement, and b the organization's a	valance sheet, accounting for	and
 8 Does each conse and section 170(I 9 In Part XIII, desc include, if applica conservation ease Part III Organiza 	h)(4)(B)(ii)? ribe how the organization report ble, the text of the footnote to the ements. ations Maintaining Colle	ts conservation easements in he organization's financial st ections of Art, Historic	quirements of section 170 n its revenue and expens atements that describes cal Treasures, or O	0(h)(4)(B)(i) e statement, and b the organization's a	valance sheet, accounting for	and
 8 Does each conse and section 170(f 9 In Part XIII, desci- include, if applica conservation eas Part III Organiza Complete 	h)(4)(B)(ii)?	ts conservation easements in he organization's financial st ections of Art, Historia vered 'Yes' to Form 990	quirements of section 17(n its revenue and expens atements that describes to cal Treasures, or O), Part IV, line 8.	D(h)(4)(B)(i) e statement, and b the organization's a ther Similar A	salance sheet, accounting for	and
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 8 Does each conse and section 170(1 9 In Part XIII, desci- include, if applica conservation eas Part III Organiza Complete 1 a If the organization art, historical treas in Part XIII, the te b If the organization historical treasun- following amount (i) Revenue inc (ii) Assets include 2 If the organization amounts required 	h)(4)(B)(ii)?	ts conservation easements in the organization's financial st ections of Art, Historia rered 'Yes' to Form 990 FAS 116 (ASC 958), not to r held for public exhibition, edu al statements that describes to FAS 116 (ASC 958), to repo for public exhibition, education e 1.	quirements of section 170 in its revenue and expens atements that describes it cal Treasures, or O), Part IV, line 8. report in its revenue state cation, or research in furt hese items. ort in its revenue statement on, or research in further on, or research in further on or research in furt	D(h)(4)(B)(i) e statement, and b the organization's a ther Similar A ment and balance herance of public s ant and balance she ance of public servi	sheet works of ar service, provide th service, provide th service, provide th service, provide th service, provide th service, provide th	and of le,
 8 Does each conse and section 170(1 9 In Part XIII, desci- include, if applica conservation eas Part III Organization art, historical treas in Part XIII, the te b If the organization historical treasum following amount (i) Revenue include 2 If the organization amounts required a Revenue include 	h)(4)(B)(ii)?	ts conservation easements in the organization's financial st ections of Art, Historia vered 'Yes' to Form 990 FAS 116 (ASC 958), not to r eld for public exhibition, edu al statements that describes to FAS 116 (ASC 958), to repo for public exhibition, education for public exhibition, education to republic exhibition education to republic education education to republic education education education to republic education educati	quirements of section 170 in its revenue and expens atements that describes in cal Treasures, or O 0, Part IV, line 8. report in its revenue state cation, or research in furt hese items. or in its revenue statement on, or research in furthers in furthers in furthers is similar assets for financi e items:	D(h)(4)(B)(i) e statement, and b the organization's a ther Similar A ment and balance herance of public s and balance she ance of public servi	sheet works of ar ice, provide the \$\$	and of le,

			rical Treasures, or			ued)
3 Using the organization's acquisition, items (check all that apply):	accession, an	d other records, check a	any of the following that a	are a significant use of its	s collection	
a Public exhibition		d 🗌 Loan o	r ovebenes and service			
b Scholarly research			r exchange programs			
c Preservation for future generation	ne	e Other				
4 Provide a description of the organiza		ons and explain how the	y further the organization	's exempt purpose in		
Part XIII. 5 During the year, did the organization	solicit or rece	ive donations of art hist	orical transuras, or other	similar assets		
to be sold to raise funds rather than t	to be maintain	ed as part of the organiz	zation's collection?		Yes	N
Part IV Escrow and Custodial line 9, or reported an am	Arrangem	ents. Complete if th	e organization answ	vered 'Yes' to Form	990, Part I	V,
1 a ls the organization an agent, trustee	custodian or	other intermediany for c	ontributions or other ass	ets not included		
on Form 990, Part X?		***********		••••••	Yes	
b If 'Yes,' explain the arrangement in P	Part XIII and co	omplete the following tak	ble:			
Carlos de la composición de la composicinde la composición de la composición de la composición de la c					Amount	
c Beginning balance						
d Additions during the year				. 1d		
e Distributions during the year				. 1e		_
f Ending balance				. 1f		
2 a Did the organization include an amou	unt on Form 9	90, Part X, line 21, for e	scrow or custodial accou	nt liability?	Yes	P
b If 'Yes,' explain the arrangement in P	art XIII. Chec	k here if the explanation	has been provided in Pa	art XIII		
Part V Endowment Funds. Co	malata if th	o organization and	wared Weather France	000 D-10/1-1		
Part V Endowment Funds. Co			the second			
1 a Beginning of year balance	(a) Current ye	ar (b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	ars ba
b Contributions						
						-
c Net investment earnings, gains, and losses				the second second		
d Grants or scholarships						_
e Other expenditures for facilities						
and programs						
f Administrative expenses						
g End of year balance						
	the current ve	ear end balance (line 1g.	column (a)) held as:			
2 Provide the estimated percentage of						
2 Provide the estimated percentage of a Board designated or quasi-endowme		8				
a Board designated or quasi-endowme	ent ► 					
a Board designated or quasi-endowme b Permanent endowment	ent ► 	8				
a Board designated or quasi-endowme b Permanent endowment c Temporarily restricted endowment The percentages in lines 2a, 2b, and	ent ► 	ુ સ ual 100%.	are held and administere	d for the		
a Board designated or quasi-endowme b Permanent endowment c Temporarily restricted endowment	ent ► 	ુ સ ual 100%.	are held and administere	d for the	Yes	
a Board designated or quasi-endowmen b Permanent endowment ► c Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 3 a Are there endowment funds not in the	2c should eq e possession	ુ ક ual 100%. of the organization that i			Yes • 3a(i)	P
 a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment The percentages in lines 2a, 2b, and 3 a Are there endowment funds not in the organization by: 	2c should eq e possession	ુ ક ual 100%. of the organization that a				1
 a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment The percentages in lines 2a, 2b, and 3 a Are there endowment funds not in the organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organ 	2c should eque possession	ू श्व of the organization that i 			. 3a(i)	,
 a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment The percentages in lines 2a, 2b, and 3 a Are there endowment funds not in the organization by: (i) unrelated organizations (ii) related organizations 	2c should eque possession	ू श्व of the organization that i 			. 3a(i) . 3a(ii)	,
 a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment The percentages in lines 2a, 2b, and 3 a Are there endowment funds not in the organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organ 4 Describe in Part XIII the intended use Part VI Land, Buildings, and E 	2c should eq 2c should eq e possession 	ू wal 100%. of the organization that : l as required on Schedu nization's endowment fu		·····	- 3a(i) - 3a(ii) - 3b	
 a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment The percentages in lines 2a, 2b, and 3 a Are there endowment funds not in the organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organ 4 Describe in Part XIII the intended use 	2c should eq 2c should eq e possession 	ू wal 100%. of the organization that : l as required on Schedu nization's endowment fu		·····	- 3a(i) - 3a(ii) - 3b).
a Board designated or quasi-endowment b Permanent endowment ► c Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 3 a Are there endowment funds not in the organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organ 4 Describe in Part XIII the intended use Part VI Land, Buildings, and E	2c should eq e possession hizations listed es of the orga quipment. tion answe	ू % ual 100%. of the organization that : 	Po, Part IV, line 11a	. See Form 990, Pa	- 3a(i) - 3a(ii) - 3b).
 a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment The percentages in lines 2a, 2b, and 3 a Are there endowment funds not in the organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organ 4 Describe in Part XIII the intended use Part VI Land, Buildings, and E Complete if the organization 	ant • 8 2c should eq e possession izations listed es of the orga quipment. tion answe	ू wal 100%. of the organization that : l as required on Schedu nization's endowment fu		. See Form 990, Pa	- 3a(i) - 3a(ii) - 3b art X, line 10).
a Board designated or quasi-endowmen b Permanent endowment ► c Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 3 a Are there endowment funds not in the organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organ 4 Describe in Part XIII the intended use Part VI Land, Buildings, and E Complete if the organiza Description of property 1 a Land	2c should eq 2c should eq e possession izations listed es of the organ quipment. tion answe	ू % ual 100%. of the organization that : 	Po, Part IV, line 11a	. See Form 990, Pa	- 3a(i) - 3a(ii) - 3b art X, line 10).
a Board designated or quasi-endowmen b Permanent endowment ► c Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 3 a Are there endowment funds not in the organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organ 4 Describe in Part XIII the intended use Part VI Land, Buildings, and E Complete if the organization Description of property 1 a Land	ant ► 2c should eq e possession 	ू % ual 100%. of the organization that : 	Po, Part IV, line 11a	. See Form 990, Pa	- 3a(i) - 3a(ii) - 3b art X, line 10).
a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment The percentages in lines 2a, 2b, and 3 a Are there endowment funds not in the organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organ 4 Describe in Part XIII the intended use Part VI Land, Buildings, and E Complete if the organization Description of property 1 a Land	ant •% 2c should eq e possession 	ू wal 100%. of the organization that a l as required on Schedu nization's endowment fu nization's endowment fu red 'Yes' to Form 99) Cost or other basis (investment)	Po, Part IV, line 11a	. See Form 990, Pa (c) Accumulated depreciation	- 3a(i) - 3a(ii) - 3b - 3b - 10 - 3b - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10). /alue
a Board designated or quasi-endowmen b Permanent endowment ► c Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 3 a Are there endowment funds not in the organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organ 4 Describe in Part XIII the intended use Part VI Land, Buildings, and E Complete if the organization Description of property 1 a Land	ant 2c should eque 2c should eque e possession izations listed es of the orga quipment. tion answe	ू % ual 100%. of the organization that : 	Po, Part IV, line 11a	. See Form 990, Pa	- 3a(i) - 3a(ii) - 3b art X, line 10 (d) Book v).

Schedule D (Form 990) 2014 W-A-Y Widening Adv	vancements for	Youth 27-3319122 Page
Part VII Investments – Other Securities.		
Complete if the organization answered '	Yes' to Form 990, F	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(A)		
(B) (C)		
(0)		
(E)		
(F)		
(G)		
(H)		
()		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
Part VIII Investments - Program Related	and a state of	
Complete if the organization answered "	Yes' to Form 990, F	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4) (5)		
(6) (7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)►		
Part IX Other Assets.	The reserves of the second	(a) Anno addition of a standard for the state of the state of the state free desires of the state of the state of the state of the s
Complete if the organization answered "	Yes' to Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15.
(1) (a) De	scription	(b) Book value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
	17. T	
Total. (Column (b) must equal Form 990, Part X, column (B), I	ine 15.)	••••••
Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo	orm 000 Dart IV line 11	1e or 11f See Form 000 Part V line 25
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(2) (3)		
(2) (3) (4)		
(2) (3) (4) (5)		
(2) (3) (4) (5) (6)		
(2) (3) (4) (5)		
(2) (3) (4) (5) (6) (7) (8) (9)		
(2) (3) (4) (5) (6) (7) (8)		
(2) (3) (4) (5) (6) (7) (8) (9)		
(2) (3) (4) (5) (6) (7) (8) (9) (10) (11)		
(2) (3) (4) (5) (6) (7) (8) (9) (10)	note to the organization's fina	ancial statements that reports the organization's liability for uncertain

Schedule D (Form 990) 2014 W-A-Y Widening Advancements for Youth	27-3319122 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Reve	nue per Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	1.2.1
1 Total revenue, gains, and other support per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	and the second sec
b Donated services and use of facilities	in the second
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	and the second se
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	· · · · · · · · · 4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Exp Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements.	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
4 Amounts included on Form 990. Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part XIII Supplemental Information.	

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

Schedule D (Form 990) 2014

SCHEDULE J Form 990) For certain Officers, Directors, Trustes, Key Employees, and Highest Compensated Employees	Open to Inspe tion number	Yes	
Partment of the Treasury ► Information about Schedule J (Form 990) and its instructions is at www.trs.gov/form990. ame of the erganization Employer identifies I=A-Y Widening Advancements for Youth 27-3319122 Part I Questions Regarding Compensation 27-3319122 Part I Questions Regarding Compensation 27-3319122 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. 27-3319122 I a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. 27-319122 I ark indemnification and gross-up payments Housing allowance or residence for personal use Payments for business use of personal residence I any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If No, complete Part III to explain	Inspection number 2	Yes	
A-Y Widening Advancements for Youth Q27-331912: art Questions Regarding Compensation a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part Vil, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Bissection A, line 1a. Complete Part III to provide any relevant information regarding these items. Bissection A, line 1a. Complete Part III to provide any relevant information regarding these items. Bissection A, line 1a. Complete Part III to provide any relevant information regarding these items. Bissection A, line 1a. Complete Part III to explain and gross-up payments Bissection and gross-up payment payment or relembursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? Complexecutive Director, Check and bay bay to elated organization to estabilish compensation of the CEO/Executive Director, but explain i	2 1k		No
art I Questions Regarding Compensation 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1 a complete Part III to provide any relevant information regarding these items.	11		No
1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Ha in demnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or relimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain			No
VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			No
First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Itax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee 2 Compensation committee Written employment contract 3 Independent compensation consultant Compensation survey or study 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization. 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization. a Receive a severance payment or change-of-control payment? Participate in, or receive payment form, a supplemental nonqualified retirement plan? <		2	
Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? b Participate in, or receive payment from, an equity-based compensation arrangement? For any of lines 4a-c, list the persons and provide the		>	
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Written employment contract Approval by the board or compensation committee Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? Form 910 (c)(3) 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		>	
Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain		2	
 b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain		>	
reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain		>	10 L
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establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan?			
 Independent compensation consultant Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? if 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 	Nov -		
Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? C Participate in, or receive payment from, an equity-based compensation arrangement? If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	and the		
Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 		-	
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 b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 			
 c Participate in, or receive payment from, an equity-based compensation arrangement? If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 	42	a	Х
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		-	X
Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	40	2	X
		-	
		-	
		2 (1 X 24) 	
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		-	X
b Any related organization?	51		X
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	68	a	X
b Any related organization?		b	X
If 'Yes' to line 6a or 6b, describe in Part III.	March 1		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		x
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III			x
 9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 			

ees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

ust be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on ot listed on Form 990, Part VII.

h listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	1	(B) Breakdown of	W-2 and/or 1099-MISC	compensation	(C) Retirement	(D) Nontaxable	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B)
,		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	columns(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
	(i)		0.	0.	0.	25,860.		<u>0</u> .
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	182,312.	0.	0.	0.	27,888.		·0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	137,956.	0.	0.	0.	10,290.		0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	74,000.	0.	0.	0.	25,848.	99,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	60,000.	0.	0.	0.		80,280.	<u>0</u> .
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	90,000.	0.	0.	0.	9,600.	99,600.	<u> </u>
	(ii)	0.	0.	0.	0.	0.	0.	0.
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and the second second	(ii)							
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	(ii)					4		+
	(m) [TEEA4102 06/19/1	4			Cabadula	J (Form 990) 2014

hedule J (Form 990) 2014

Widening Advancements for Youth	27-3319122
ion	
n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, J information.	6b, 7, and 8, and for Part II. Also

Page 3

Schedule J (Form 990) 2014

TEEA4103 10/17/14

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

EZ	OMB No. 1545-0047
on	2014
ns is	Open to Public Inspection
Employer ide	entification number

W-A-Y Widening Ad

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

W-A-	-I Widen	ing A	dvancements for Youth	27-3319122
	VI, Line		There are no committees authorized by board.	127 3319122
Pt V	/I, Line	11b	Copy provided to all directors. Any questions w	
Pt V	/I, Line	11b	directed to CPA & Executive director.	vere
Pt V	/I, Line	12c	Board evaluates if a passible shi	
	/I, Line		Board evaluates if a possible conflict of inter	est
	/I, Line		exists. if it does exist they will compare to o	thers
	I, Line		that would not have a conflict of interest. The	board
	I, Line		will evaluate and determin if conflict of inter	est
	I, Line		transaction is in the best interest of organiza	tion or
	I, Line		should they use another party with no conflict.	
	I, Line		Directors evaluated executive directors qualifi and make comparisons to inductive	cations
	I, Line		and make comparisons to industry standards. For	other
	I, Line		employees executive directors use best judgemen	t
	I, Line		considering other employees and knowledge of in	dustry.
	I, Line		Yes interested parties may request governing do	cuments,
	I, Line		conflict of interest or financial statements. If requested copies are made and sent to request	ting party.

Developed and year 2010, of the all year beginning _JULot4, and anding _JUL _	Form 8879-EO	for an Exen	ature Authorization npt Organization		OMB No. 1545-1878
<form> Page 200 • Information about Form 8879-EQ and its instructions is at www.irs.exord.memory 2014 Prime reveals the order of a construction of the IRS. Keep for your record. Imply your identification number 27-3319122 Prime reveals the order 27-3319122 27-3319122 27-3319122 Prime reveals the order 27-3319122 27-3319122 27-3319122 Construction of the return for which you are using this Form 8279-EQ and enter the applicable sensort. If any, from weak has, they are possible who if the interturn being filed be made to the return, then enter 40-on 1 6,921,4 A = form 9900 check here b Total revenue, if any (Form 890,Print YIII, column (A), line 12) 1 6,921,4 A = form 9900 check here b Total revenue, if any (Form 890,Print YIII, ine 80) 2 5 A = form 9900 check here b Total revenue, if any (Form 890,Print YIII, ine 80) 2 5 A = form 9900 check here b Total revenue, if any (Form 890,Print YIII, ine 80) 2 5 A = form 9900 check here b Total revenue, if any (Form 890,Print YIII, ine 80) 5 5 A = form 9900 check here b Total revenue, if any (Form 890,Print YIII, ine 80) 2 5 A = form 9900 check</form>		For calendar year 2014, or fiscal year beginning	Jul 1 2014, and ending Jun	30 . 2015 .	
N=A-Y Widening Advancements for Youth Properties Ame and Ward dike 27-3319122 27-3319122 27-3319122 Content and the difference of the return for which you an user particulation (Whole Dollars Only) Content and the return is the return is the return in the return. If any, form we black, then the second with this form we black, then the return is the return is the return is the return is the return in the return. If any, form we black, then the return is the return is the return is the return is the return in the return. If any, form we black, then the return is the return is the return is the return in the return. If any form we applicable into black of the return is the return is the return in the return is the return is the return in the return is the re	Internal Revenue Service	Do not send to the	IRS Keen for your records		2014
Clen Taylor Executive Director Se Form 890-Exector Executive Director Director Executive Director Director Executive Director Director Executive Director Director		dvancements for Youth			
Part II Type of Return and Return Information (Whole DollarS Only) Check the box on line 1ta, 20, which was are using this Form 8078-EO and entor the applicable amount, f any, from the neturn. If you leave line 10, 20, 30, 40, or 50, which was a result of the neturn on that line for the return being fide with this form was blank, then the applicable line below. Do not complete more than 1 line in Part I. 1 a Form 990 check here Image: Down 120-POL check here Image: Down 1	Name and title of officer	- and and the for fourth		27-33191	.22
Proceeding of the return for which you are using this Form 397-86- Dan enter the applicable amount, if any, from the return, if you finds with you are item applicable mount on that line for the return being filed with this form was blank, then the applicable line (b, 2), the file (2, 2, 3, 4), of 5, below, and the amount on that line for the return being filed with this form was blank, then the applicable line (b, 2), the file (1, 2), the file (1	Glen Taylor		Executive Direc	tor	
<pre>Between Tb, 25, 35, 45, or 55, whichever is applicable, bank (do not near-0-) But if you entered 0- or the return, then enter -0- or is a prome between the ot complete more than 1 line in Part. </pre>	Check the hey far the met	rn and Return Information (Whole	Dollars Only)		
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2a Form 1320-POL check here	1 a Form 990 check here	··· X b Total revenue. if any (Form	990 Part VIII column (A) line (B)		
A # Form 990-PF check here	a a ronn 330-EZ Check ne	Feee D Total revenue, if any (F	orm 990-E7 line 9)	· · · · · · 1b	
Sa Form 8866 check here · · · · · · · · · · · · · · · · · ·	3 a Form 1120-POL check	here b Total tax (Form 112	0-POL. line 22)	· · · · · · · · 2D	
B Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b Part II Declaration and Signature Authorization of Officer Under penalties of perjuy, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 decironic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. intermediate services ine amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate services ine anachowledge and belief. (Hey or true, correct, and complete. index withdrawal (direct debit) entry of the financial institutions to 0.16 be set of my knowledge and belief, they are true, correct, and complete. organization's federal taxes owed on this return, and the financial institution to 0.16 beta y perpanet of the anachal institutions in visit 1 - 386-337 no tater than 2 business eliving to this account. To revoke a payment, I must authorize the financial institutions involved in the processing of the electronic payment of taxes to perpanet of the anacemation's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only Implicable Implicable Implicable Base prove the mater and particible Base payment, I mast electronic clust with this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return selectify the the arganization's tax year 2014 electronically filed		b Tax based on investme	ent income (Form 990-PF, Part VI	line 5) Ab	
Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declame that I am an officer of the above organization and that I have examined a copy of the organization's 2014 Intermediate service provider, transmitter, or electre amount show on the corganization's return to the IRS and to receive from function. To consent to allow my the IRS (a) an acknowledgement of receipt or reason for rejeorginator (ERO) to send the organization's return to the IRS and to receive from feruin. J (b) the reason for any delay in processing the return or funds withdrawal (direct debit) entry to the financial institution account indicated if and its designated Financial Agent to initiate an electronic form. To receive organization's federal taxes owed on this return, and the financial institution account indicated if the xip organization's federal taxes owed on this return, and the financial institution to debit the xip organization's stars for payment of the contact the U.S. Treesury Financial Agent at 1-888-353-4537 no later than 2 business days phort buscount. To revice a payment, I must contact the U.S. Treesury Financial Agent at 1-888-353-4537 no later than 2 business days phort buscount. To revice a payment, I must contact the U.S. Treesury Financial Agent at 1-888-353-4537 no later than 2 business days phort buscount. To revice a payment, I must contact the U.S. Treesury Financial Agent at 1-888-353-4537 no later than 2 business days phort buscount. To revice a payment, and the organization's tax year 2014 electronic days into days induce for the compariset of the contact agency (left) againator for the organization's tax year 2014 electronic day match to days the days and the contact agency (left) againator for the return is being filed with a state agency (left) equilating charities as part of the return is being filed with a state agency(left) equilating charities as part of th	5 a Form 8868 check here	· · · ► b Balance Due (Form 8868, P	art I, line 3c or Part II, line 8c)	···· 5h	
Under penalties of perjury, i declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 idectronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are use, correct, and complete. If urther declare that the amount in Part I above is the amount shown on the copy of the organization's return to the IRS and the irs are and the irs are and the irs are and the irs and	Dout II Deals it				
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on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Deter Dete 05/13/2016 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN		ERO firm name		Enter five numbers.	but
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Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN	Officer's signature		Date > 05/13/:	2016	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN	Part III Certification a				
Certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns. ERO's signature ERO's signature ERO Must Retain This Form — See Instructions		six-digit electronic filing identification			
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Authorized IRS <i>e-file</i> Providers for Business Returns.	ERO's EFIN/PIN. Enter your number (EFIN) followed by yo				38253905132
ERO Must Retain This Form – See Instructions	number (EFIN) followed by yo				do not enter all zeros
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bo Not Submit This Form To the IKS Unless Reduested To Do So	number (EFIN) followed by yo certify that the above numer above. I confirm that I am sub Authorized IRS <i>e-file</i> Provider	ic entry is my PIN, which is my signature on i	the 2014 electronically filed return fi ulrements of Pub 4163, Modernize		do not enter all zeros

Schedule O (Form 990) Supplemental Information to Form 990 Form 990, Page 6, Line 9 (continued)

Name	Address	City	St	ZIP
James Bosco			MI	49008
John Shinsky	301 W Fulton, Suite 101, Rm 920EC	Grand Rapids	MI	49504

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Meals & entertainment	8,523.	8,015.	508.	0.
Contributions	77.	100 M 100 M 100 M	77.	0
License & permits	47,851.		47,851.	0.
Training & education	18,717.	18,717.		0.
Telephone	4,164.		4,164.	0.
Payroll processing	29,981.		29,981.	
Reimbursable expenses	827,177.	827,177.		0.

1

		gnature Authorization cempt Organization	1	
	For calendar year 2015, or facal year beginning	Jul 1 mit and and a Jun 30	-	CWB No. 1545-187
Department of the Treasury intential Revenue Bandue Name of search organization		the IRS. Keep for your records. and its instructions is at www.irs.gov/		2015
	ivancements for Youth			Mication muselar
Glen Taylor			10 1 0000	****
Part Type of Retu	m and Return Information (Wh	Director		
START OF START OF THE POLLIN	for which you are using this Form 8879-	EO and enter the applicable amount, if an n that line for the return being filed with th or enter -0-). But, if you entered -0- on the	ny, from the return tie form was blant a return, then enter	n. If you c, shen er -0- an
4 a Earm 007 chast have	-			
1 a Form 990 check here . 2 a Form 990-EZ check he		form 990, Part VIII, column (A), line 12) .	11	6,648,
3 a Form 1120-POL check	o totai tevenne il Si	ly (Form 990-EZ, line 5)		
4 a Form 990-PF check he	and a serie car (Losia	1120-POL, Rne 22)	98	3
5 a Form 8866 check here	O LOS DESEG ON INVE	siment income (Form GOLDE Bort VI II		1
	U P Balance Due (Form 886	18, Part I, line 3c or Part II, line 8c)	51	2
Part II Declaration				to a second second
Under providies of package 1	nd Signature Authorization of	Officer organization and that I have examined a		
snewer inquiries and resolve organization's electronic retu Officer's PIN: check one bo	n and, il applicable, the organization's o	on the copy of the organization's electron for (ERO) to send the organization's return the transmission, (b) the reason for any d S. Treasury and its designated Financial Indicated in the tax preparation software litution to debit the entry to this account. I than 2 business days prior to the payme actronic payment of taxes to receive cont facted a personal identification number (i consent to electronic funds withdrawet.	PiN) as my signal	in necessary to ture for the
C1 1120001	NUT 6 ASSOCIATES, CPA, P EROfinm Name		19122 Enter five numbers	, but
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W-A-Y Widening Advancements for Youth

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27-3319122

Schedule O (Form 990) Supplemental Information to Form 990 Form 990, Page 6, Line 9 (continued)

Name		and the second	MALINE PROPERTY.		
James Bosco	Address 2202 Rambling Rd. 301 V Fulten, Seite 101, is 90100	City Kalamozoo Grand Rapids	St MI MI	21P 49008 49504	

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Form 8879-EO	IRS e-file Signature Aut for an Exempt Organ	thorization	1
	your aura or baco year baginning Jul 1 moun		OMB No. 1545-1878
Department of the Treasury Sciential Possensie Service Name of assergin tegeselestan	 Do not send to the IRS. Keep for Information about Form 8879-EO and its instruction 	your records.	2015
W-A-Y Widening Ac	vancementa for Youth	Employe	a huard human manufar
Glen Taylor			819122
Part I Type of Retur	n and Return Information (Whole Dollars Only	sctor	
Check the box for the return	or which you are	0	
	or which you are using this Form 8679-EO and enter the ag Ja, 4a, or 5a, below, and the amount on that line for the ret b, whichever is applicable, blank (do not enter -0-). But, if y not complete more than 1 line in Part I.		etum, if you blank, then
1 a Form 990 check here .			oning -O- OU
2 a Form 990-EZ check her	and a start we have a start of the start of	Column (A) line 121	
3 a Form 1120-POL check			16 6,848,76
4 a Form 990-PF check her	bere		26
5 a Form 8868 check here		m 980-PF, Part VI, line 5).	4b
	name and a second a s	Pert II, Sne 8c).	40 5.h
Part II Declaration an	d Classel		
Inder penalties of perjury, I d	I signature Authorization of Officer clare that I am an officer of the above organization and that mying schedules and slatements and to the best of my know it in Part I above is the amount abown on the copy of the of transmitter, or electronic return originator (POrthy of the o		
newer inquines and resolve is 'ganization's electronic return fficer's PIN: check one box		and a second to the second tot	ation necessary to nature for the
	MARY WE ASSAULT ACCOUNTS	to enter my PIN 2912 Enter tive sum	THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE REAL PROP
on the organization's tax ye a state agency(ies) regulati the return's disclosure cons	er 2015 electronically filed return. If I have indicated within rg charities as part of the IRS Fed/State program, I also aut ont screen.		
1	tion, I will onter my PIN as my signature on the prosidentia	n's tax year 2015 electronically file 6) regulating charities as part of the	server only is the dat
As an onicer of the organizi indicated within this return to program, I will enter my PIA	on the return's disclosure consent screen.		d return, if I have a IRS Fed/State
			d return. if i nave 9 IRS Fed/State
koʻs sijalana 🔹			d return. if i have o IRS Fed/State
art III Certification an	d Authentication		d return. If I have a IRS Fed/State
art III Certification an	d Authentication		
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And signature . art III Certification and RO's EFINIPIN. Enter your six mber (EFINI) followed by your settily that the above numeric of over 1 continue that I am autom thorized IRS e-file Providers I D's signature .	digit electronic filing identification five-digit self-selected PIN	ically filed return for the organization A 163, Modamized e-File (MeF) is	38253905132 do not enter ol asos

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TEEA7401 10/23/16

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-E Complete to provide information for responses to specific questions o Form 990 or 990-EZ or to provide any additional information.	and the second se
Department of the Treasury Internal Revenue Service		
Name of the organization	 Information about Schedule O (Form 990 or 990-EZ) and its instruction at www.irs.gov/form990. 	a la Open la Public
W-A-Y Widening A		Inspection Employer identification number
an art mrus sp	There are no consider	27-3319122
Pt VI, Line 11b	There are no committees authorized by board.	
Pt VI, Line 11b		
Pt VI, Line 12c	directed to CPA & Executive director.	- 14
Pt VI, Line 12c	The second	it.
Pt VI, Line 12c	exists. if it does exist they will compare to oth	· · · ·
Pt VI, Line 12c	that would not have a conflict of interest. The b	Oard
Pt VI, Line 12c	will evaluate and determin if conflict of interest. The b transaction is in the best interes	t
Pt VI, Line 12c	should they use another interest of organizati	on or
Pt VI, Line 15a	should they use another party with no conflict.	
Pt VI, Line 15a		tions
Pt VI, Line 15a	and make comparisons to industry standards. For o	ther
Pt VI, Line 15a	employees executive directors use best judgement	
Pt VI, Line 19		strv.
Pt VI, Line 19	Yes interested parties may request governing docur conflict of interest or firmenial	ments.
Pt VI, Line 19	conflict of interest or financial statements. If requested copies are made and sent to requesting	ng party.

O from (ii). One cost first surve invelocity solar threat survey france of the	And the second second second	State of the state	10 Self usour unners	The state of the second second	All monthly descentions when Barker of	and the state of t		and a second sec
A STATE AND A STATE AND AND AND A STATE AND AND A STATE AND A STATE OF A STATE AND A STATE	orm 950, F	ant VII.		AND TAKKET AND I TAKE I TAKET	where a presence of the part o	organizations, des	orlbed in the instruct	tions,
Note: The sum of columns (B)(1-(4)) for each listed indefdual must equal the total	l musi equ	the lotal amount	amount of Form 890, Part VII, Section A, line 1a,	VII, Section A, line	e 1e, applicable col	umm (D) and (D) an	applicable column (D) and (E) amounts for that individual	
	-	(B) Breskawn a	(B) Breekdown of W-2 and/or 1099-1415C companisation	C companisation				
(A) Parrie and Title		(i) Base cartipernation	Al Borus and Insertise cooperation	(ii) Coher Insportation componentian	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)()-(D)	(F) Compensation In column (B) reported as
Glen Taylor		60,000.	e					Form 690
Executive Director		1		3		24.21		0.
Beth Baker	W I	60.00	A C	3 e	e i	0	0.	
2 Executive Director	E			3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 26, 244.	86,944.	
	8	74.000.1	G	-X-	-	0		.0
3 Executive Assistant	(0)					24.422.	28.422.	0.
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	8.8 mm = =				8	Mana 2659 Holds Dank	and the same same same same	

	Form 990)	The second	Impensation Information rustees, Key Employees, and Highest Compensi anization answered Yos' on Form 990, Part IV, III	Ited Employees	International States of States of States	015	
10	eportmenti of the Theasury ternal Revenue Service	 Information about Schedule 	Attach to Form \$90, Part IV, In	10 23.	-		
	ence of the organization		Attach to Form 990. J (Form 990) and its instructions is at www.l/s.	gov/form390.	Open Inst	to Pub	H
	-A-Y Widenin	Advancements c.		Employer Mentificatio	the minutes	140001	4
٢	art I Question	s Regarding Compensation		27-3319122			
	1 a Check the approp Vil. Section A, lin	viate box(es) if the organization prov e fa. Complete Part III to provide an charter travel	vided any of the following to or for a person listed on y relevant information regarding these items.	Form 990, Part		Yes	
	Travel for cor	npanions	Incuring allowance or residence for	Carsonal men			
		cation and gross-up payments	Puyments for business use of person	nal residence	123		1
	Discretionery	spending account	Health or social club dues or initiation	n foes			-
			Personal services (e.a. mate atmost				
			anization follow a written policy regarding payment o ribed above? If No,' complete Part III to explain	ır			
14 No	 Did the organization trustees, and office Instanta which it 	on require substantiation prior to rein ara, including the CEO/Executive Dir	ibursing or allowing expenses incurred by all directo ector, regarding the items checked in line 1a?	rs,			1
1	CEO/Executive Da establish company	ector. Check all that soply. Do not o ation of the CEO/Executive Director.	allon used to establish the second of	inization's vization to	. 2		E.W.
	Compensation		Written employment contract				1. 1
	Independent o	ompensation consultant	Compensation survey or study				ALL
	Form 990 of ot	her organizations					
			Approval by the board or compensation	in committee			
4	During the year, dir or a related organia	f any person listed on Form 990, Par tation:	rt VII, Section A, line 1a with respect to the filing org	anization			1
	a receive a severary	De payment or change of control and	and the second se				
	a contraction in the the	ceive payment from a supplemental	managed in the second	*********	· 4a		
	- 1	saine payment irom, an anustahagan	Property and an a state of the second s		. 45		
	If Yes' to any of line	as 4s-c, list the persons and provide	the applicable emounts for each tem in Part III.	*********	. 4c		
70	En anno an	stal sortella), and sortel(29) organ	nizations must complete lines 5-9.				
	contingent on the re	In Form 990, Part VII, Section A, Inc	ta, did the organization pay or accrue any compen-	D G From			
	The organization?						
2	Any related organiz	ation?		********	. 5a		
	If "Yes' to line Se or	Sb, describe in Part III.	*****************************	********	56		
6	For persons listed of contingent on the net	n Form 990, Part VII, Section A, line earnings of	1a, did the organization pay or accrue any compens	ation			
đ	The organization?	*****					1
b	a contraction		************************	********	6a		X
	If Yes' on line 6a or	65, describe in Part III.		********	Sb		X
		and an a second second second	1s, did the organization provide any non-fixed be in Part III .		F	-	and and
8	where any amounts r	eported on Form 000, Part VII, paid			7	+	X
	section 53.4958-6(c)	ne organization also follow the rebut	table presumption procedure described in Regulation			-	X
		luction Act Notice, see the instruc				1	

	Form 990)	- Complete if the opposite	ancial Statements			GMB NR. 1545-00
	Mentment of the Tradairy Minus Advance Service	Part IV, line 6, 7, 8, 9, 10, 11a 444	answered 'Yes' on Form 990	żь.		2015
14.0	ance of the organization	 Information about Schedule D (Form 990) at 	nd its instructions is at www	irs.gov/k	orm990.	Open to Publi
	W-b-V MAL					IDapection Identification number
p	art Organiza	dening Advancements for Youth			1	
-	Complete	ions Maintaining Donor Advised Funds if the organization answered 'Yes' on For	s or Other Similar Frank		27-33:	19122
		if the organization answered 'Yes' on For	n 990, Part IV, line 6.	s or Ac	counts.	and the second se
	1 Total number at er	a) Donor	advised funds		_	
2	A DESCRIPTION OF THE OWNER OF THE	Alterior to bision and		(0) 1	runds and	other accounts
-	a all ha a formate deline to fill the fill the	The street francisco wards		and shallow -	*****	al and the second second second second
4	orderen Janes Asimo Bi	end of year		and the second second second		
-	S Did Blass and and and					
6	are the organization	n inform all donors and donor advisors in writing that n's property, subject to the organization's exclusive is h inform all grantees, donors, and donor advisors is	the assets held in donor advis	ed funds	And the Address of the	
G	for chastants	I interm all grantees, donore and depart of the			· · · · [Yes No
	impennissible priva	t interm all grantees, donors, and donor advisors in a see and not for the benafit of the donor or donor adv to benafit?	isor, or for any other numbers	used only		
Pa	rt I Conservat	on Encomente		····		Yes TNo
	Complete I	IDe omanization and the				Tree Ting
1	Purpose(s) of conse	votion easements held by the organization (check a land for public use (e.g.	BBU, Part IV, line 7.	No. of Concession, Name		
						and the second
	The second		Preservation of a h	istorically	important la	and area
2	Preservation of	open space	Preservation of a cr	stand his	toric struct	are
-	last day of the tax w	rough 2d if the organization held a qualified conserv	alion combination to make			
	mor only on the list lift he	rough 2d if the organization held a qualified conserv ar.	alion contribution in the form o	f a conser	vation case	ament on the
-	Total number of cont	Bruning and and		-	March 199	ind of the Tex Yes
b	Total acreage restric	led by conservation easoments	*************	20		and of the lax Yes
		and a second state state to a state to state and		26		
d	Number of conservat	ion essements included in (c) acquired after 8/17/08 National Register	ed in (a)	20		
7	Mumber of source in the	ion essements included in (C) acquired after 8/17/08 National Register	, and not on a historic	2.4		
	lax year +	ion easements modified, transferred, released, extin	guished, or terminated by the	a Qi	an dealers at	14712 x
4	Number of states why	re property subject to conservation easement is loca			er onreig a	10
	THE REPORT OF THE PARTY OF THE	TRAVA W WINDOW AND AND A COMPANY	Contraction of the second s			
	and enforcement of th	have a written policy regarding the periodic monitor to conservation easements it holds? surs devoted to monitoring, impacting, handling of vi-	ring, inspection, handling of vio	lations,		
6	Staff and volunteer he	surs devoted to monitoring, inspecting, handling of vi	Children and anti-	*****		fas No
7	Artount of averages		sentering conter	milion eas	ioments du	ring the year
*	► S	ncurred in monitoring, inspecting, handling of violatic	and, and enforcing conservation	i fichichterum	Film Misting 5	
26. 1	I There and the state of the second second second second					
1	and section 170(h)(4)	on essement reported on line 2(d) above satisfy the B)(6)?	requirements of section 170(h)	(4)(3)())	-	
	In Davi VIII describes				· · · []*	les No
0 1	conservation assessment	ow the organization reports conservation easements he text of the footnote to the organization's financial its.	statements that describes the	alemont,	and belanc	e sheet, and
0 1		IS Malalala Call and		on Avenue and	on s accou	nting for
0 1	III Organization	THE REAL PROPERTY AND A RE	reasures, or Othe	r Simil	ar Asset	5.
0 i	III Organization Complete if the	ne organization answered 'Yes' on Form 9	90. Part IV, line R			
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Part III Organizations Main 3 Using the organization's acquisi Barns (chack all that apply):	-Y Widening . taining Collection	ons of Art, H	storical Treasure	27-	3319122	Pag
 Using the organization's acquisiterns (chack all that apply); Public exhibition 	lion, accession, and e	other records, ch	eck any of the following	that are a similar	Assets (con	linued)
b Scholady masses		d Dia		Councer 100	or its collection	
Front and an and a set of the set of the		Ha	an or exchange progra	ma		
Preservation for future gene Provide a dependent of future gene	rations					
Part XIII.	nization's collections	and exclain how	literat frankline and			
to be acid to mine funding the	sons souch or receive	Constiens of an	historiants			
Part IV Escrow and Custod	an to be maintained	as part of the org	inization's collection?	other similar assots	-	-
Part IV Escrow and Custod line 9, or reported an	al Arrangement	s. Complete i	the organization	BUSWered Ver'er F	· · Ves	No
						t IV,
an Form 990, Part X?	ion, cusodian or othe	er intermediary fo	r contributions or other	Reads and included		
on Form 890, Part X? b if 'Yes,' explain the arrangement i	h Part XIII and compl	lets the following	table:	**********	- 🗌 Yes	No
c Beginning balance				r		
d Additions during the year	********			10	Amount	
d Additions during the year	*********	*******		· · · 1d	anticita - anticitation	
f Ending balance.	**********	*******		1	Contraction of the second s	
2 a Old the organization inclute an an				11		
b If 'Yes,' explain the arrangement in	Durt VIII OF 990, P	art X, line 21, for	escrow or custodial ad	popunt ilebilev?	- Yes	1 1
		a a nan avîngelsîn	on has been provided (on Part Xlit	Same .	No
Part V Endowment Funds. C	Complete if the ex				*******	U
	(a) Current year	ganization an	swered 'Yes' on Fi	orm 990, Part IV, Ine	10.	
a degunary of year balance	by carsen year	(b) Prior yes	u (c) Two years t	ack (d) Three years bar	t (e) Four ye	any hands
b Contributions	and the second se	-			e verrua ye	STA DECK
e Net investment earnings, gains,						
and losses						
d Grants or scholarships						
Cher accorditions for facilities						SCHOOL SHOW SHOW SHE
and programs						
f Administrative expenses		1				II Summer and the second s
g End of year balance						
2 Provide the estimated percentage of a Board designated or curation dates	of the current year en	d balance (line to	J. COLUMN (all) hald set	1		
ALC: NOT ALC	ieni -	8	at a new real to the second coot			
b Permanent endowment >	8					
e Temporarily restricted andowment	*	*				
The percentages on lines 2a, 2b, ar	vd 2c should equal 10	0%.				
9 a dry page and	he possession of the	Organization that	are need and administra			
Groanization but			and a second parties of the last state	nearth effet. Allo	Yes	No
Organization by:					. 3a(l)	RO
(i) unrelated organizations	**********	*******			- Tambal	1
 (i) Unrelated organizations (ii) related organizations 	************				3.nfil	
(I) unrelated organizations	organizations listed e			************	- 3a(ii) - 3b	
(i) unrelated organizations (ii) related organizations b if 'Yee' on line 3a(ii), are the related Describe in Part XIII the intended us	ios of the connectation			••••••	- <mark>3a(ii)</mark> - 3b	
(i) unrelated organizations	ios of the organization	te required on Sc n's endowment it	hadula R?		. 36	
(i) unrelated organizations	ios of the organization	te required on Sc n's endowment it	hadula R?	1a. See Form 990, P	. 36	
(i) unrelated organizations (ii) related organizations b if 'Yee' on line 3a(ii), are the related Describe in Part XIII the intended us	ios of the organization Equipment. Ition answered "Y (a) Cost	as required on So n's endowment fu 'es' on Form 6 or other basis	hedule R?	E. Contraction of the second se	art X, line 10	
(i) unrelated organizations (ii) related organizations b if 'Yes' on line 3a(ii), are the related Describe in Part XIII the intended us art VII Land, Buildings, and E Complete if the organiza Description of property	ios of the organization quipment. ation answered "Y (a) Cost	es' on Form (hadula R?	1a. See Form 990, P	. 36	
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Part VII Investments - Other Securities.	dvancements fo	<u>r 100th 27-3319122</u> Pa
fal Developmente il une organization answere	d Yes' on Form 990	27-3319122 Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security) 1) Einsection data with	(D) Book yolug	11. 11. 11. 110. See Form 990, Part X, line 12.
	tel entre entre	(c) Method of valuation: Cast or end-of-year market value
	-	TIME THE ALL AND A
3) Other	*	
9)		
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the second		
Asi, (Column (b) must equal Form 990, Part X, column (b) ane 12.1	•	
Complete if the organization		
(a) Description of investment	Yes' on Form 990,	Part IV, line 11c See Form 000 D
	(b) Sook value	Part IV, line 11c, See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
2)		the set value of and or and or year market value
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5)		
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E. (Caluma (b) must equal Form 190, Part X, column (B) (no 13.) ► Int IX Other Assets. Complete if the organization answered "	Yes' on Form 900 (
Complete if the organization answered " (a) De	Yes' on Form 990, f scription	Part IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answered " (a) De (b)	Yes' on Form 990, f scription	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
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e Add line	e 2a through 2d	********	***********	24			
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a investme	IT expenses not included	vill, ine 12, but no	on line t;	11	*******		
b Other (D	int expenses not included or escribe in Part XIII 1	ram 990, Part VII	, line 75	4a			
¢ Add line	escribe in Part XIII.)	*********	***********	4b			
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rt XII R	enue. Add lines 3 and 4c. (aconciliation of Expe	mis must equal Fon	n 990, Part (, line 12.)			C	
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Schedule D (Form 990) 2015

SCHEDULE A Form 990 or 990-EZ)	wompaute if the oroa	narity Status and inization is a section 501 847(a)(1) nonexempt cha	f-Lons		oport	QNIS No. 1045-0041
		Attach to Form 990 or F	erm GDA	and a		2015
Application of the Treasury Marriel Revolue Barvice	* Information about	Schedule A (Form 990 or at www.irs.gov/form	000 091	and its	instructions is	Opan to Public
-A-Y Widening Ad	vancements for Yo				Employer identit	ication number
ert indeson for M	Inic Charles Of the 14	12		6	27-33191	22
he organization is not a priv	ate foundation because it is:	(For thes 1 through 11 ch	comple	te this	part.) See Instruction	ons.
A church, conventi	on of churches, or exemission	n of sharehouse i	ever of the	one box.)	
A hospital or a con	In section 170(b)(1)(A)(ii). (Attach Schedule E (Form	900 m 05	Under 1	kand.	
					-	
	organization operated in cor le:	function with a hospital de	scribed b	a surfice	Rj. 678db.Vetretant.	TAL TAL
5 CAn promination on					i i vivit i filestali, Entar	the hospite's
- 170(b)(1)(A)(iv). ((anated for the bonefit of a coll Complete Part II.)	ege or university owned of	oparate	by a go	vermental unit deserte	
a second with a second s	122 WE SET SAME TO PERMIT AND	and when the state of the state				
7 An organization the	t normally receives a substar (A)(vi). (Compiste Part E.)	tial part of its summer from	a 000 170	ANTNO	[V].	
B A community bust of	Annual (Compiete Part II.)	174 by 11 day	a Annest		and or from the general p	ublic described
9 X An organization the	leacribed in section 170(b)[1	NANVI). (Complete Part II)			
from activities relate investment income a June 30, 1975, See	t normally receives: (1) more of to its exempt functions - a and unrelated business taxat section 509(a)(2). (Complet	than 33-1/3% of its support ubject to certain exception its income (less section 51	t from co s, and (2 1 tax) fro	ntribution ho mon	is, membership fees, an 9 than 33-1/3% of its sup	d gross receipts port from gross
an an a min Bannes treinent affert	the state that is the state of	and the state of the second state of the secon				
An organization org or more publicly sup	anized and operated exclusiv ported organizations describ- id that describes the type of a progenization operated, supe	ely for the benefit of, to pe ed in section 500/ai/1) or	. See see ríonn the	tion 504 function	(a)(4). s of, or to carry out the p	urposes of one
organization(s) the	organization operated, super lower to regularly appoint or lections A and B.	rvised, or controlled by its	supporte	d organis	tation(s), typically by giv	no the supported
AND AND A PROPERTY OF A DESCRIPTION OF A	a organization supervised or supporting organization vests t IV, Sections A and C. y Integrated, A supporting or	6	an an and a line of the s	ALL SALEND LOSS		MINESTEL Veras
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ID Name of supports of periodicion	en das une	(III) Type of organization (department on trave 1-9	Det to organizati	Be	(v) Account of monetary	(al) Atsound of Street
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Schedule A (Form 990 or 990-EZ) 2015

 Gifts, granes, contributions, and membership loss received. (Do not include any unusual grants.) 2 Tex revenues levied for the organization's benefit and either paid to or expended on its behalf

Calendar year (or fiscal year beginning in) *

3 The value of services or facilities furnished by a governmental unit to the organization without charge. . . 4 Total. Add lines 1 through 3 . .

W-A-Y Widening Advancements for Youth

(a) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the o organization fails to qualify under the tests listed below, please complete F Section A. Public Support

	Foral. Add lines 1 through 3
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on time 1 that exceeds 2% of the amount shown on line 11, column (f)
8	Public support. Subtract line 5 from line 4

Section B. Total Support

10/ 2012 (0) 2013 (d) 2014 (c) 2014	Cale	endar year (or fiscal year	(a) 2011	(6) 2012		1	1	
and a stop here. The organization guilding stop here and stop here. The organization did not check in box on line 13, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 174 195-facts-and-circumstances test - 2015. If the organization did not check is box on line 13, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 174 195-facts-and-circumstances test - 2015. If the organization did not check is box on line 13, this, or 17a, and line 14 is 10% are organization meets the facts-and-circumstances test - 2015. If the organization did not check is box on line 13, this, or 17a, and line 14 is 10% are organization meets the facts-and-circumstances test - 2015. If the organization did not check is box on line 13, this, or 17a, and line 14 is 10% are organization meets the facts-and-circumstances test - 2015. If the organization did not check is box on line 13, this, or 17a, and line 14 is 10% are organization meets the facts-and-circumstances test - 2015. If the organization did not check is box on line 13, this, or 17a, and line 14 is 10% are organization meets the facts-and-circumstances test - 2015. If the organization did not check is box on line 13, this, or 17a, and line 14 is 10% are organization qualifies as a publicly supported organization.				10/2012	(0) 2013	(0) 2014	(e) 2015	(f) Totel
9 Net income from unrelated business activities, whother or not the business is regularly carried on	8	cm securities icans, rents, royalises and income from similar sources						
10 Cther income. Do not include gain or bass from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 more assets (Explain in Part VI.) 12 Gross receipts from related activities, etc. (see instructione). 13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or tifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage from 2014 Schedule A, Part II, line 14. 15 Public support percentage from 2014 Schedule A, Part II, line 14. 16 33-1/3% support test - 2015. If the organization did not check the box on line 13, and line 15 is 33-1/3% or more, check this box 17 a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the Tacts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the Tacts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the Tacts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the Tacts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the Tacts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the Tacts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the Tacts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the		Net income from unrelated business activities, whother or not the business is regularly carried on	Mile 9 Α.Δ.					
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12 Gross receipts from related activities, etc. (see instructions). 12 13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2014 Schedule A, Part II, line 14 14 16a 33-1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box 14 16a 33-1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13 or 16a, or 16b, and line 14 is 10% the organization meets the facts-and-circumstances' test, check this box and stop here. The organization qualifies as a publicly supported organization . 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% the organization meets the facts-and-circumstances' test, check this box and stop here. Explain in Part VI how b 10%-facts-and-circumstances test - 2014. If the organization qualifies as a publicly supported organization or more, and if the organization meets the facts-and-circumstances' test, check this box and stop here. Explain in Part VI how b 10%-facts-and-circumstances test - 2014. If the organization qualifies as a publicly supported organi		uvough 10						
organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2014 Schedule A, Part 8, line 14 Sa-1/3% support test – 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box b 33-1/3% support test – 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box or more, and if the organization meets the Tacts-and-circumstances' test, check this box and stop here. Explain in Part VI how or more, and if the organization meets the Tacts-and-circumstances' test, check this box on line 13, 16a, 16b, or 17a, and line 14 is 10% de organization meets the Tacts-and-circumstances' test, check this box on line 13, 16a, 16b, or 17a, and line 14 is 10% de organization meets the Tacts-and-circumstances' test, check this box on line 13, 16a, 16b, or 17a, and line 14 is 10% de organization meets the Tacts-and-circumstances' test, check this box on line 13, 16a, 16b, or 17a, and line 14 is 10% de organization meets the Tacts-and-circumstances' test, check this box and stop here. Explain in Part VI how	12	Gross receipts from related activition	altr familie					
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2014 Schedule A, Part II, line 14 16a 33-1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box b 33-1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box b 33-1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box b 33-1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% the organization meets the facts-and-circumstances' test, check this box and stop here. Explain in Part VI how b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 17a, and line 14 is 10% the organization meets the facts-and-circumstances' test, check this box and stop here. Explain in Part VI how b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 17a, and line 14 is 10% the organization meets the facts-and-circumstances' test, check this box and stop here. Explain in Part VI how b 10%-facts-and-circumstances test - 2014. If the organization qualifies as a publicly supported organization or more, and if the organization meets the facts-and-circumstances' test, check this box and stop here. Explain in Part VI how b 10%-facts-and-circumstances test - 2014. If the organization qualifies as a publicly supported organization or more, and if the organization meets the facts-and-circumstances' test, check this box on line 13, 16a, 16b, or 17a, and line 16 is 10% organization meets the facts-and-circumstances' test, check this box		organization, check this box and stor	a bera	n's first, second, th	ilid, fourth, or fifth t	lax year as a secti	an 501(c)(3)	
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 b 33-1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17 a 19%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances' test. The organization qualifies as a publicly supported organization or more, and if the organization meets the facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances' test. The organization qualifies as a publicly supported organization or more, and if the organization meets the Yacts-and-circumstances' test, check this box on line 13, 16a, 16b, or 17a, and line 16 is 10% organization meets the facts-and-circumstances' test, check this box and stop here. Explain in Part VI how to 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 16 is 10% organization meets the facts-and-circumstances' test, check this box and stop here. Explain in Part VI how to 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 16 is 10% organization meets the facts-and-circumstances' test, check this box and stop here. Explain in Part VI how to organization meets the facts-and-circumstances' test, check this box and stop here. 	16a :	33-1/3% support test - 2015. If the and stop here. The organization qual	organization did	not check the box	on line 13, and line	e 14 ls 33-1/3% or	more, check this be	%
17 a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances' test, check this box and stop here. Explain in Part VI how be 10%-facts-and-circumstances' test. The organization qualifies as a publicly supported organization or more, and if the organization meets the facts-and-circumstances' test. The organization qualifies as a publicly supported organization or more, and if the organization meets the facts-and-circumstances' test. The organization qualifies as a publicly supported organization or more, and if the organization meets the facts-and-circumstances' test, check this box and stop here. Explain in Part VI how organization meets the facts-and-circumstances' test, check this box and stop here. Explain in Part VI how organization meets the facts-and-circumstances' test, check this box and stop here. Explain in Part VI how organization meets the facts-and-circumstances' test.	b	13-1/3% support test — 2014. If the and stop here. The organization qualities and stop here. The organization qualities are as a stop here.	organization did r lifies as a publicly	not check a box on / supported organi	line 13 or 16a, and tation	d line 15 is 33-1/3	% or more, check thi	
or more, and if the organization meets the tacts and circumstances' lest, check his box on line 13, 16a, 16b, or 17a, and line 16 is 10% organization meets the tacts and circumstances' lest, check this box and stop here. Exclaim in Bert VI has 10%	17 a 1	10%-facts-and-circumstances test	- 2015. If the org	nanization did not e	heck a how on tion			
18 Private foundation, if the organization did not check a box on the organization qualifies as a publicly supported organization	0	in more, and if the organization meets regarization meets the Tacta-and-corr	- 2014. If the crg the Yacts and of	enization did not o roumstances' lesi,	heck is box on line check this box and	13, 16a, 16b, or 1 stop here, Evola	7a, and line 15 is 10	%
The second second and the second as a port of the second s	18 F	rivate foundation. If the organization	n did not check a	i box on line 13, 16	ualifies as a public	ly supported organ	vization	

Schedule A (Form 990 or 990-EZ) 2015

Page 2

Schedule A (Form 990 or 990-EZ) 2015

N-A-Y Widening Advancements for Youth

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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.)

Page 3

Calendar year (or fiscal year beginning in) -				All and a second se	and the second	The second s
1 Gifts, grants, contributions	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(0) 2015	
 Gitts, grants, contributions and membership fees received. (Do not include any unusual grants.). 	5,000.	10.00			(0) 2013	(f) Total
sions, merchandise sold or services performed, or facilities furnished in any activity that is related to be persented	5,000.	117,007.	0.	0.	0.	122,007
3 Gross masing furpose						
or business under section 513						
4 Tax revenues leved for the organization's benefit and either rain to sensitive and eithe						
its behalf					Million Billion Carlos Carl	Marca Anno Marca Anno Anno Anno Anno Anno Anno Anno Ann
8 Total Add lines 1 through 6	5,000.	115 000				
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons	5,000.	117,007.	0.	0.	0.	122,007.
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.						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)					and the second se	
Section B. Total Support	And the second		and the second			122,007.
Calendar year (or fiscal year beginning in) +	(a) 2011	(b) 2012	til care I			
9 Amounts from Ine 6	5,000.	117,007.	(c) 2013	(d) 2014	(e) 2015	(f) Total
10 a Gross income from interest, dividenda, payments received on securities loans, rents, royaties and income from similar sources		117,007.	0.	0.	0.	122,007.
b Comeliasts business taxable income (lass section 511 laxes) from businesses acquired after June 30, 1975						
c Add lines 10e and 10b					0.	0.
11 Not income from exceleted business activities not included in fine 10b, whether or not the business is regularly carried on					0.1	0.
12 Other Income. Do not include gain or loss from the sale of capital assots (Explain in Part VL)				Annual Association and As	²²	
13 Total support, (Add lines o						
10c, 11, and 12)	5,000.	117,007.	C.	0.	0.	122,007.
organization, check this box and stop Section C. Computation of Public	here			year as a section	601(c)(3)	
15 Public support percentage for 2015 (ili 16 Public support percentage for 2015 (ili	Support Per	centage				
the second partners to get their barbane shares and a second	that the second is shown in the second se	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	xumn (f))	* * * * * * * * * *	* * * 15	100.00 4
						1
11 Streambert Income percentage for 261	5 fine the entropy	as it's all indicate burn the	13 column (Fi)	Survey of the state of the stat	1.12	and the second se
be well as the second	A TABLE OF A STREET OF A ST	AND A DECEMBER OF THE OWNER OWNER OF THE OWNER OWNE			Constanting of the second seco	0.00 %
19 a 33-1/3% support tests - 2015. If the is not more than 33-1/3%, check this b	organization did n	of check the box o	n line 14, and line	15 is more than 33	-1/3%, and line 1	0.00 %
b 33-1/3% support tests - 2014. If the line 18 is not more than 33-1/3%, show	organization did n	of check a box on	ine 14 or line 19a,	and line 18 is mon	rézation	ind □
and the second se	did not check a b	iox on line 14, 19a	or 19b, check this	box and see inste	vellane.	1
АА	and the second	TEEAG403 10/1	810	THE REAL PROPERTY AND ADDRESS OF ADDRES	He A (Form 990 o	- 000 070 0040
				THE OWNER AND	the start of the second second as	A DE COLOR MONTH OF THE REAL PROPERTY OF

Schedule A (Form 990 or 990-EZ) 2015 W-A-Y Widening Advancements for Youth

Page 4

Part IV Supporting Organizations (Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

AA	the bit organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine heldings.)	106		
10 1 3	in the example in the second	Tua		
IO & V Ci Əl	Has the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding entain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If Yes, newer 10b below	10a		
	lid a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, seets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	90		
DU	ad one or more disqualified persona (as defined in line 6a) hold a controlling Interest in any entity in which the upporting organization had an interest? If 'Yes,' provide detail in Part VI	96	No.	
11	Tes, provide detail in Part VI	92		
9 a V	Was the presentence and and the state of the	8		
8 0	Did the proartization make a team to a discussion of a strategies c. (Point 390 or 990-62)	7		
7 8	Did the organization provide a grant, ican, compensation, or other similar payment to a substantial contributor defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with sgard to a substantial contributor? If Yes,' complete Part I of Schedule L (Form 990 or 990-E2)			
4	Did the organization provide support (whether in the form of granis or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuels that are part of the chantable class benefited by one or more of its supported organizations, or (ii) 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	6		
6 1	Substitutions only. Was the substitution the result of an event beyond the organization's control?	Se		T
	Type I or Type II only. Wes any added or substituted supported organization part of a class already designated in the organization's organizing document?	- St		1
	Type I or Tupe II such as by	. 54		and the second
58	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 datail 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 substituted or occanizations' activity of the supported occanizations' activity of the supported of the support of the			
	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 503(a)(1) or (2)? If 'Yes,' explain in Part W what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(8) purposes			
	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 decretion despite being controlled or supervised by or in connection with its supported organizations	4		
	Was any supported organization not organized in the United States (Yaroign supported organization')? // Yes' and // you checked 11a or 11b in Part I, answer (b) and (c) below			
	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		Ib	
	sold 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	A COLUMN	30	
-	and (c) below.		2	
2	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)			
	Are all of the organization's supported organizations listed by name in the organization's poverning 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			88 P

P	art IV Supporting Organizations (continued) 27-3319122		Page
	Has the organization accepted a diff or contribution from an of a	1	
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	Ye	No No
	governing body of a supported organization?		
	remark of a person described in (a) about?	1a	-
50		10	-
	ction B. Type I Supporting Organizations	10	1
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove applied to such powers during the tax year.	Ye	s No
2	the the organization operate for the banefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
Sec	tion C. Type II Supporting Organizations 2	1	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If We, describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	Yes	No
Sec	tion D. All Type III Supporting Organizations		1
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 980 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?	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (s) serving on the governing body of a supported organization? If No,' explain in Part V how the organization maintained a close and continuous working relationship with the supported organization(s)		1.3
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played		
eci	ion E. Type III Functionally-Integrated Supporting Organizations	1	
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see Instructions):	and the second	
	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2			
	Activities Test. Answer (a) and (b) below.	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exampt purposes of the supported organization(s) to which the organization was responsive? if 'Yes,' then in Part W identify these supported organizations and explain how these activities directly furthered their exampt purposes, how the organization was responsive to these supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's involvement.		
	Parent of Supported Organizations. Answer (a) and (b) below.		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of the supported organizations? If Yes, 'describe in Part VI the role played by the organization in this regard		
AA			

Schedule A (Farm 990 or 990-EZ) 2015 N-A-Y Widening Advan

Part V Type II	I Non-Functionally Inte	The second start fills	vancements to:	r Youth
	incontraity inte	grated 509(a)(3)	Supporting Ora	antwattern
1 Check here	I the ananimation water to a		CELEVILLA MIN	anizations

Page 6

Check here if the organization setisfied the integral Part Test as a qualifying trust on November 20, 1970. See Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Se	ction A – Adjusted Net Income		And a state of the	
1			(A) Prior Year	(B) Current Ye (optional)
2	Net short-term capital gain	1		
auto a		2	1.2.2.4.4.4.1.1.	
4	Berne a realing (and instructions).	3		
5		4		and the second se
		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) .		9999997	
7	Other expenses (see instructions)	6		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	7	And the second	
-	(Here over mans b, o and 7 adm (me 4)	8		
No. of Concession, Name	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Yes
1	Aggregate fair market value of all non-exempt-use assets (see instructions for abort lax year or assets held for part of year):			(optional)
1	a Average monthly value of securities			and the second second
	b Average monthly cash balances	1a	-	
	C Fair market value of other non-exempt-use assets	16		
	d Total (add lines 1a, 1b, and 1c).	10		
	Discount claimed for blockage or other	14		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exemptivise assate			The Assessment
3	Subtract line 2 from line 1d	2	1070000 0000000000000000000000000000000	
4	Cash deemsd held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	3	and the second	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	a want to be a	······································	
ų	Multiply line 5 by .035.	5		
7	Recoveries of prior-year distributions	6		
8	Minimum Asset Amount Indid line 7 to See 01	7		
A CONTRACTOR OF CONTRACTOR	Minimum Asset Amount (add line 7 to line 6)	8	A Province of the second s	
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Golumn A)			
2	Enter 85% of Ens 1	1		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	2		- millionilian
4	Enter greater of line 2 or line 3	3		1004
5	income tax imposod in prior year	4		
6	Distributable Amount, Subtract line 5 from line 4 unlass subject to another the	5		
	are present in a second s	6		
7	Check here if the current year is the organization's first as a non-functionally-integrated (see instructions).	Type	III supporting organization	00

BAA

Schedule A (Form 990 or 990-EZ) 2015

Sch	edule A (Form 990 or 990-EZ) 2015 N-A-Y Widening Advan	cements for Ye	uth 27-33	19122 Page
Sec	rt V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiz	ations (continued)	
1				Current Year
2	Amounts paid to supported organizations to accomplish exampt purpose Amounts paid to perform activity that General Complish exampt purpose	1		
	Amounts paid to perform activity that directly furthers exampl purposes in excess of income from activity	of supported organizati	ons,	
3	and the second of the second second second second	The set of a party of the set of the set of	the standard and a st	
4	A REAL PROPERTY AND			
5	and the state of t			
6				and an and the second sec
7				
8	in Part VI). See instructions.	ion is responsive (provi	de delais	and the second
9	The second secon			
10	Line 8 amount divided by Line 9 amount		************	
		()		
oec	tion E – Distribution Allocations (see instructions)	Excess	(ii) Underdistributions	(iii) Distributable
1	Distributable amount for 2015 from Section C, line 6	Orse IDORDIS	Pre-2015	Amount for 2015
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required - see instructions)			
3	Excess distributions carryover, if any, to 2015:			
3				Here and the second
b		and the second s		
c		A A REAL PROPERTY.	Contraction of the second	
d	From 2013			
C	From 2014			
f	Total of lines 3a through e		to de 142 constante anna	
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
1	Carryover from 2010 not applied (see instructions)			
J	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, ine 7: S			
۵	Applied to underdistributions of prior years			
b	Applied to 2016 distributeble emount .			
c	Remainder, Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3 and 4c			
8	Breakdown of line 7:			
b	A set of the set of	and the second second		
¢	Excess from 2013			IT NICE IN
	Excess from 2014			
	Excess from 2015			

AAB

Schedule A (Form 990 or 990-EZ) 2015

W-A-Y Midening Advancements for Youth

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, 2e, 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. Page 8

	orm 990	Retu	n of Organization	Evanue			GM8 No. 1546-0047		
hta man	i of the Triviality		n of Organization a 501(c), 527, or 4947(a)(1) of the b to not enter social society surples						
		dar year, or tay year	to not enter social socurity number comation about Form 990 and its in ar beginning Jul 1			2.	Open to Public		
Chael	ill'Applicable:	C Name of organization	a reguling Jul 1	, 2015, and	ending Jur	30	, 2016		
	Address sharige	Doling business an	W-A-Y Widening A	dvancements i	for Youth	D Employer	dentification number		
L	Ville change	Marther and street (c	w P.O. tous if made is not delivered to she	Al subfraces		27-33	19122		
	ténai 200.000	369 Main Str	reet		Roomvisatio	E Tweetone	Writzer		
Summit	televent states and	City or town, state or	province, country, and ZIP or finsion par	that easts		(313)	444-9292		
Summa -	antatalani natum	Belleville							
U^	ectestion panelog	F Manut and address of			111	G Gittes men	sts \$ 6, 848, 765.		
T a.		Glen Taylor 7	705 M Ann Arbor Rd Salin	na MI 48	H(b) Annual	n Group reduct for	Weberdresion? Yes		
	Cuper Mana	A 1907 (E)(3) 150	n(c) ()* (Insert no.)	and the second se	17 We,	subordinates inclu atlach a fist, (see	inabuctions)		
in the second second	a of organizations	.wayprogram				exemption number			
arti	Summar	X Gerporation Th	ust Association Course "	L Your of	tomation: 201		and the second se		
1	Briefly describ	1 the oreastication to	mission or most significant ecl		And the second se	o let cora	ut inqui donnalis: MI		
4 5 6	Number of inde Total number of Total number of	pendent voting men f individuals employ f volunteers (estimute	ization discontinued its operat poverning body (Part VI, line 1) ribers of the governing body (F ed in calendar year 2015 (Part le if necessary)	Pert VI, line 1b) I V, Enc 2a)	*********		1		
			rom Part Vill, column (C), line ame from Form 980-T, line 34			7			
ine COM	The second s		ane irom roim app-1, and 34			7	0		
8	Contributions a	nd granis (Part VIII,	lino 1h)		P	rior Year	Current Year		
10	Other revenue	WHERE A WEEK, LANSING FREESS BAC	line 2g)			,921,816	6,848,76		
1 1000	In all wants a per to per a pro-Sk	" GUALHIDD G LINDLED	The second se	WALL AND AND	Contraction of the second	,921,816.			
1	AND I THE STORE AND A TIME THE PARTY I	THE RELEASED FOR THE DESCRIPTION	an IX. Comment (a) seas 4.95		The second secon	221,810.	6, 848, 76		
1	seas witto highly th	or the memory (Pa	R X. Column (A) line a)		Frank Street Str	and a second	1		
1	summers and " Providence 1	www.enderstatestatestatestatestatestatestatesta	CRADE DEPENDENCE APRIL 1 PROVIDENCE	ANY HARRIN BY AME		614,970.	3,957,46		
104	moneasuntal fur	ionaising fees (Part I	X, column (A), line 11o)			and the second	1 01201140		
1 .	a pear fundration	g expenses (Pert IX,	column (D), line 25) +		0.		A REAL PROPERTY.		
17 (Unter expenses	(Part IX, column (A). lines 11e-11d, 111-24e)			194,403.	3,080,98		
5 * M	s weeks whether a carbo	PVDD 19165 13-17 [7D	usi bousi Part IX, column (A) i	ins 981		809,373.	7,038,45		
		warnes. Subliact in	na 18 from line 12	*********		112,443.	-189,68		
20 1	l'atal assets (Pe	rt X. Bon 161			Baginning	of Current Yes	End of Year		
21 1	Total liabilities (Part X, line 281	· * * * * * * * * * * * * * * * * * * *	*********	1	550,039.	352,232		
22 1	Nel assets or fu	d halannas Subtra	ct line 21 from line 20			34,884.	56, 632		
rt II	asignature	block			and the second sec	515,155.	295,600		
f gerahis	is of perjury 1 doctor	I that Lines generated this	return, including scorengenying schoold on all information of which propage has	the area adapterments and in th	in hast of muchanest				
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	Pare/Type prep		Generation			And a second stand strength with the second strength st			
6		Hessenaur	Propanora eigenauro	Cition	0	Stock a	PINN		
1.00			C Basadata			al-employed	P00841319		
		nessenaur	6 Associates, CPA	. P.C.					
id eparer e Only	Firsts attense	· > A Bay	267 10115		Summer and a second				
parer	Y Fimia addinage	P.O. Box : Lakeland	367, 10115 Kress R	d MI 48143	10.10.1 (Contemportune Contemportune Contempo		0) 231-2050		

	Charles and a way with DC	idvancements for Youth rvice Accomplishments	27-331912	2 Page
4	STATES IN CONTRACTOR OF THE PARTY OF THE PAR	and all a second s	-	
	THE REAL PROPERTY AND A RE		<u>III</u>	
	Provide online learning :	for set of		
	qualified teachers to bd.	where the same and the same and the same are say and and the		
	districts. Also provide .	Se syddor students thro	ugh local school	
-		LE LE AGENE LE CO (harter schools.	
17	Did the organization undertake any signific Form 990 or 990-E2?	and another sectors during the		
	Form 990 or 990-E2?	and program services coming the year	which were not listed on the prior	
	If Yes,' describe those new services on Sc	·····		Yas IV No
3	Did the organization cease coordination	Aneous O.		Tes XI No
	Did the organization cease conducting, or If 'Yes,' describe these changes on Schede	make significant changes in how it co	nducts, any program services?	No. [.]
4	Deposibe the remained	area area	famel for the second	Yes X No
	Section 501(c)(3) and 501(c)(4) organization and revenue, if any, for each program serv	ar accomplishments for each of its thr ons are required to report the amount fee reported.	ee largest program services, as measured by ex of grants and allocations to others, the total exp	pensos, enses,
4 a	(Code:) (Expenses \$ 2	766 694 64 8		
	Styriged online learning	and matters	5 (Rovanue \$ 3	,781,873.
	Provided online learning students through 7 local	school districts.	50 about 518 high school	
			· • • • • • • • • • • • • • • • • • • •	
a				
				the set was been set out the
-	Provide management service	. 475, 788. Including grants of		.066.892.1
-	- C	.475,788. including grants of 19.50 three W-A-Y Accad	5 <u>0.</u>)(Revenue § 3) amies, or five charter schoo	
-	Provide management service	, 475, 788. Including grants of 19. LO three W-A-Y Accad	U. Hravenda p 3	
-	Provide management service	475,788. Including grants of	U. Hravenda p 3	
-	Provide management service	475,708. Including grants of	U. Hravenda p 3	
-	Provide management service	475,700. Including grants of	U. Hravenda p 3	
-	Provide management service	475,708. Including grants of	U. Hravenda p 3	
-	Provide management service	475,708. Including grants of	U. Hravenda p 3	
-	Provide management service	475,708. Including grants of	U. Hravenda p 3	
-	Provide management service	475,788. Including grants of	U. Hravenda p 3	
-	Provide management service	475,788. Including grants of	U. Hravenda p 3	
	Provide management service 678 students	A LO Shree W-A-Y Accad	U. Hravenda p 3	
	Provide management service	A LO Shree W-A-Y Accad	amies, or five charter schoo	
	Provide management service 678 students	A LO Shree W-A-Y Accad	amies, or five charter schoo	
	Provide management service 678 students	A LO Shree W-A-Y Accad	amies, or five charter schoo	
	Provide management service 678 students	A LO Shree W-A-Y Accad	amies, or five charter schoo	
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	Provide management service 578 students Code:)(Expenses \$	Including grants of	amies, or five charter schoo	
e (((Provide management service 578 students Code:) (Expenses \$ Ther program services. (Describe in Schedu	Including grants of	amies, or five charter schoo	

Form 990 (2015) W-A-Y Widening Advancements for Youth Part IV Checklist of Required Schedules

2	3	-	-	12	-	54		m	è
200	1	_	***	-18	4	22	1	×.	1

Page 3

		the second s	_	
	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? // 'Yes,' complete Schedule A.	1-	Yes	No
1	Schedulo A. Schedulo A. 2 Is the organization required to complete Schedulo B, Schedulo af Contributors (see Instructions)? If 'Yes,' complete 3 Dixt the organization engages in direct or indices will be the set of Contributors (see Instructions)?	1	X	
1	3 Did the consciousion and a second s	2		x
	Spelling Shitzahima	3		x
8	in effect during the tex year? // Yes, complete Schedule C, Part II is the organization a section 501(n) 601(o)(4) 501(o)(5) as 501(1)	4		x
	assessments, or similar amounts as defined in Revenus Procedure 98-197 if Yes, complete Schedule C. Part III	5		x
6	to provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right Part I.	Ť		~
7	Did the organization receive or hold a conservation assement, including easements to preserve open space, the onvironment, historic land areas, or historic structures? If Yes, complete Schedule D, Part II.	6		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,'	7		X
9		8		х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account Bability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? # Yes, complete Schedule D, Part IV			Contraction of the local division of the loc
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? if 'Yes,' complete Scherble D. Part V.	9		X
		10		x
11	or X as applicable.			
1	a Did the organization report an amount for land, buildings and equipment in Part X, line 107 if Yes, 'complete Schedule D, Part VI.		1	
1	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 167 // Yea, complete Schedule D, Part VII.	11a	X	
	2 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? // Yes, complete Schedule D, Part VIII	116		X
	I Old 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 167 // Yes, complete Schedule D, Part IX	11e	_	X
	Old the organization report an amount for other liabilities in Part X, line 25? If Yes, complete Schedule D, Part X.	11d		x
1		110		X
	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	111		x
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XV.	12.9		x
	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	126	+	x
13	to the organizations a school described in section 170(b)(1)(A)(ii)? // Yes, complete Scherbite 5	13		X
S. 18. 68	the ungeneratori maxitan an once, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program zervice activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," compliate Schedule F, Parts I and N		+	
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, Parte II and IV.	14b	+	x
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? // 'Yes,' complete Schedulo F, Parts III and IV	15	-	X
17	Did the organization report a total of more than \$15,000 of expanses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part / (see Instructions)	16	-	×
10	LNO DIE OFGEFIZZENDE MERCH MARCH HAR DEF CORTANT AND A CONTRACTOR	17	-	X
19	Did the omanization many than 647 non-standard and standard and standard and standard and standard and standard	18	_	x
	complete Schedule G, Part III.	19		x

Form 990 (2015) W-A-Y Widening Advancements for Youth Part IV Checklist of Required Schedules (continued)

	art IV Checklist of Required Schedules (continued) 27-3319		_	Page
2	b) If 'Yes' to line 20a, did the omenication of more hospital facilities? If 'Yes', complete Schedule H		Yes	No
	b If 'Yes' to line 20a, did the organization attach a convertine on the sector of the	. 200		X
2	 b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Scherbide / Part IV. 	. 205		
2	2 Did the american and a second	. 21		x
2	column (A), line 27 // Yes, complete Schedule I, Parts / and III			
	and terms officers, directors, trustees, key employees, and highest compensation of the organization's current Schedule J	. 22	-	X
2	the instruction have a tax-exampt bond issue with an outstanding	23	x	
	 b Did the organization invest any proceeds of tax-exempt bonds hourset a lease and lines 24b through 24d and 	. 24a		x
	d Did the storestration	246		_
	any tax-exempt bonds?. d Did the organization act as an 'on behalf of issuer for bonds outstanding escrow at any time during the year to defease			
25		24c	-	-
No.	transaction with a disqualified person during the year? If Yest expanded Schudule in an excess benefit			
	b is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 'Yea,' complete Did the grashization report any approximation is prior Forms 990 or 990-EZ? If 'Yea,' complete	1 1		X
28	Did the organization report any amount on Part X, line 5, 6, or 72 for receivables trees as a set to be	25b	-	X
17	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, automated	26	-	x
8		27	-	x
ų	a A current or former officer, director, trustee, or key amployee? If Yes, ' complete Schedule L, Part IV	Control of		-
1		28a		X
		285		x
-	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 Did the organization receive more than 525 000 is 200 is			
	The second	28c 29	-	X
9	contributions? If Yes, ' complete Schedule 14	-	-	4.5
1	Contributions? If "Yes," complete Schodule M. Did the organization ilguidate, terminate, or dissolve and cease operations? If Yes," complete Schedule N, Pert I	30		X
2	Did the organization sett, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II'	31	-	X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 if 'Yes,' complete Schedule R, Part I	32	-	X
4	Wile site division and the mark the second	33	-	×
5.0	and Part V, line 1.	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
0	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	355		x
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2	T		Santesa
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that le treated as a partnership for federal income tax purposes? If 'Yea,' complete Schoolule R, Part VI	36	+	x
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	37	+	X
AA		38	X	

Form 990 (2015)

1 a E b E c Di (9 2 a Er m b H 3 a Di b H 4 a A; fin b H 5 a Wi 5 a Wi b Did	If the organization have unrelated business gross income of \$1,000 or more during the year?	16 0 19 126 8 	1c) 2b X 3a 3b 4a	
c Di (9 2 a Er b H 3 a Di b H 4 a At fin b H 5 a 5 a W 5 b Did	ther the number reported in Box 3 of Form 1096. Enter -0- if not applicable	16 0 19 126 8 	1 c) 2 b) 3 a 3 b	<
c Di (9 2 a Er b H 3 a Di b H 4 a At fin b H 5 a 5 a W 5 b Did	d the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin ambiling) winnings to prize winners?	0 19 126	1c > 2b > 3a 3b	<pre>{</pre>
(9 2 a Err b If i 3 a Di b If i 4 a At fin b If ' Se 5 a Wo b Did	ambling) winnings to prize winners? there has number of employees reported on Form W-3. Transmittal of Wage and Tax State- ants, field for the calendar year ending with or within the year covered by this returns	0 19 126	2 b X 3 a 3 b	x
s a Er m b H No 3 a Di b H 4 a At fin b H 5 a W 5 a W b Did	ther the number of employees reported on Form W-3, Transmittal of Wage and Tex State- ants, fied for the calendar year ending with or within the year covered by this return	126	2 b X 3 a 3 b	x
No 3 a Di 6 K 1 4 a At fin 6 K 1 Se 5 a Wi 5 a Wi 5 Did	the. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) of the organization have unrelated business gross income of \$1,000 or more during the year? fee has it filed a form \$90.1 for this year? <i>If No' to the 3b, preside an explanation in Schedule 0</i> . any time during the calendar year, did the organization have an interest in, or a signature or other authority over, i ancial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes, enter the name of the foreign country: * a instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBA) is the organization a party to a prohibited tax shelter transaction at any time during the tax year? (es,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?	e	3a 3b	×
3 a Di b II 1 4 a At fin b II 1 Se 5 a We b Dic	If the organization have unrelated business gross income of \$1,000 or more during the year?	e	3a 3b	×
b II 1 4 a At fin b II 1 Se 5 a We b Dic	res' has it fied a Form 990-T for this year? If his to lite Jb, provide an explanation in Schedule 0	R)	36	-
fin b If " Se 5 a Wi b Dic	ancial social in a foreign country (such as a bank account, securities account, or a signature or other authority over, in Yes, onter the name of the foreign country: > e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account)? is the organization a party to a prohibited tax shelter transaction at any time during the tax year?	R)		×
5 a Wi b Dic	Yes,' enter the name of the foreign country: > e instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBA) is the organization a party to a prohibited tax sheller transaction at any time during the tax year?	R)	4 8	X
5 a We b Die	e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBA) is the organization a party to a prohibited tax shelter transaction at any time during the tax year? I any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
b Die	I any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?			
	res, to ane 5a or 5b, did the organization file Form 8886-T?			
			8a	X
6 H 7		***** L	56	X
6 a Do soi	es the organization have annual gross receipts that are normally greater than \$100,000, and did the organization off any contributions that were not tax doductible as charitable contributions?		5c	+
not	tax deductible?		5 a	x
7 Oŋ	panizations that may receive deductible contributions under section 170(c).	*****	b	
R Did	the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and vices provided to the payer?		Same Same	
			a	X
For	m szsz?	e	'b	-
	The second start shart she of a contrast 6202 miles during the unar	Rent and	C	X
a	me organization receive any tuncis, exectly or indiractly to any anerely and a second second			1
1 100 1 100	and organizations, optimity and years, pay promounts, directly or indirectly, on a normal honority and provide the	***** 7		X
25 (equired?		1	X
For	e organization received a contribution of cera, boats, airplanes, or other vehicles, did the organization file a m 1099-C?		9	
	many organizations manifelying gonor advised funds. Did a riskor advised funds	reian	h	-
en fin	wassaust mave excess business holdings at any time during the year?			
a man	maxing organizations maintaining donor advised funds			and the second
a Cod	the eponsoring organization make any taxable distributions under section 49667		8	1
SP PRICE	are sponsoring organization make a distribution to a donot, donot advisor, or related narrows?		b	1-
	and an (c)(r) organizations. Enser.	1		1
h Grey	ition fees and capital contributions included on Part VIII, line 12			in our set
1 Sec	tion 501(c)(12) organizations, Enter:	1	-	
a Grou	son or (c)(12) organizations, Enler.			
to Const	ss income from members or shareholders			
Ca Caras	as income from other sources (Do not net amounts due or paid to other sources net amounts due or received from them.)	1		
23 500	tion 4947(a)(1) non-exempt charitable trusts, is the creanization films Form 990 in tiou of Form 10412	12	a	10
20 25 8 1	the wear one amount of tax-exempt interest received or accrued during the year			
a is th	tion 501(c)(29) qualified nonprofit health insurance issuers.	13	A	
Nou	b. See the instructions for additional information the organization must report on Schedule O	and the second second	+	
b Ente	r the amount of reserves the organization is required to maintain by the states in In the organization is licensed to issue qualified health clans			
e ente	I the amount of reserves on hand			
4 a Did I	the organization receive any payments for indoor tanning services during the tax year?		a	x
DII Ye	is,' has it filed a Form 720 to report these payments? If We, ' provide an explanation in Schedule O	14	and a state of the second second	-

.

Pai	1990 (2015) W-A-Y Widening Advancements for Youth 27-33191 1VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b b a 'No' response to line 8a, 8b, or 10b below describe the elements of the elements of the second secon			Paga
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.	ies in		
Sec	tion A. Governing Body and Management	* * * *		••• >
	Entre Research and a V		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	4		
-	Citier the mancer of young members included in the talebase who are independent			
2	ord any oncer, deeplor, indices, or key employee have a family relationship or a hypinana miationship with	2	+	
	sinces, arecent, constant, or say emperyed?	2		X
	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?	10000		x
4	cito the organization make any significant changes to its governing documents		-	1
5	since the prior Form 990 was filed?	. 4		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
	Did the organization have members or stockholders? . Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	1		X
	members of the governing body?	7	a	x
2	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	1	'b	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			X
8	The governing body?			1
t	Each committee with authority to act on behalf of the governing body?		a X	<u>+</u>
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	-	d	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	. 9	X	Į
	nen er andres finne section e requests mornation about policies not required by the internal Re	venue	and the second s	and the second se
10 a	Did the organization have local chapters, branches, or affiliates?	1.0	Yes	and the second
ł	If Yes, did the organization have written policies and procedures governing the activities of such chapters, alliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Contraction in the		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11		-
t	Describe In Schedule O the process, if any, used by the organization to review this Form \$90.			15
	Did the organization have a written conflict of Interest policy? If Wo, go to line 13	. 12	a X	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could also rise	·		
	to conflicts?	12	b X	
	Schedule O how this was done	12	Contraction of the local data	
13	Did the organization have a written whietleblower policy?	13	E	
14	Did the organization have a written document retention and destruction policy?	. 14	X	-
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
8	The organization's CEO, Executive Director, or top management official	. 11	ia X	
8	Other officers or key employees of the organization	. 1	5 h	X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		Ander Street Street	
16 \$	Old the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	1	1	X
t	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture errangements under applicable federal tex law, and take steps to asfeguard the organization's exempt status with respect to such amengements?		в	F
Sec	tion C. Disclosure	1.0		
man and the second	List the states with which a copy of this Form 990 is required to be filed * Michigan			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or for public inspection. Indicate how you made these available. Check all that apply.	tly) avai	ichie	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schodule O whether (and il so, how) the organization made its governing documents, conflict of interest policy, and financial statements av the public during the las year.	shinke to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	•		
	Relli Glenn 369 Main St Belleville MI 48111		658	
BAA	TEFADIES 10/12/15	Fo	m \$90	12015

Form 990 (2015) W-A-Y Widening Advancements for Youth		
Part VIL Compensation of Officer Officer Of Total	27-3319122	Page 1
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highe Independent Contractors		ees, and
Check if Schedule O contains a response or note to any line in this Part VII		Г
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compension	sated Employees	**** [-

1 a 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 companisation. Enter -0- in columns (D). (E), and (F) if no companisation 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 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 nather the organization nor any related organization compensated any current officer, director, or trustee.

	T	(C)						aren ence, gre		
(A) Name and Tasu	(B) Ananogo bourn par wask Gal any have for related balant dalad knoj	Position (do not officer more than one box, unless person is both an officer and a divergitude)						(D) Reportable compensation from	(E) Reportable construction from	(F) Estimated
		or chrector	Institutional Inusion	Cirica	Key employee	anplaise	Former	the organization (N-3/1000-3405C)	nstation urganizationa (VK-321036-0492C)	emperation from the organization and related organizations
(1) Glen Taylor Executive Director	50.00	x		x		x		60,000.	с.	0.
(2) Beth Baker Executive Director	50.00	X		x		x		60,000.	0.	0.
(3) James Bosco Director	2.00	x						0.	0.	0.
_0_John_Shinsky Director	_2.00	x						0.	0.	0.
(5) Michelle Sarkody Executive Assistant	40.00				x			74.000.	0.	0.
(6) Alex Cintron Superintendent	40.00				х	x		135,000.	0.	0.
_(D_Darrel Nanmaker Director of Multimedia and Design	42.00				x			60,000.	o.	0.
(8) Kelli Glenn Director of Finance	40.00				x			90,000.	0.	0.
(9) Jennifer Rernandez Regional director	40.00				x			110,000.	0.	0.
(10)										
(11)				Ī	ľ					
(12)	 	T		T	T					
[13]		T			T		-			41
(14)		t	F		T					
BAA	TEE40	nar	10/12	aru			- and			Form 990 (2015

Form 990 (2015) W-A-Y Widening Advancements for Youth

	(8)	(B) (C)						nd Highest Compensated Employees (continued				
(A) Harve and tide	Assunge bours ser ser	are box, unless person is seen					of white the	(D) Reportable ecompensation trees	(E) Repertation	(F)		
	(Mat any have for related organiza - Sam balow dufted distail Materia	ar diractor	Contraction in the	Officer	13	-	FORME	the organization (A-3/1089-MISC)	compensation from related organizations (W-2/1050-44/9C)	Biolouri of offser demplemation Boirt dru Utganization ord related organizations		
(15)	~~~~	-		-	-		\square					
(16)						_		Ann an a the second				
(17)			-	-					Sector States of Concession			
(18)			+				-		and the second second second			
(19)			+	+	-		+	and the second se		0. Surgeon and an and a strange		
(20)		\vdash	+	-		_	-	the state of the second se	nin olations and analysis and			
(21)			+	+			+	and demonstration of the second s	and a second			
22)			-	+	+	\neg	+					
23)			t	1			1					
(24)		T	+	1			+					
25)	* .012 122 une enc une ma		1	+	\uparrow		╈			and the second		
1 b Sub-total	lection A							589,000.	0.	0.		
d Total (add lines 1b and 1c)							- In	589,000.	0.	0.		
terren engalszanon 4				-			new line of the			Yes No		
 Did the organization list any former officer, dire on line 1a? If "Yes," complete Schodule J for sul For any individual listed on line 1a, is the sum of the organization and related organizations great such individual. 	of reportable con	npere	satio	n ar	nd o	ther		pensation from	koyee • • • • • • • • • • • • • •	. 3 X		
5 Did any person listed on line 1a receive or accor for services rendered to the organization? // Ye		* * *	* *	* *	**	**	* * 3			. 4 X		
Section B. Independent Contractors 1 Complete this table for your five highest compe- compensation from the organization. Report on	mented Indenne	daml.		_		_		WHICH THE ADDRESS OF THE OWNER OF				
(A) Name and business a		Qu proce	(Animourly)					(8) Description of		(C) Compensation		
										91		
							+					
2 Total number of independent contractors (inclui \$100,000 of compensation from the organization (AA)	ding but not limit n 🕨	ed to	that	50 U	sted	abov	/e) v	who received more	than	and all the second s		
ma.	Ti	EADIO	i# 10	VIQII	5				and the second	Form 990 (2015)		

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Form 990 (2015) W-A-Y Widening Advancements for Youth Part VIII Statement of Revenue

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

N 1a Faderatad				(A) Total revenue	(B) Related or exempt function ravanue	(C) Unrelated business revenue	(D) Rovenue excluded from under section
1 a Federated	canceigns .	· · · · 1a		11111-210-2-F	1 Contraction		512-514
2 o mensoaran	pdues	· · · · 1b				States - Lite	
C Pundraising	events	· · · · 10	And a contract of the contract				
a Restrict org	anizations .	· · · · 1d					
Gavernment g	rents (contributio			And the second sec			And Andrews
1 a Federated b Membershi c Fundralsing d Related org o Governmest o f All ofter centr similar amount g Nencash one h Total, Add	Eutons, gits, gra is not included at	unis, and some					
g Nencash cons	ibuliens included	in lines ta-lif: 5	And a second				
a h Total, Add I	ines 1a-tf			and the second			Contact of the
			Business Code				
2ª School.	District.	aervices]	611710	6,848,765.	and the second second second		
b			and the second s	91646, (05.	6.848,765.	0.	
				a free state and the state of t			
d						-	-
9				Course in Local Andrewson and the second			
2a School b c d f All other pro g Total Arth I	gram service i	Nevenue					
and the second of the second s	nes 2a-2f			C 010	the state of the s		
3 Investment	Noome finalue	no chienede -	vice and	6,848,765.			
other similar	amounts)	*********	Norest and				
- MICCHIE MONT	investment of	lax-axempt bo	nd cenemaria 🕞 🕨	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			0.000
5 Royallies			******				
	Г	() Aeri	(R) Personal		1. (r. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
6 a Gross rents		W(41.54					
b Less; rental	expenses						1000
¢ Rental Income						and the second second	

7 8 Gross amount I essets offer by	mm sales of	(i) Securities	H) Offser				
b Less: cost or of and sales reper	ter basis						
c Gain or (loss							The state of the state
		•					
8 a Gross incom (not including	e from fundrets	sing events	*********				
of contributio	ns reported or	ine to).		14	新知道の言語	Contraction of the second s	
	line 18						
b Less: cirect e							
c Net income o	r (loss) from h	undraising even	H	And the second			
9 a Gross incom		asthulitas					
b Less: direct e							
					The second second	CONTRACTOR OF	10-10-10-10-10-10-10-10-10-10-10-10-10-1
10 a Gross sales d		og sahumi		Line Providence (1994)			
b Less: cost of							
		ales of inventor		and the state of the	A DECEMBER OF		
Macuit	THOIR REVENUE	The second second	Businese Cade				1
11a				The support of the second			
b	******			and the second			
A AF alk							
d All other reve							
e Total. Add In							
12 Total revenu	a. Son instruct	licen		6,848,765.	1 000 200	0.1	and the second

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Page 9

Form 990 (2015) W-A-Y Widening Advancements for Youth

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX. Do not include amounts reported on lines 6b, 7b, 8b, 8b, and 10b of Part VIII. (A) Total expenses (8) (C) (D) Fundraising Program service expenses Management and general expenses Grants and other assistance to domestic 1 expenses organizations and domastic governments, Grants and other assistance to domestic 2 individuals. See Part IV, line 22. Grants and other assistance to foreign 2 organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16. Benefits paid to or for mambers. 4 Compensation of current officers, directors, 5 trustees, and key employees 589,000 0 589,000 Compensation not included above, to D disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 7 2,753,016 Pension plan accruais and contributions (include section 401(k) and 403(b) 2.289.253 463,763 0. employer contributions). Other employee banofits 326,216. 166,069 160,147 0. 10 289,234 179,993. 109,241 11 Fees for services (non-employees): 0. a Management 19,726 0 19,726 0. 16,665. 0 16.665 0. e Professional functaising services. See Part IV, line 17 . f investment management fees g Other. (If life 11g amount exceeds 10% of line 25, column (A) amount. Ist like 11g expenses on Schedule O.) 181.517 160,076 21,441 0. Advertising and promotion 12 5.515 0 5.515. Que Office expenses 13 16,176. 0 16,176 0. 14 3,375 Ô 3,375 0. Royallias 15 16 137.444 0 137.444 0. 17 53, 366. Ö. 53.366 0. Payments of travel or entertainment 12 expanses for any federal, state, or local public officials Conferences, conventions, and meetings . . . 19 17,522 0 17,522 0. 20 1,012 0. 1,012 0. 21 Depreciation, depletion, and amortization . . . 22 101,010 73.511 27,499 0. 23 insurance 69,888 20,670 49,218 0. 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) • Direct materials_____ 24.024 24.024 Ū. D. b Auto_expense, net_personal use 30, 193 5.148 25.045 0. · Dues_6_Subscriptions_____ 8,732 0 8 772 Ω. d Contracte education services 2.262.723 262,723 2 ñ Π. 132,099 60,145. 71,954 0. 25 Total functional expenses. Add lines 1 through 24e. . 7,038,453 5,241,612. 1,796,841 0. Joint costs, Complete this line only if the organization reported in column (B) joint costs from a combined educational 28 campaign and fundraising solicitation. Check here * I following SOP 98-2 (ASC 958-729). . BAA Form 990 (2015)

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Form 990 (2015) W-A-Y Widening Advancements for Youth Part X Balance Sheet

27-3319122

	the in this Part X	and the second		
	Check if Schedule O contains a response or note to any line in this Part X	**********		
1 5		(A) Beginning of year		(B) End of year
2	Cash - non-interest-bearing			
2		187,172	1	79,60
3	morgos ano grante receluable, nel	0.	2	
-	Accourse recovable, net	AMAR 2001 - 12-12-12-12-12-12-12-12-12-12-12-12-12-1	3	
5	LABOR and allow exact and		4	
Station of Control of	trustees, key employees, and highest compensated amployees. Complete			
6	Loans and other resultables from attended in the		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.		E	
7	Notes and loans receivable, net		6	
8	Inventories for sale or use		7	
9	Prepaid expenses and deferred charges		18	
1 -			9	
10;	a Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D		A Caretter	
1.		State and		
11	Investments - malifest traded on the 10b 397,725.	352,691.	10c	262 230
12	Investments - publicity traded securities		11	262.37
13	investments – other securities. See Part IV, line 11	and the second se	12	and the second
14	Intercente aneste		13	"YEAR & MAN, MANAGEMENT
15	Intengible assets		14	
16	Other assets. See Part IV, line 11	10,176.	15	10,17
17	Total assets. Add lines 1 through 15 (must equal line 34)	550,039.	16	352,23
18	Granis payable	6,008,	17	33,59
19	Deferred revenue		18	
20	Tax-exempt bond liabilities		19	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	and the second	20	
22	Loans and other payables to rumant and former officers affecting to a set		21	
	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			a the same
23	Conspecte Part a of Schedula L		22	
24	Secured mongages and notes payable to unrelated third parties	28,876.	23	23,041
25	Unsecured notes and loans payable to unrelated third parties		24	
8.97	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		-	
28	Total Radiaties, Add ines 17 through 25	34,884.	25	
	Organizations that follow SFAS 117 (ASC 968) chank here by land another the	29,004.	2.0	56,63;
-	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here > X and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-In or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	515,155.	32	205 600
	Total not another or fund helesand			295,600
33	Total net assets or fund balances	515,155.	33	295,600

Form 990 (2015)

Pa	rt XI Reconciliation of Net Assets		27-331912	12	Page 1
	Check if Schedule O contains a response or	note to any line in this Part Xi			And the owner of the
1	Total revenue (must equal Part VIII, column (A), line Total expenses (must equal Part IX, column (A), line	e 12)			
2	Total expenses (must equal Part IX, onlying (A) the	- 141	*******		8,765
and a	Revenue less expenses. Subtract line 2 from tine 1 Net assats or fund balances at beginning of year /or		******** 2		8,453
4	Net assets or fund balances at beginning of year (n Net unrealized gains (losses) as important	MISLOCIAL Part X line 35 askura valu			9.688
1					5,155
6					
7	A THE PROPERTY AND A THE				
2			******* 7		
9					
1	Net assets or fund balances at end of year. Combin column (B))	a lines 3 through 9 (must amust Part V the an			
3	column (B))	· · · · · · · · · · · · · · · · · · ·		-	-
-		A 83.5		- 32	5.467.
	Check if Schedule O contains a response or i	note to any line in this Part XII	12111111111110		-
1	Accounting method used to prepare the Form 990:	Press and a second s		· · · · ·	fes No
		X Cesh Accrual Other			es No
	If the organization changed its method of accounting in Schedule O.	I from a prior year or checked 'Other,' explain			
2 4	Were the organization's financial statements compile	and per president of the and the second and			and the second
	If Yes, check a box below to indicate whether the fir separate basis, consolidated basis, or both:	nancial statements for the year were compliant	••••••••••••••••••••••••••••••••••••••	28	X
	X Separate basis Consolidated basis	- downers -	an included Oil 2		The second
	The second secon	Both consolidated and separate basis			-
Î	Were the organization's financial statements audited	by an independent accountant?	*************	25	x
	If Yes,' check a box below to indicate whether the fir basis, consolidated basis, or both:	nancial statements for the year wore audited of	n a separete		
	Separate basis Consolidated basis	Both consolidated and seconds bank			
G	If Yas to live 2s or 2h doop the second states			A second s	
	in Schedule O.	iss or selection process during the tax year, ex	plain	20	X
	As a result of a federal award, was the organization r Audit Act and OMB Circular A-135?			10.55	
b	I we, the site organization undertoo the resultant are	dit or arolite to the another than the		38	X
-	or audits, explain why in Schedule O and describe an	Ty stocs taken to underso such audite	io ind required audit		
A		the second s		36	

Form 990 (2015)

TEEA0112 10/2015

	Form 990	Return	of Organizatio	n Exempt From	m Income T	ax	2016			
Dep	Wineds of the Desaury nal Revenue Service	Under section 501(c), 527, or 4947(d)(1) of the trianal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Patientias								
A		dar year, or tax year be	oon about Form 990 and 1	is instructions is at www.	Irs.gov/form990		Open to Public Inspection			
8	Check I application			, 2016, an	dending Jun	30	. 2017			
	Address change	Doing business as	-A-Y Widening	Advancements	for Youth	D Employer lde	intification exembar			
	Name offerste		bas if mail is not delivered to			27-331	9122			
	initial aphase	369 Main Stree	t		Restautiestie	E Telephone aut				
	Pited industrianshated	City or blan, state or provin	ice, country, and ZIP or braigh	Douted costs		(313)	444-9292			
	Amended withon	Belleville			0111					
	Acceleration pendag	F Name and extrems of princi			8111 Mino is this :	G Gross receipts	\$ 6,755,910.			
	Tax-exempt status	Glen Taylor 7705	N Ann Arbor Rd Sal	ine MI 48	B111 HILL AND AN	suburdinaries inchade oliaich a fut, (ann ins	d) Yes X 34			
1		X 501(0)(3) 501(d)		4947(s)(1) or	527	allacit a thit feen ins	Publicing Land Land			
K	Form of argunization:	W.Wayprogram.ne X Copension Trust	Statement of the second s		H(=) Group (netrolan number	•			
p _a	rt I Summar	V	Association Other	1 - tats i	diametian: 201(M State of	legal domicio: MI			
	1 Briefly describ	the organization's mise	ion or most similinant	native states						
83	qualitie	a teachers to h	ich cohooi ab		ide online		and			
Leu	district	2. Also provide	Management s	upport to chas	Lincal sch	001				
Leso	2 Check this pp				and the second s	NAMES OF CASES OF CASES OF CASES				
8	3 Number of vol	ing members of the gover	on discontinued its ope	rations or disposed of	more than 25% of	file net assets.				
8		opendent voting member	s of the reservice back	·/Canal fail from a sec	********	3	4			
Activities & Governance						4	2			
B	ALL A REAL PROPERTY IN CONTRACT OF A REAL PROPERTY INTERPOPERTY INTERPOPE	AND AN LINE ASSESSMENT OF REAL PROPERTY AND AND AND	BBR BB				113			
	b Net unrelated	I business revonue from i business taxabis income	Part Vill, column (C), I	ne 12		78	0.			
T	A CONTRACTOR OF THE OWNER OWNE		incent P Costs 200-1, Mile	34	E	76	0.			
	8 Contributions	and grants (Part VIII, line	1h)		Pr	tor Year	Current Year			
SAMELONADE	a riogram servi	00 revenue (Part VIII, Sne	201		· · · · · · · · · · · · · · · · · · ·	848,765.				
	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		A little 9 is much Tak			040,700.	6,755,910.			
- 100	· · · ································	(Fails Vill, Colletin (A), an	es 5 Ad Ro Do the .	inter the	* * * *					
+	13 Grants and sin	- add lines 8 through 11	(must equal Part Vill, (column (A), line 12) .	6,	848,765.	6,755,910.			
Allocado	14 Bonefits paid to	nilar emounts paid (Part I) o or for members (Part IX	A, counn (A), inss 1-3	9						
	15 Selaries, other	compensation, employee	benefite (Part IV activ		Contraction of the second se					
	16 a Professional fu	ndmising fees (Part IX, o	Chillion (A) Son ((a)	(net (A), tines 5-10)	3,	957,466.	3,424,287.			
addinated	b Total fundrals	g expenses (Part IX, coli	ward (D) has (H) -	**********	1		Angenetic and the second s			
1	17 Other expense	* (Part IX, column (A), lin	anni (U), ann 25) =		0.	A CONTRACTOR OF A				
	18 Total expenses	Add lines 13-17 (must e	es i la i la i la company.	***********	Contractive and a second second second	080,987.	3,403,664.			
20	19 Revenue less e	uppness. Subtract line 18	6 from line 12	-, me 20)	Contraction of the local division of the loc	038,453.	6,827,951.			
-					and the second se	189,688.	-72,041.			
獲り	20 Total assets (P	art X, lino 16)			Bolinup	of Current Year 352, 232.	End of Year			
E .	n iolz habilities	(Part X, line 26)	* * * * * * * * * * * *			56,632.	230,808.			
	22 Not accols or fi	ind balances. Subtract lin	a 21 from line 20			295,600.	223, 560.			
	an andurarina	DIUCK				and the second sec				
	Dedantarial property	no that I have asceningst this return (other then officer) to based on al	 Badading accompanying anti- information of which preserves 	edules and statements, and to his any knowledge.	the last of my knowles	ign and belief, it is a	Lie, CEUTISCE and			
		And the second second second			T					
	Thignostans	ef enfeur			Onte					
gr	Glen	Taylor								
gr ere		int stamp and toge	an and a subsection of the sub		Direct	SOL.				
igr ere			Preparer's signature	Ciate	le	heck I I	P1W			
ere	Prist/Type pres	Gary J Hessenaur			-		P00841319			
aid	Gary J			Contraction of the second s	S PC					
aid	Gary J	Mossenaur 6	Associates, C	PA. P.C.	Contraction of the second s					
	Gary J	Mossenaur 6	Associates, C , 10115 Kress	PA. P.C. Rd			3293788			

	n III St	atamant o	f Denne	ing	Advancement	ts for Youth		27-	3319122	
	Ch	etk il Schede	de O cont	am de sies e s	rvice Accom	plishments				Page 2
1	Brietly des	cribe the org	anization's	anno a ri	eaponae of note t	plishments o any line in this Per	t III			···· Π
	Provid	e online	1 lear	ston	-					
	gualif	ied teac	hers t	o hi	ah school	students thr				
	distri	cts. Als	o pros	ride	Managamane	Support to	ough local	school		
-										
2	Did the org	inization un	dertako ar	vy elgnif	icant program se	wices during the yea	r which were not lie	and on the set		and the second
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						one out the price	-	-
	11 Yes, 'det	cribe those (new servic	xes on S	chedule O.			********	· · U Yes	X No
8	Uto the org	anization cer	isë condu	cting, or	r make significant	l changes in how it c	onducts, any proora	m services?		
									·· L] Tes	X No
	Section 50	(c)(3) and 5	on e progra Ot(c)(4) a	im servi Isanizwi	ice accomplishme	ants for each of its th	ree largest program	Services, as measu	red by mennes	
	and revenu	e, if any, for	each prog	ram ser	vice reported.	ants for each of its th to report the amoun	t of grants and alloc	ations to others, the	total expenses,	Q .
	(Code:		Contraction of Contra	Sector Contraction Value	and a subscription of the	and the second				
種	A. Contraction of the second		xpenses	\$	3,180,168.	including grants of	\$	0.)(Revenue	\$ 1.003	3,427.)
	ELOVID:	d onlin	e lear	ning.	and quali	fied teacher	to about 5	34 high sche	- <u>1,30</u>	1461.1
	arudent	a throu	av P 1	ocal.	school di	stricts				
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										6 80m have
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				alar 2009. 3000 900						
				9900 JANE JUSE 400						- 1825. statt class water water
					·					6 (1006) 90200 ment same ame
b	(Code:)/E	0001505	\$:	2 100 005	including grants of	8			
	Provide	manage			es to thre		and the second of the second distance of the second s	0.)(Revenue	\$ 4,852	,483.)
	674 atu		With older same same		122 22 222	6-0 TT TAR	damies, or	five charter	schools.	-
				88V						i ener ann ann ann ann
					a more some more whom whom whom whom a					
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5	(Code:) (b				Indiuding grants of	s = n = n = n = n = n = n = n = n = n =) (Revenue)
5	(Code:)(Đ				Induding grants of) (Revenue)
	(Code:) (B	perises	9 		Induding grants of	************************************) (Revenue)
	(Code:)(Đ	Penses	3 		Indiuding grants of	S S) (Revenue)
	(Code:) (E)		8		Including grants of) (Revenue)
5	(Code:) (Đ		3		Induding grants of) (Revenue)
	(Code:) (E)		8		Inducting grants of) (Revenue)
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						Inducting grants of				
) (Đ) (Revenue) (Revenue		

Form 990 (2016) W-A-Y Widening Ad

Dart IV Charles	azuening Acvancement	S for Youth
Fait IX Checklist of	Required Schedules	

27-3319122 Page 3

1	1 is the organization described in section 501(c)(3) or 4847(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	-	Yes	No
1	Schedule A. Schedule A. is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)? If Yes, complete Did the organization	. 1	x	
1		2		,
	Did the organization engage in direct or indirect political campaign activities (see instructions)? for public office? If 'Yes, 'complete Schedule C, Part I.			
4	Section 501(c)(3) organizations. Did the organization engage in toboying activities, or have a section 501(h) election in effect during the tax year? if Yes, complete Schoolde C, Part if	3		2
-	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) areadanting the	4	_	
	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membarship dues, assessments, or similar amounts as defined in Revenue Procedure 95-197 // Yes, complete Schedule C, Part III	5		>
	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, Did the promitation accounts?			-
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, consider Schedule D. Bast II		_	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes,"	7		X
9	Did the constantion	8		X
	services r res, compute Schedule D, Part IV			
10		9	_	X
11		10		x
	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Perts VI, VII, VII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.			
	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 VI.	118	X	
	assets reported in Part X, line 167 // Yes, complete Schedule D, Part V/II	118	+	X
1	in Part X, line 167 if Yes, complete Schedula D, Part X, line 15 that is 5% or more of its total assets reported	11c		X
1	y one was a garazation report on amount for other liabilities in Part X, line 257 if Yes, "committee Schoolide D. David Y	110	-+-	X
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's fability for uncertain tex positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	110	-	X
23	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X.	111	-	x
	Was the proprior logical to an	12a		x
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and If the organization answered 'No' to line 12s, then complating Schedule D, Parts XI and XII is optional	4.4.1		
3	and a second a concert back of the second truth and the second and the second seco	12b 13		X
	and a generation maintain an other, employees, or agants outside of the United States?	14a		x
	Did the organization have apprepate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities cutside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts / and IV.			
5	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, Perts II and IV	14b	+	X
6	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.	15	-	X
	column (A), lines 6 and 11e7 if 'Yes,' complete Schedule G, Part I (see instructional fundraising services on Part IX.	16	-	X
	Did the organization report more than \$15,000 total of fundreising event gross income and contributions on Part VIII, lines 1c and 8a7 // Yes, "complete Schedule G, Part II	17	-	X
9	Did the organization report more than \$15,000 of gross income from gening activities on Part VIII, line 9a? If Yes, complete Schedule G, Part III.	18		X
AA	TELADICS 191516	19		X

Form 990 (2016) W-A-Y Widening Advancements for Youth Part IV Checklist of Required Schedules (continued)

affs 1008	-	10.1		à.		-	
27-	3	30	8.1	Q	7	2	2

Page 4

208	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	-	Yes	No
b	If Yes' to line 20s, did the organization attach a copy of its audited financial statements to this return?	200	L	X
21	LINE INTERVIEW PATIENCE CAPACITY AND ADDRESS AD	205		-
22	Did the emericative record many time to get and the real companie ocheotice i, Parts I and II	21		X
23	Did the organization ensurer Vest to Bart VII. Gautian & Hard A.	22	No. of Concession, Name	X
	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about companisation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete			
24 0	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 fine 25a.	23	X	
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
•	Old the organization materials on account attact to the transferred at	245	-	-
	any tex-exempt bonds?. Bonds? Bonds? Bonds of issuer for bonds outstanding at any time during the year?	245		
25.8	Section 501(c)(3), 501(c)(4), and 501(c)(20) complexitient of all	24d	_	
	the second state of the second state of the second second second state of the second state of the second second second state of the second sec	25a		X
-	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			
26	Did the groanization report any amount on Dark V time C & an 20 for small bits from	250		X
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persone? If 'Yes,' complete Schedule L, Part II	26		x
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 persona? // Yes,' complete Schedule L, Part III	27		x
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):	#.1 		~
8	A current or former officer, director, trustee, or key employee? If Yee, complete Schedule L, Part IV	28a	and the second	x
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.			
		28b		X
¢	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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yea, 'complete Schedule M	30		X
21	Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N, Part I	31		X
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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If Yes, 'complete Schedule R, Part I	33		x
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			
35 #	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	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	308		-
		350		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yea,' complete Schedule R, Part V, line 2	36		x
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		x
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
AAB				2015)

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Form 990 (2016) W-A-Y Widening Advancements for Youth Part V Statements Regarding Other IPS Subsection of Youth	27-3319122	Page
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		1 616
		Yes No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable	6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tes Rec
(gambling) winnings to prize winners?	0 table gaming	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	10 10	X
b if at least one is reported on line 2a, did the organization file all up for doverse by one return 2a)	113	
		X
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If Yes, has I field a Ferm 990-T for this year? If 'No' to fine 3b, provide an explanation in Schedule 0		x
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other autifinancial account in a foreign country (such as a bank account, securities account, or other financial account of the foreign country; >		the second se
b if Yes, enter the name of the foreign country: >	unt)? 4a	x
See Instructions for filing requirements for Fig/FAI Form 114 Dependent	weeks up to be the	
		X
the set of var and the organization the Form 8866-17		X
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the or solicit any contributions that were not tax deductible as charitable contributions?	ganization	
 b If Yes, did the organization include with every solicitation an express statement that such contributions of not tax deductible? 7 Organizations that many market of the provided /li>	r gifts were	X
7 Organizations that may receive deductible contributions under section 170(c).	• • • • • • • • • • • • • • 6b	
 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good services provided to the payor?. b If Yos, did the organization partle the domain of the termination of termi		
and the second in the second is the second of the	Contraction of the second s	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re Form \$2827	iquired to file	
d if Yes, indicate the number of Forms 8282 filed during the year		X
e Did the organization receive any funds, directly or indirectly to nav premisers on a surround to the		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	act?	X
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8 as required?	899	X
h if the organization received a contribution of cars, boats, airplanas, or other vehicles, did the organization	file a 7g	
8 Sponsoring organizations maintaining donor advised funds. Did a from attribut fund	7h	
organization have excess business holdings at any time during the year?	y the sponsoring	100000000
9 Sponsoring organizations maintaining donor advised funds.	Better and the second se	
a Did the sponsoring organization make any taxable distributions under section data?		
is bid the sponsoring organization make a distribution to a donor, donor advisor, or reliated parameters	98	
o action sof(c)(7) organizations, Enter;	90	
a initiation fees and capital contributions included on Part VIII, line 12		
5 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
a Gross locome from members or elevent-stress		
b Gross income from other sources (Do not net amounts due or paid to other sources signing amounts due or received from them.).		
2 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	17 12a	-
 Section 501(c)(20) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 		
Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in		
E Frite the attracted of summaries an based		
4e Did the organization receive any payments for indoor tanning services during the tax year?		
b If Yes, has I filed a Form 720 to report these payments? If No, provide an explanation in Schedulo O	********* 14a	X

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Form 990 (2016) Part VI Gov

Fon	n 990 (2016) W-A-Y Widening Advancements for Youth 27-3319122							
	If VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See Instructions, Check if Schedule O contains a response or note to any line in this Part VI.	w, ar in	nd for					
Sec	tion A. Governing Body and Management			• X				
	- Passa the same in the same		Yes	No				
	a Enter the number of voting members of the governing body at the end of the tax year							
1	a Enter the number of voting members included in line 1a, above, who are independent							
2	and any chaste, desclor, inside, or key employee have a family relationship or a business sate for the							
	officer, director, trustee, or key employee?		1.33					
3	Did the organization delegate control over management duting overseasily methods to be a set	2		X				
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x				
4	share or period and any significant changes to its governing documents.	-						
	since the prior Form 990 was feed?	4		x				
b) Uno the organization become aware during the year of a significant diversion of the organization's second 2								
6	cho une organization nave members or stockholders?	5		X				
71	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?	78						
1	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		X				
. 1	The governing body?	88	x	1330				
1.1	Each committee with authority to act on behalf of the governing body?	86	C. Matthewala	-				
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			X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever		X					
	required by the Internal Reven	ine c						
10	Did the organization have local chapters, branches, or affiliates?	1.10	Yes	No				
1	Y 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, allitates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		X				
111	Has the organization provided a complete copy of this Form 990 to all members of its governing body before dang the form?	100	-					
1	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X	and the second second				
122	Did the organization have a written conflict of interest policy? # No, 'go to line 13							
1	Were officers, directors, or inusions, and key amplevant regulared to electers annually interests that such a set	<u>12a</u>	X					
	10 CONSIGNED TO THE REAL AND A RE	126	x					
6	the organization regularly and consistently monitor and enforce compliance with the policy? of Was ' descente in	-	and the second second second	-				
	Schedule O how this was done	12c	X	-				

	The neuralized back 9	1.5		
1	The governing body?	88	X	
9	Each committee with authority to act on behalf of the governing body?	86		X
	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		x	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	NIG C	nda	
		196 F	Yes	No
10:	Did the organization have local chapters, branches, or affiliates?	10a	168	X
1	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, attilates, and branches to ensure their operations are consistent with the organization's exempt purposes?			<u>×</u>
111	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10 b		-
1	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X	and the second
12	Did the renenization have a subitan conflict of international of 8 bits to a second set.			
	Did the organization have a written conflict of interest policy? If No, 'go to line 13	12a	X	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	40.1		
6	Und the organization requisity and consistently monitor and enforce compliance with the nation? If Was I describe to	126	X	
	Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	-		
15	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?	14	X	
	The organization's CEO, Executive Director, or top management official			
Ł	Other officers or her approximate of the approximation of the second sec	15a	X	
	Other officers or key employees of the organization	150		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			di -
100	Did the organization invost in, contribute assets to, or participate in a joint venture or similar arrangement with a		-	
	taxable entity during the year?	16a		X
E	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 complication's exempt state with written arrangements under applicable federal tax law, and take steps to safeguard the			
Sec	organization's exempt status with respect to such arrangements?	16b		
17				
18				
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) (for public inspection. Indicate how you made these available. Check all that apply.	availat	C	
	page			
19	Construction of the public during the tax year.	ew		
20				
	State the name, address, and telephone number of the person who possesses the organization's books and records: • Kelli Glenn 369 Main St Balleville WT 40111			
BAA	WEARVILLAS MI TOILI	34) (58-5	412
244	東京部人は101 11/10/16	Form	990 (3	018)

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								27-33191 Compensated E	mployees, and
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a no manager a man starting	1.4401	Last on a A	36 C C C	20 60	F 37500	· • · · · · · · ·	Below income in the	- North Control of Con	
bolos, injet	ana da	adamat	har	the state	4.3		moar year ending	with or within the	
no compen	satia	1 WB	5 pa	rian Id.	RUB	is or	organizations), neg	ardiess of amount of	[
W-2 and/or	Box	7 al	Fon	n 10 m 10	an ar 199-1	n grei Misr	Cer. director, inuste	e, or key employee)	
employees,	and	hich	est t	om	5855	ated	0.000 milesona a seconda a	10,000 adm 156	2.5.25
any related	organ	nizat	iona set la	. 45		CORECTORIA	eviden Anna Maio Le	ceived more than \$1	00,000
sation from	the c	rgan	на, н 1285	ion a	ind a	nony Ny n	es a former direct stated organization	or or trustee of the	
of directors"	ingeb	ution	iai tri	Listg	05; C	fice	rs; key employees	highest compensate	d
elated organ	lizati	on ci	omo	ensi	tied (arry c	surrent officer, dire	clor or invetor	
			100	2				and, of Reader	and the second
Anne an							(D) Batamatia	(E)	(F)
ger Start	19	-	- And	attrustes)			CONTROLOGICAL STREET	COMPARIABILITY Dates	Extinated ansaut of other Compensation
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See instruction pensated employees (other any related organizations r trustees that received, if hereation from the organizations or directors; institutional the related organization compo- lister of the organization of related organization of the organization of	a or note to any line in this Par , Key Employees, and listed. Report compensation for rectors, trustees (whether indiv f no compensation was paid. ress, if any. 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Key Employees, and Highest Compensational Statements isted. Report compensation for the calendar year ending reolora, trustees (whether individuals or organizations). rec in o compensation was paid. recess, if any. See instructions for definition of 'key employee pensatial employees (other than an officer, director, insist any related organizations. r trustees that received, in the capacity as a former direct metation from the organization and any related organization or directors; institutional trustees; officers; key employees related organization compensated any current officer, directors; institutional trustees; officers; key employees related organization compensated any current officer, directors; institutional trustees; officers; key employees related organization compensated any current officer, directors; institutional trustees; officers; key employees related organization compensated any current officer, directors; and box rates present is to a officer and any related organization; for any related organization compensated any current officer, directors; and box rates present is to a a officer and any related organization; for any related organization compensated any current officer, directors; and the state any box rate and any related organization; for any related organization (to at the more any officer any box rates present is to any related organization (to at the compensated any current officer, directors; any officer any box rates are any officer and any related organization from any officer any box rates are any officer and any related organization; and any officer and any related organization; any officer any box rates are any officer and any related organization; and any officer and any relat	e or note to any line in this Part VII , Key Employees, and Highest Compensated Employees listed. Report compensation for the calendar year ending with or within the eotors, trustees (whether individuals or organizations), regardless of amount of the compensation was paid. mose, if any. See instructions for definition of 'key employee.' pensated employees (other than an officer, director, trustee, or key employee) n W-2 and/or Box 7 of Form 1069-MiSC) of more than \$100,000 from the any related organizations. r trustees that received, in the capacity as a former director or trustee of the neation from the organization and any related organizations. or directors; institutional trustees; officers; key employees; highest compensate related organization compensated any eurent officer, director, or trustee. (B) Proston to compensated any eurent officer, director, or trustee. (C) (B) Proston to compensated any eurent officer, director, or trustee. (C) (B) Proston to the organization and any related organization from related organization compensated any eurent officer, director, or trustee. (C) (B) Proston to the organization compensated any eurent officer, director, or trustee. (C) (B) Proston to the organization from the organization from related organization compensated any events officer. (C) (C) (C) (C) (C) (C) (C) (C)

Part VII Section A. Officers, Directors, Tr (A) Name and size	(B) Avarage hours star week (int any	(da 505) 50	repti c , cambo iciair da	Pos Pos teck st pt sd a i	iten more more more more	thurn o Is Doth Stiffuso	708 201 894)	(D) Reportable	(E) Paportatie	(F) Estimated
	vini dry hours ho reinned ergantes • Bans • Bans below dotbet finaj	z director	nstitutional trustee	Officer	Key amployee	enciones anciones	omer	Be opportation (N-21100-5890)	nanan kanan (N. 2012 A. Angel)	 correprediation Rare the organization and reliated organizations
(15)		-	-	_	-	4				
(16)		-		-	-		_			
(17)		-								_
(18)		-		_						
(19)				_		-	-			
(20)				-		TTTS: Commission				
(21)					_				071 107 107 107 107 107 107 107 107 107 107 107 107 107 107 107	
(22)									10	
[23]			-	-					and an	
(24)			_				-			
(25)							_			
1 b Sub-total			• •		••			576,700.).).
2 Total number of individuals (including but not limited from the organization * 1	d to those	listed	abo	vø)	who	rece	Ned	I more than \$100,0	00 of reportable	compansation
 Did the organization list any former officer, director on line 1a? // Yes,' complete Schedule J for such in For any individual listed on line 1a, is the sum of rei the organization and related organizations greater t such individual Did any person listed on line 1e receive or accrue o for services rendered to the organization? If 'Yes,' o Section B. Independent Contractors Complete this table for your five highest compensation compensation from the organization. Report compensation 	iontable co han \$150, ompensat omplete S	imper 1007 on th ched	nesti If 'Yi om a ule J	ion i es.' Iny i	and i com unrel suci	olher plete lated h pen	oon Sol	npensation from hedule J for anization or individ		a construction of the second se
Compensation from the organization. Report compe (A) Name and business addre	nsation fo	the t	esle	ndər	yes	r end	ling	(8)	T	and another sector and sector and an and sector and s
Waithe and Dusiness addre								Description of	l services	(C) Compensation
		1944 (Levix						A . A . France		
				_		-			1	
2 Total number of independent contractors (including \$100,000 of compensation from the organization	but not iim	illed I	o th	ose	liste	d abc	ove)	who received mor	e than	

and the set		and to the state	onse of note to eny	line in this Part Vill .			
				line in this Part VIII . (A) Total revenue	Related or exempt function	(C) Unrelated business revonue	(D) Revenue excluded from under sectio
Carlo Carlo	1 a Federated campaigns	***** 11	The second se		revenue		612-514
٥l	b Membership dues	11	2				
5	C Fundraising events	11	and the second se			Care and the second	
Anourts	d Related organizations	11	1				
5	e Government grants (contribu						
and Other Smilar	f All other costributions, gifts, y sinitiar amounts not included	granis, and					
<u>ā</u>	9 Noncash contributions includ	above 11					
NB I	h Total. Add lines 1a-1f	er ar brings far-11, -	3				
			1 Maninders Masta				
	School District	t services	611250				
	b			6,755,910.	6,755,910,	0.	
	6						
	d			Read of Designments of Tanana and T			
	f All other program service	e revenue				and a second	
13	g Total. Add lines 28-21 .			6,755,910.			Second States
	investment income (Inclu other similar amounts)	uting dividends,	interest and		President and the second se	Contraction of Contraction	and the second second
4	Income from investment	of tax-avaged is	•••••••••••				
5	Royallies		and provideds ?				
		(I) Real	0 Personal	Contraction of the owner owner of the owner own			
6	a Gross rents					and the second	
	b Loss: rental expenses						
	c Rental lacome or (loss)						
	d Net rental income or (los	5)		And the owner of the			
7	# Give serviced from endor at	A Securities	(i) Gther		A REAL PROPERTY	and the second	
	assets other than lovenlory						
1	b Loss: cost or other basis and sales expenses						
	c Gain or (loss)						
		and the second		And States			
1	Gross income from funding	*******	*********				
	(not includings						
-	of contributions reported	on line 1c).		and the second s			
E	See Part IV, line 18		2				a state of the sta
t	> Lass: direct expenses .						
C	s Net income or (loss) from	i fundraising eve	nis			a the second second second	and the second second
98	Gross Income from gamin See Part IV, line 18	ng activities.					
t	Less: direct expenses						
0	Net income or (loss) from	gaming activity				1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	
10 a	Gross sales of inventory, and allowances	lass rations					
b	Less: cost of goods sold	1				Anne Contractor	
G	Net income or (loss) from	sales of invento	Y				
-	Miccritences: Revenue		Business Code				
11 1							
b							
C				and the second sec		1995-10-00	
	All other revenue			1			
0	Total. Add lines 11a-11d Total revenue. See instru						
60			2		6,755,910.	The second se	Langit Contraction of the local state

Form 980 (2016) W-A-Y Wid

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Form 990 (2015) W-A-Y Widening Advancements for Youth Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part Vill.	(A) Total expenses	(B) Program service expenses	(C) Managament and	(D) Fundraising
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		CAPONIDES	general expenses	expenses
2 Grants and other assistance to domestic individuals. See Part IV, line 22	And and an other statements of the statement of the state			
3 Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, intes 15 and 16.				
4 Benefits paid to or for members	-			
4 Comparison of oursant officiant disasters				
 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 	Provent of the State of the Sta	0,	576,700.	<u>a</u> ,
7 Other salaries and wages	2,293,018,	1.505.000		
Pension plan accruais and contributions (include section 401(k) and 403(b) employer contributions).	2,293,018.	1,975,730.	317.288.	0.
9 Other employee benefits	279.651.	304 900		
10 Payroli taxes	279,651,	154,065.	125,586.	Q.,
11 Fees for services (non-employees):	629,245.	181,794.	93,124.	0.
a Management				
b Legal	55.050			
e Accounting	33,237.	Q.	33,237.	<u>D.</u>
d Lobbying	11.690.	0.1	11,690.	0.
e Professional fundraising services. See Part IV, line 17 .		AND ADDRESS OF A DESCRIPTION		
f Investment management fees				
g Cither. (If line 11g amount exceeds 10% of line 25, column	-	1		
(A) amount, its line 11g expresses on Scheduls (A) 12 Advertising and promotion	139,423.	118,249.	21,174.	0.
13 Office expenses	15,955.	- F		
14 Information technology		Q.	15,955.	0.
15 Royalties	8,288.	Q	3,288.	0.
6 Occupancy	75 510			
17 Traval	75,518.	0.	75,518.	0.
8 Payments of travel or entertainment expenses for any federal, state, or local public officials				and the second
19 Conferences, conventions, and meetings	21,200.	A		
10 Interest	Gardyy.	0.1	21.200.	0.
1 Payments to effiliates				
2 Depreciation, depletion, and amortization	77.393.	65,753.		
13 Insurance	78,025.	12,188.	11.640.	0.
14 Other expenses, itemize expenses not covered above (List miscelianeous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) smount, list line 24e expenses on Schedule Q.)			65,837.	0.
* Direct materials	3,198	3,198.		and the second states in the second
b Auto_expense, net_personal_use		12,496.	0.	0.
• Dues_4 Subscriptions	3,491	12, 496.	23,785	Ø.
d Contracte education services	2,709,264	2,709,264	3,491	2.
e All other expenses	192,701.	57,427.	135 034	<u>0</u> ,
5 Total functional expenses. Add lines 1 through 24e.	6,827,951.	and the second sec	135,274.	<u>0.</u>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check have * I if following		5,290,164.	1,537,787.	0.
SOP 98-2 (ASC 958-720)				

Pege 10

27-3319122

Form 990 (2016) W-A-Y Widening Advancements for Youth Part X Balance Sheet

27-3319122

Page 11

-		(A) Beginning of year		(B) End of year
	Cesh - non-interest-bearing	79,683.	1	62,407
	Savings and temporary cash investments		2	92,401
	Predges and grants receivable, net		3	
	Accounts receivable, net		4	
	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest componented employees. Complete Part II of Schedule L			
	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)(0) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		5	
	Notas and loans receivable, net		6	
	Inventories for sale or use		7	
	Prepaid expenses and deferred charges		8	
1	ta Land, buildings, and equipment: cost or other basis.		9	
_				
4		262, 373.	100	158,225
4			11	
			12	
1		14 martine 14	13	
1		A	14	
1		10,176.	15	10,176
1		352.232.	16	230,808
1	Grants payable	33, 591,	18	7,248
11			19	
21) Tax-exempt bond liabilities		20	
2	Escrow or custodial account liability. Complete Part IV of Schedule D	innerske ganna i narrika i s	21	
2	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
2		55 A.s.	22	
2		23,041.	24	
2			25	W
2		56,632.	26	7,248
	Organizations that follow SFAS 117 (ASC 958), check here > and complete	and the second second second		
100	lines 27 through 29, and lines 33 and 34.			
2	y Unrestricted net assets		27	
2	g Temporarily restricted net assets		28	
2			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here * X and complete lines 30 through 34.			
3	Capital stock or trust principal, or current funds		30	
3	같은 것은 것 같아요. 이렇게 있는 것 같아. 이는 것은 것은 것은 것은 것은 것은 것은 것을 가지 않는 것을 가지 않는 것 같아. 이렇게 있는 것 같아. 이렇게 가지 않는 것 같아. 이렇게 있는 것		34	
3	and the second	295.600.	32	223,560
3	3 Total net assets or fund balances	295,600,	33	223,560
	Total liabilities and net assets/fund balances	352,232.	WARDING HOLLING TAR	230,808

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) A contains a response fruit equal Part XI. Total sevenue less expanses. Subtract line 2 from line 1 A lot assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). A lot assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Trivestment exponses. Check if Schedule O contains a response or note to any line in this Part XII. Other changes in not assets or fund balances (explain in Schedule O). Net unsets or fund balances at end of year. Combine line 3 through 9 (must equal Part X, line 33, dotter the grant adjustments end of year. Combine line 3 through 9 (must equal Part X, line 33, dotter the grant adjustments and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990: X Cash Account Other, explain 2 A ware the organization's financial statements compiled or reviewed by an independent accountant? If Yes, it check is the souther the financial statements for the year were compiled or reviewed on a Separate basis Consolitated basis Consolitated basis Consolitated basis or both: Yes or the reganization's financial statements and selection of an exponse bit of or ownight of the audit, even where the financial statements for the year were compiled or a separate basis Consolitated basis or both: Yes or the reganization changed its method of selection financial statements for the year were compiled or a separate basis If Yes, it the a card 23, does the orga	Part 2	SO (2016) W-A-Y Widening Advancements for Youth	27-3319122	Page
2 Total expenses (must equal Part X, column (A), line 23) 3 Revenue less expenses, Subirati line 2 from line 1 4 Net sesets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net sesets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2 6, 827, 95 3 A net sesets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2 295, 65 6 Donsted services and use of facilities. 7 Investment expenses. 9 Prior period adjustments 9 Other charges in net assels or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 0) 9 Other charges in net assels or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 0) 10 Net assets of schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 980: X Cash Account Other, explain 2 a Were the organization's financial statements compiled or reviewed by an Independent accountant? If Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis or both: X Separate basis Consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis b Ware the organization's financial statements are delected or the year were compiled or reviewed on a separate basis Consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis b Ware the organization's financial statements accompiled or reviewed basis b Ware the organization's financial statements are delection of an independent accountant? If Yes,' tokek a box below to indicate whether the financial statement accountant?		Check # Schedule O contains a resource or pate to any line to this Durit VI		all and the set of the
3 Revenue leas expenses. Subtratilling 2 from line 1. 2 6, 827, 93 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 2.95, 60 5 Donstde envices and use of facilities. 6 7 7 8 6 7 8 Prior period adjustments 6 7 9 Other changes in net assets or fund balances (explain in Schedule O) 8 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 9 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 9 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 22.3, 55 2 Check if Schedule 0 contains a response or note to any line in this Part XII 10 22.3, 55 1 Accounting method used to prepare the Form 900; X Cash Check if Schedule 0, as a statement acompiled or reviewed by an Independent accountari? 2 1 Accounting method used to prepare the Form 900; X Cash Donsoldated and separate basis 2 2	1 T	olai revenue (must equal Part VIII, column (A) line (2)	***********	
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 3 Net unreatized gains (losses) on investments. 6 Donated services and use of facibles. 7 Investment expenses. 8 Other changes in net assets or fund balances (explain in Schedule O). 8 Other changes in net assets or fund balances (explain in Schedule O). 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Other changes in the provide of explain in this Part XII. 1 Accounting method used to prepare the Form 990: X Cash Account Other, explain in Schedule O. 2 A Ware the organization's financial statements compiled or reviewed by an independent accountant?. 1 Yes, 'theck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 1 Ware the organization's financial statements audited by an independent accountant?. 1 Yes, 'theck a box below to indicate whether the financial statements for the year were compiled or reviewed on a se				6.755, 914
Net unrealized gains (losses) on Investments . Accuration of the second of the second and the second the s	3 R	evenue less expenses. Subtract line 2 from line 1	2	
	4 N	et assets or fund balances at beniming of waar (must acres) Ort V to be at a state		-72.04
7 Investment expenses 6 8 Prior period adjustments 7 9 Other changes in net assets or fund balances (explain in Schedule O) 8 9 Other changes in net assets or fund balances (explain in Schedule O) 8 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8). 9 10 223.55 2 Check if Schedule O contains a response or note to any line in this Part XII 10 223.55 11 Accounting method used to prepare the Form 990: X Cash Accrual Other 11 the organization changed its method of accounting from a prior year or checked 'Other," explain 2a X 12 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X 14 the organization changed its method of accounting from a prior year or checked 'Other," explain 2a X 2a X 2 Ware the organization's financial statements compiled or reviewed by an independent accountant? 2a X 16 Yes, 'check a box below to inductive whether the financial statements for the year were compiled on a separate basis 2b 2b 2b <td< td=""><td>5 N</td><td>at urresized gains (losses) on investments .</td><td>****** 4</td><td>295,60</td></td<>	5 N	at urresized gains (losses) on investments .	****** 4	295,60
Prior paried adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 20, 10, 223, 55) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other, "explain. Accounting method used to prepare the Form 990: X Cash Accrual Other, "explain. Accounting method used to prepare the Form 990: X Cash Accrual Other, "explain. Accounting method used to prepare the Form 990: X Cash Accrual Other, "explain. Accounting method used to prepare the Form 990: X Cash Accrual Other, "explain. A Were the organization's financial statements compiled or reviewed by an independent accountant? If Yes, otheck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Babb consolidated basis Consolidated basis Consolidated basis Consolidated and separate basis Were the organization's financial exterments audited by an independent accountant? If Yes, otheck a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Consolidated basis Babb consolidated basis Consolidated and separate basis I Were the organization of its financial statements and selection of an independent accountant? If Yes, otheck a box below to indicate whether the financial statements for the year were audited on a separate basis I Separate basis Consolidated basis Babb consolidated and separate basis I Were the organization of its financial statements and sel	6 D:	chated services and use of facilities.	5	
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A		www. www.states.com.com.com.com.com.com.com.com.com.com	e remited with	
		in the second of the second se		

Form 990 (2016)

SCHEDULE A	Public Cha	arity Status and	Public	Sup	port	OMB No. 1545-0047	
Form 990 or 990-EZ)	Complete if the organi 494	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					
leparizment of the Treasury ternal Revenue Barvice	* A	Mach to Form 990 or Fo chedule A (Form 990 or 1 at www.irs.gov/form9	rm 990-E 190-E71 a	Z		Open to Public Inspection	
iane of Calonganization		and a state of the second s			Employer Identifies	the second second second second	
rant i Reason for PL	vancements for You ublic Charity Status (All	amanizations must	ana alai	a diala a	27-331912	2	
Thomas and the state of the sta	AND HAR REDUCT COCCUSED IN SEC.	of lines I known by aka	only monthly me	man Brann A		15,	
· Diversity councilias	on of churches, or association	of chuitches closerihad in a	moline d	TAILLEL	ANZIN		
- Constant Baselinga	an eaction 170(b)(1)(A)(ii), (A	llach Schedule E (Frem 9	90 or 698	ETTI			
 Use intervention in COO 	perative hospital service organi	min described in each		##17 A \$ #111	0.		
 Minorical research name, city, and sta 	ec	unction with a hospital des	cribed in	section	170(b)(1)(A)(iii). Enter ti		
generated a second seco	erated for the benefit of a colle A)(Iv). (Complete Part II.)					in	
6 A federal, state, or 7	local government or governme	ntal unit described in eact	ion 170(1	MAX 1)	v).		
An organization the	it normally receives a substant IXAX(vi). (Complete Part II.)			montal u	nit or from the general p	iblic described	
8 A community trust o	described in section 170(b)(1)	(A)(vi). (Complete Part II.)					
9 An agricultural rese or university or a no university:	arch organization described in m-land-grant college of agricul	section 170(b)(1)(A)(b) ture (see instructions). En	operated for the na	in conju me, city,	nction with a land-grant o , and state of the college	ollege cr	
from activities relativities re	It normally receives: (1) more the ad to its exempt functions—sub and unrelated business texable section 509(a)(2). (Complete	e income (less section 51 Part III.)	and (2) n I tax) from	n busine	sees acquired by the org	gross receipts of from gross enization efter	
An organization org	satized and operated exclusive	ity to test for public safety.	See sec	tion 509	(a)(4).		
2 An organization org or more publicly su ines 12a through 1 a Type L A supportin	anized and operated exclusive ported organizations describe 2d that describes the type of a	by for the benefit of, to per d in section 509(a)(1) or upporting organization and	form the section 5 i complet	functions 09(s)(2) e lines 1	of, or to carry out the pu . See section 509(a)(3). 2e, 12f, and 12g.	rposes of one Check the box in	
complete Part IV, :	g organization operated, super power to regularly appoint or e Sections A and B.	our a majority of the direc	ions or in	istees of	the supporting organizat	ion. You must	
b Type E. A supportin management of the must complete Pa	ng organization supervised or o supporting organization veste rt IV, Sections A and C.	ontrolled in connection wi d in the same persons that	ih ilis supj t control o	ported or primanag	ganization(s), by having so the supported organiz	control or ation(s). You	
C Type II functional organization(s) (see	ly Integrated. A supporting on Instructions). You must com	canization operated in corplete Part IV, Sections A	nection v	ith, and	functionally integrated w	ith, its supported	
instructions). You n	ionally integrated. A support ad. The organization generally nust complete Part IV, Sectio	ms A and D, and Part V.	requiran	tern and	an attentiveness require	ment (see	
 Check this box if the integrated, or Type 	e organization received a writte til non-functionally integrated a	In determination from the Monorling organization	IRS that i	t le a Ty	pe I, Type II, Type III fund	tionaly	
I creat use trainder of su	ipponed organizations						
	normation about the supported						
(i) Manue of supported organiza		010 Type of organization (distribution or lines 1-10 above (see instructions))	(iv) i organizati in your g docta	s the ion listed overning ment?	(v) Assound of monatory support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No		an and an and a second s	
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1		and a state of the second s					
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 Schedule A (Form 990 or 990-EZ) 2016
 W-A-Y Widening Advancements for Youth
 27-3319122

 Part IF Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 27-3319122

 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part II.)
 Section A. Public Support

Page 2

	and the rubic Support		** E ***				
beg	endar year (or fiscal year inning in) ►	(a) 2012	(6) 2013	(0) 2014	(d) 2015	(e) 2016	(f) Totel
1	Gifts, grants, contributions, and membership fees resulted. (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 ines 1 through 3		1				
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						
Sec	tion B. Total Support			12-5-41-22-2			and the second
Cale	indar year (or fiscal year	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(-) 2040 I	
7	Amounts from line 4	6-9 an in	107 2010	1012014	(4) 6/10	(e) 2016	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royallies and income from similar sources	genree					annin a constant a cons
9	Not income from unrelated business activities, whether or not the business is regularly carried on						n an
10							
11	Total support. Add lines 7 Brough 10						1
12		s, etc. (see instru	offore).				Area management
13	First five years. If the Form 900 is organization, check this box and st	Cast Maria managements and	and the strength and and the				
Sec	tion C. Computation of Pub	Ilc Support P	ercentage				· · · · · · · P
14	Public support percentage for 2016	(line 8, oolumn (f) divided by line 11	column (f))		1.44	
15	Public support percentage from 201	15 Schedule A, P	art II, line 14			14	<u>%</u>
162	33-1/3% support test-2016. If the and stop here. The organization qu	anaanizalian did	and check the her	men firmer 4 % manual film		Prostanting and the	
b	33-1/3% support test-2015. If the and stop here. The organization qu	Anaphallan did	and all and a later and				
17a	10%-facts-and-circumstances tes or more, and if the organization mer the organization meets the facts-an		Sales and the sales				
b	10%-facts-and-circumstances tes or more, and if the organization me- organization meets the facts-and-ci	-			and the second		
18	Private foundation. If the organization	tion did not check	a box on line 13.	16a, 16b, 17a, er 1	17h chark the box	and contententer	H
AAE		Concernation of the second	· · · · · · · · · · · · · · · · · · ·				
					Sch	edule A (Form 990	or 990-EZ1 2016

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Schedule A (Form 990 or 990-EZ) 2016

Page 3

Schedule A (Form 990 or 990-EZ) 2016 W-A-Y Widening Advancements for Youth 27-3319122 (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.)

Cale 1	dar year (or fiscal year beginning in) ►	(8) 2012	(b) 2013	(c) 2014	(#) 2015	(e) 201		10. 20. 1.1
	Gifts, grants, contributions, and memoarship tees received. (Do not include any 'unusual grants.').				14 2010	(a) 201	0	(f) Tetai
	any unusual grants.)	117,007.						
2	Gross receipts from admissions, merchandise sold or services		0.	Q.	0.	tetus unite		117,007.
	performed, or facilities furnished in any activity that is related to the organization's							
3	that are not an unrelated trade							
4	or business under section 513 .							
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a							
	governmental unit to the organization without charge							
6	Total, Add lines 1 through 5	117,007.	0,1			10000000000000000000000000000000000000		
72	Amounts included on lines 1, 2, and 3 received from disqualified persons		- Xi	0,	0.			117,007.
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the emount on line 13 for the year.							
e	Add lines 7a and 7b	- i						
8	Public support. (Subtract line 7c from line 6.)					Meret a		
	tion B. Total Support				where you have been a state of the state of	and the second line of the secon	Transfer and	117,007.
	dar year (or fiscal year beginning in) >	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6	(f) Total
9	Amounts from line 6	117,007.	0.	0.	0.			117,007.
	Gross income hore interest, dividends, psyminits received on securities loans, rents, royallies and income form similar sources Unrofisited business taxable income (bass section 511 taxes) from businesses							
	acquired after June 30, 1975 Add lines 10a and 10b				0.			0.
11					0.			0.
12								
13	Total support. (Add lines 9, 10c, 11, and 12.)	112 000	-			Annia da anna	-	
14	First five years, If the Form 990 is 1	117,007.1 for the organization	0.1 Ys first, second, th	C . I rd, fourth, or fifth b	0 , l ax year as a sectio	n 501(c)(3)		117,007.
Sec	organization, check this box and sto tion C. Computation of Public	D INTERACIA .						
15	Public support percentage for 2016	(line 8. column (f)	divided by line 13	column (P)		1	15	
18	Public support percentage from 201	5 Schedule A, Par	t III. line 15				15	100.00 %
Sec	tion D. Computation of Inve	stment Incom	e Percentage				101	100.00 %
17	investment income percentage for 2	016 (line 10c. colu	mn (f) divided by I	ne 13. column (1)			17	0.00 %
18	investment income percentage from	2016 Schedule A	Part III, line 17				18	0.00 %
19a	33-1/3% support tests - 2016. If the is not more than 33-1/3%, check this	e oroanization did	not check the box a	no line 14 and line	16 is man than 3	1 . 1 . 1	et theme of the	R
	33-1/3% support tests-2015. If the line 18 is not more than 33-1/3%, ch	organization did took this box and s	not check a box on Hop here. The org	line 14 or line 19a anization qualifies	, and the 16 is mo as a publicly supp	re than 33-	1/3%, a	
	Private foundation. If the organizat	ion did not check	a box on line 14, 11	a, or 19b, check I	his box and see in	structions.		
BAA			TEEADADI CO	×28/14	Sch	edule A (F	orm 990	or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 W-A-Y Widening Advancements for Youth

Part IV Supporting Organizations

BAA

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yas,' 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 601(c)(4), (5), or (6)? If 'Yee,' answer (b) and (c) below.
- b Old 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 piece to ensure such use.
- 4s 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 508(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,' enswer (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 nasons for each such action; (iii) the authority under the organization's organizing document euthorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? // Yes, 'provide detail in Part VI.
- 7 Did the organization provide a grant, ioan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If Yes, complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 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 4948 (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 disgualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? if 'Yes,' provide detail in Part VI.
- c Did a disqueillied person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization elso had an interest? If 'Yes,' provide defail 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 Yas,'
 - 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.)

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27-3319122

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2016		1 Auguanantes	
Part IV Supporting Organizati	ane (continued)	Provancienterit Ca	IOF TOUCH

27-3319122

Page \$

11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A Dollon who directly of indinative sector is the sector of the sector	E.	- E	-
		11a		-
	b A family member of a person described in (a) above?	116		+
-	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.	110		-
300	tion B. Type I Supporting Organizations	1 116		<u> </u>
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 bustees at all times during the tax year? If No, 'describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or bustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		¥a4	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If Yes, 'explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the	1		
Sec	tion C. Type II Supporting Organizations	1.4		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year sist a majority of the directors or trustees of each of the organization's supported organization(s)? // No," describe in Part VI how control or management of the supporting organization was vested in the same parsons that controlled or managed the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations			
		-	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year. (i) a written notice describing the type and amount of support provided during the prior tax year. (ii) a copy of the Form 980 that was most recently field 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?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (i) serving on the governing body of a supported organization? If 'No.' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations neve a significant voice in the organization's investment policies and in directing the use of the organization's income or assets et all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	1 * 1		L
			Tarrishi alfa	
	Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see instruction	ns).		
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
6	: The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).		
2	Activities Test, Answer (a) and (b) below.	1	Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify these supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to these supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	23		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	26		
3	Parent of Supported Organizations. Answer (a) and (b) below.			

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree all 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.

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	edule A (Form 990 or 990-EZ) 2016 W-A-Y Widening Advancements f rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	or You	th 27-3	319122 Pa
1	Check here if the organization estilated the integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organization		2.2.2.2.2	/I). See
Soc	ction A – Adjusted Net Income		(A) Prior Year	(8) Current Yea (aptional)
1	Net short-term capital gain	1	Anna State State State	(operanar)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3	an Anning and a state of the st	
4	Add lines 1 through 3.	4		+
8	Depredation 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 hald for production of income (see instructions)	6		and the second
7	Other expenses (ase instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		+
Sac	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assats (see instructions for short tax year or assets held for part of year);			
1	a Average monthly value of securities	1.		
1	b Average monthly cash balances	16		
(Fair market value of other non-exempt-use assets	10		
(d Total (add lines 1a, 1b, and 1c)	10		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	an a	
3		3		+
4	Cash deemed held for exampt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Not value of non-exempt-use assets (subtract line 4 from line 3)	5		-
6	Multiply line 5 by .035.	6	Wiese Million and a second	
7	Recoveries of prior-year distributions	7	in the second statistican account that the second	1
0	Minimum Asset Amount (add line 7 to line 6)	8		
Boc	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Soction A, line B, Column A)	1		
	Enter 65% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, tine 6, Column A)	3		
4	Enter greater of line 2 or line 3.	4		1
Ų	Income tax imposed in prior year	5		
Ĝ	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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Schedule A (Form 990 or 950-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Section D – Distributions	and an	and the (contained)	
1 Amounts paid to supported organizations to accomplish exernet runned		and the same same and a same in the same same same same same same same sam	Current Year
2 Amounts paid to perform activity that directly furthers exempt purpose in excess of income from activity	ues 6 of supported organizat	lons,	
3 Administrative expenses paid to accomplish exempt purposes of supp 4 Amounts gain to solv the example use	and the second		
4 Amounts paid to acquire exempt-use assets	orled organizations		1
5 Qualified sot-aside amounts (prior IRS approval required)			
 Other distributions (describe in Part Vi) See Instructions 			
7 Total annual distributions. Add lines 1 through 6.			1
S Distributions to attentive supported organizations to which the organizations in Part VI). See instructions.	ition is responsive (prov	ide datais	
9 Distributable encount for 2016 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
			1
ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable
1 Distributable amount for 2016 from Section C, line 6		Pre-2016	Amount for 201
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions cenyover, if any, to 2016:			
8			
b			
C From 2013		States in states in the states	
d From 2014		And the second s	
e From 2015			And and a second se
f Total of lines 3a through e		and the second se	
g Applied to underdistributions of prior years	Warden werden en sent	Company and the second of the	
h Applied to 2016 distributable amount			and the second second
i Carryover from 2011 not applied (see instructions)			
J Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D,			
line 7: S	1月日 日本市 日本市	A CONTRACT OF A CONTRACT	
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
e Remainder. Subtract lines 4a and 4b from 4.	and the second se		and the second second of the second second second
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017, Add lines 3j and 4c.			Secondary and the second
Breakdown of line 7:		A REAL PROPERTY AND A REAL PROPERTY AND A	
a			
b Excess from 2013			
C Excess from 2014			A Contraction of the second
d Excess from 2015			
• Excess from 2016			
V			

Schadula A (Form 990 or 990-EZ) 2016

 Schedule A (Form 990 or 990-EZ) 2016
 W-A-Y Widening Advancements for Youth 27-3319122
 Page 8

 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.

 Page 8

SCHED (Form §		 Complete if t 	mental Financia he organization answe	an Statements		2016
Department	d the Treasury	Part IV, line 6, 7, 1	5, 9, 10, 11a, 11b, 11c, 1 Attach to Form 1	red 'Yes' on Form 990, 1d, 11e, 11f, 12a, or 12b 90,		Open to Public
Interne of the	eus Sanits organization	 Information about Schedule 	U (Porm 999) and its li	nstructions is at www.ir;	s.gov/form990.	Inspection Mechanication
	C-L-V MIA	daning Roberts				
Part		dening Advancements f tions Maintaining Donor A		Hour Charles Friende	27-33	19122
	Complete	if the organization answered	'Yes' on Form 990	, Part IV, line 6.	or Accounts.	
1 Tota	d number of ea	nd of year	(a) Donor advise	o fundis	(b) Funds and	other accounts
		ninibalians lo (during year)				
3 Agg	egale value of gu	arits from (during year)			4),	
4 Agg	regate value a	t end of year				
5 Did	the organization	on inform all donore and conor advi on's property, subject to the organiz	isors in writing that the a	saats held in donor advise	od funda	D . D .
6 Did	the organization thatitable ouro	on inform all grantees, denors, and	denor advisors in writing	that grant funds can be u	reed anity	
		ate benefit?	* * • • • • • • • • • • • •			Yes No
	Complete	if the organization answere				
1 Put		servation easements held by the or				en al en anter a constante de la constante de l
		of land for public use (e.g., recreate natural habitat	on or education)	Preservation of a hi		
H		nacural naceas of open space		Preservation of a ci	entified historic stru	icture
2 Cor	nolete fines 2a	through 2d if the organization held	a qualified conservation	contribution in the form o	f a conservation e	esement on the
last	day of the tax	year.			And and the second s	
a Tot	al number of o	onservation easements			2 al	e End of the Tax Ye
		fricted by conservation easements			26	
c Nu	uber of conser	vation easements on a certified his	toric structure included i	n (a) [20	
d Nur	teanco to redr	vation easements included in (c) a the National Register	equired after 8/17/08, an	d not on a historic	2.4	
		vation easements modified, transfe				no the
12834	year *					
		where property subject to conserva-		the second se		
5 Doi and	anforcement	ation have a written policy regarding of the conservation easements it he	j ma pendoko monitoring olda?	, inspection, handling of v	iolations,	TYes TNo
		er hours devoted to monitoring, insp				
7 Am ►S	ount of expens	ses incurred in monitoring, Inspecti	ng, hendling of violations	, and enforcing conservat	ion easements du	und the Aser
and	section 170(h	rvation easement reported on line 2 h)(4)(B)(1)?	**********		********	- Andrews - Company
incl cor	ude, If application easi		rganization's financial st	tements that describes th	e organization's a	coounting for
Part III	Organiza Complete	tions Maintaining Collection If the organization answere	ons of Art, Historic d 'Yes' on Form 990	al Treasures, or Ot), Part IV, line 8.	her Similar A	ssets.
art,	historical treat	a elected, as permitted under SFAS sures, or other similar assets held t xt of the footnote to its financial sta	or public exhibition, edu	calicn, or research in furth	nent and balance lerance of public s	sheet works of ervice, provide,
his	orical treasure	n elected, as permitted under SFAS rs, or other similar assets held for p s relating to these items:	1116 (ASC 958), to repo sublic exhibition, educate	rt in its revenue statemen in, or research in furthera	t and belance she nea of public servi	et works of art, ice, provide the
		uded on Form 990, Part Vill, line 1				\$
		led in Form 990, Part X				
an	ounts required	n received or held works of art, hist to be reported under SFAS 116 (A	NSC 058) relating to thes	e Rems:		a sonoweiß
		d on Form 990, Part VIII, and 1 n Form 990, Part X				\$\$
	And a second sec	Reduction Act Notice, see the Ins	hand the second s	and a second		edule D (Form 990) 2
		ner-menne finder i de la finde da seder de l'Alfred de la del 13 de la				

	A CONTRACTOR OF	THE OF FLEE FREEL	orical Treasures o	or Other Similar An	coto (anati-	Pa
Part III Organizations Mainte 3 Using the organization's acquisite items (check all that apply):	on, accession, and o	ther records, check	any of the following that	are a significant use of it	sets (CONIN) Is collection	ied)
a Public exhibition		Freeman				
b Scholarly research		2 million and a million and	or exchange programs			
c Preservation for future genera	ations	e Other	-			
4 Provide a description of the organ Part XIII.	izztion's collections .	and madels to see a				
Part XIII.		aren extinenu uom. Iu	ey lurther the organizatio	in's exempt purpose in		
5 During the year, did the organizati to be sold to raise funds rather that	Ion solicit or receive	donations of art. hi	storical tragginger or othe	an almailter ann an		
to be sold to raise funds rather the	in to be maintained :	as part of the organ	ization's collection?	er sernhar appess	Dvar 1	N
Part IV Escrow and Custodia line 9, or reported an a				wered 'Yes' on Form	n 990, Part I	7.10
1 a is the organization or around the		Job, Fall A, IEI	021.	and a standard and a		
				tets not included	D . 1	-
b If 'Yes,' explain the arrangement in	Part XIII and compl	lete the following to	bla:		Yes	N
						comi Marin
 Beginning balance Additions distort the unset 					Amount	
and a summer of a state of the			and a second	· 1c	Aurentit	_
a summaries in mouth 3 3 18 AGG. F 4 1					and the second se	
a ernettrees relation to a to a to a to a to				· 10	light and good and an and a	
2 a Did the organization include an arr	tount on Form 964	Part X line Ot for		. 11		
b if 'Yee,' explain the arrangement in	Died VIII Charle ba	- dr. A, leie 21, bar i	incrow or custodial acco	unt liability?	Yes	N
	a r an a start, without the	ie ii ine explanatio	n has been provided on i	Part XIII		
art V Endowment Funds. C	Complete if the or	nanization pae	united West an Form	- 000 0		out ff
	(a) Cerrent year	(b) Prior year	weled tes on For		and the second s	-
1 a Beginning of year balance	foll constant hors	(cu) Price year	(c) Two years back	(d) Three years back	6th Four year	bec
b Contributions		-				
and the second se						
c Net Investment earnings, gains, and losses						
d Grants or scholarships						
	L				1	
e Other expenditures for facilities			A CONTRACTOR OF NTO OFONTO OFONTA CONTRACTOR OFONTO OFONTO OFO		1	
and processing						
and programe	Contraction of the second s	L.				on weither
f Administrative expenses						
and programs				Contraction		
and programs	of the ourrent year e	nd balance (line 1g	, column (a)) held as:			
and programs	of the current year e ment +	nd balance (line fg	, column (a)) held as:		1	
and programs	nent >	nd balance (line fg	, column (a)) held as:			
and programs	ment >%		, column (a)) held as:			
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and programs	ment •	* 100%.			1	
and programs	nent	* 100%.		ed for the	1	
and programs	nent	* 100%.			Yes	N
and programs	nent	100%. corganization that	ere held and administer	**********	3a(ī)	N
and programs	the possession of the	100%. corganization that	ere held and administen	**********	. (3a(i) . 3a(ii)	N
and programs	ment	100%. corganization that	ere held and administen	**********	3a(ī)	N
and programs	the possession of the organizations listed uses of the organizatio	100%. e organization that i as required on Sc ion's endowment fu	ere held and administen	••••••••••••••••	3a(i) 3a(ii) 3b	
and programs	the possession of the organizations listed uses of the organizatio	100%. e organization that i as required on Sc ion's endowment fu	ere held and administen	••••••••••••••••	3a(i) 3a(ii) 3b	
and programs	nent • * ind 2c should equal the possession of the d organizations listed uses of the organizations Equipment. cation answered	* 100%. e organization that i as required on Sc ion's endowment to 'Yes' on Form (ere held and administer 	a. See Form 990, Pa	3a(i) 3a(ii) 3b	
and programs	ment • * and 2o should equal the possession of the d organizations listed uses of the organizat Equipment. ration answered (a) Co	100%. e organization that i as required on Sc ion's endowment fu	ere held and administen hedule R7 inds. 190, Part IV, line 11:	a. See Form 990, Pa	3a(i) 3a(ii) 3b	
and programs	ment • * and 2o should equal the possession of the d organizations listed uses of the organizat Equipment. ration answered (a) Co	* 100%. e organization that i as required on So ion's endowment to 'Yes' on Form 1 st or other basis	ere held and administer 	a. See Form 990, Pa	3a(i) 3a(ii) 3b	
and programs	ment • * and 2o should equal the possession of the d organizations listed uses of the organizat Equipment. ration answered (a) Co	* 100%. e organization that i as required on So ion's endowment to 'Yes' on Form 1 st or other basis	ere held and administen hedule R7 inds. 190, Part IV, line 11:	a. See Form 990, Pa	3a(i) 3a(ii) 3b	
and programs	ment • * and 2o should equal the possession of the d organizations listed uses of the organizat Equipment. ration answered (a) Co	* 100%. e organization that i as required on Sc ion's endowment th 'Yes' on Form s st or other basis investment)	ere held and administen hedule R7 inds. 190, Part IV, line 11:	a. See Form 990, P: (c) Accumulated depreciation	3a(i) 3a(ii) 3b art X, line 10	
and programs	ment • * and 2o should equal the possession of the d organizations listed uses of the organizat Equipment. ration answered (a) Co	* 100%. e organization that i as required on So ion's endowment fu 'Yes' on Form s st or other basis investment) 56, 592.	ere held and administen hedule R7 inds. 190, Part IV, line 11:	a. See Form 990, Pa	3a(i) 3a(ii) 3b art X, line 10	
and programs	ment me	* 100%. e organization that i as required on Sc ion's endowment th 'Yes' on Form s st or other basis investment)	ere held and administen hedule R7 inds. 190, Part IV, line 11:	a. See Form 990, P: (c) Accumulated depreciation	art X, line 10 (d) Book va	16
and programs	nent •	* 100%. e organization that i as required on Sc ion's endowment th 'Yes' on Form 1 st or other basis investment) 56, 592, 528, 735.	ere held and administen 	a. See Form 990, Pa (c) Accumulated depreciation 13, 431, 413, 671,	3a(ii) 3a(ii) 3b art X, line 10 (d) Book va	

IM

(a) Description of security or category (including name of socurity)	Tea on Form 990, 1	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Executed of second or carefory (excluding name of secondy)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Financial derivatives	•	
() Closely-held equily interests		
I) Other		
•		an a
B)	* (***********************************	
2	-	
)	-	
***************************************	-	
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de an ter en	-	
Title Case was one owner (202) over every star owner was deer was and and and and and and and	-	
Nel. (Column (b) must equal Form 990, Part X, column (B) line 12.)	1	
art Vill Investments - Program Related.	N	
(a) Description of Investment	res on Form 990, F	Part IV, line 11c. See Form 990, Part X, line 13.
	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	-	
(2)		
(3)		
(4)		
(5)	and an a stand long of the standard standard standard standard standard standard standard standard standard st	
(6)		
(7)		
(8)	-	
(9)		
10) Ital, (Column (b) must equal Form 990, Part X, column (B) the 13.1		
(a) D	'Yes' on Form 990, I escription	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(1) (a) D	'Yes' on Form 990, I escription	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(a) D	'Yes' on Form 990, I escription	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(1) (2) (3)	'Yes' on Form 990, I escription	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(1) (2)	'Yes' on Form 990, I escription	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(1) (2) (3) (4) (5)	'Yes' on Form 990, I escription	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(1) (2) (3) (4) (5) (8) (7)	'Yes' on Form 990, I escription	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(1) (2) (3) (4) (5) (6)	'Yes' on Form 990, I escription	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
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Schedule D (Form 950) 2018 W-A-Y Widening Advancements for Youth	27-3319122 Page 4
reconclusion of Revenue per Audited Financial Statemente Meth Devenue	27-3319122 Page 4
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part Vill, line 12: a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2a c Racoveries of prior year grants 2c d Other (Describe in Part Xill.) 2c s Add lines 2a through 2d 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part Vill, line 12, but not on line 1: a Investment expenses not included on Form 990, Part Vill, line 7b, or Vill, line 7b, o	
b Other (Describe in Part XIII.) c Add lines 4a and 4b S Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expense Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements.	es per Return.
Amounts included on line 1 but not on Form 990, Part IX, line 25: B Donated services and use of facilities. b Prior year adjustments c Other losses . Z c	
e Add lines 2e through 2d	<u></u> <u>26</u>
Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 75	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 930, Part I, line 18.) Part XIII Supplemental Information.	

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

BAA

Schedule D (Form 990) 2016

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if 'Yes' to any o Only section 5 For persons list	r receive payment from, a supplemental nong	walified retrament plan?	4b	X
Only section 5	r receive payment from, an equity-based com	pensation arrangement?	40	X
For persons list	lines 4a-c, list the persons and provide the a	pplicable amounts for each item in Part III.		
For persons list	01(c)(3), 501(c)(4), and 501(c)(29) organizat	tions must complete lines 5-0.		
service some sage and the same say		did the organization pay or accrue any compensation		
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b Any related org	anization7	******************************	Sb	X
PART LESS SPECIFIC PERT PE	ne riner graffikerige (fr.	did the organization pay or accrue any compensation		
a The organizatio	87	******************************	6a	X
b Any related org	anization?	*******************************	· · 6b	X
	a or 6b, describe in Part III.			
For persons list payments oot d	sd on Form 990, Part VII, Section A, line 1a, o ssoribed on lines 5 and 67 If 'Yes,' describe in	did the organization provide any nonfixed	7	x
to the initial com	tract exception described in Flow defines sent	corued pursuant to a contract that was subject ion 53,4858-4(a)(3)?	8	×
9 If 'Yes' on ina 8		a maximution remedum described in Bandations		

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-A-Y Widening Advancements fo	Trustees, Key Employees, and Highe
Schedule J (Form 990) 2016 M-	Part II Officers, Directors, Trustees, Key

For each ladividual whose compensation must be reported on Schedule J, report companisation from the arganization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (BN()-(N) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for thet individual.

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Page 2

2/-3319122	end 8, and for Part II. Also	-	Schedule J (Form 990) 2016
W-A-Y Widening Advancements for Youth Mormation	r descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also formation.		
Schedue J (Form 590) 2016 N-A-Y HI Part III Supplemental Information	Provide the information, explanation, or descriptions required for complete this part for any additional information.		W

SCHEDULE O (Form 990 or 990-E2)	Supplemental Information to Form 990 or 990-EZ	Q525 Na. 1546-0047
	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.	2016
Department of Eve Treasury Internal Reviews Service Name of the algoritzation	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	Open to Public
		Identification number
	dvancements for Youth 27-33	19122
Pt VI, Line 6b	There are no committees authorized by board	
Pt VI, Line 11b	Copy provided to all directors. Any questions were	
Pt VI, Line 11b	directed to CPA & Executive director.	
Pt VI, Line 12c	Board evaluates if a possible conflict of interest	
Pt VI, Line 12c	exists. if it does exist they will compare to others	
Pt VI, Line 12c	that would not have a conflict of interest. The board	
Pt VI, Line 12c	will evaluate and determin if conflict of interest	
Pt VI, Line 12c	transaction is in the best interest of organization o	
Pt VI, Line 12c	should they use another another still	E
Pt VI, Line 15a	should they use another party with no conflict.	
Pt VI, Line 15a	Directors evaluated executive directors qualification	8
Pt VI, Line 15a	and make comparisons to industry standards. For other	
Pt VI, Line 15a	employees executive directors use best judgement	
Pt VI, Line 19	considering other employees and knowledge of industry	
Pt VI, Line 19	Yes interested parties may request governing document	9,
	conflict of interest or financial statements	
Pt VI, Line 19	If requested copies are made and sent to requesting p	arty.

Form 8879-EO	IRS e-file Signature Authoriza for an Exempt Organizatio Per celender year 2016, or faces year beginning Jul 12016, and ending	n	OMB No. 1545-1878
Department of the Treasury Internal Revenue Service Name of assergit organization	Do not send to the IRS. Keep for your rec Information about Form 8879-EO and its instructions is at w	ords. www.irs.gov/torm8879eo.	2016
W-A-Y Widening A None and the of officer	dvancements for Youth	Employer Idea 27-3319	Mication number 122
Glen Taylor			
Part I Type of Retu	m and Return Information (Whole Dollars Only)	In the standing of	
check the box for the relient check the box on line 1s, 2s isove line 1b, 2b, 3b, 4b, or	for which you are using this Form 6579-EO and enter the applicable , 3a, 4a, or 5a, below, and the amount on that line for the return bein 5b, whichever is applicable, blank (do not enter -0-). But, if you enter o not complete more than 1 line in Part 1.	emount, if any, from the return g filed with this form was blant red -0- on the return, then entr	n. If you (, then if -0- on
1 a Form 990 check here		A1	
2 a Form 990-EZ check h	are D b Total revenue, if any (Form 990.62 in a 9)	A), and 12) 11	
3 a Form 1120-POL check	nere I b Total tax (Form 1120, PC) line 22)	***************************************	
4 a Form 990-PF check h	b Tax based on investment income (Form 980-1	PE, Part VI, line 51 41	
6 a Form 8868 check here	••• • D Balance Due (Form 8868, ine 3c	· · · · · · · · · · · · · · · · · · ·	
Part II Declaration a	nd Signature Authorization of Officer decise that I am an officer of the above organization and that I have anying schedules and statements and to be ben do the to be	and a second	
funds withdrawai (direct deb organization's federal taxes contact the U.S. Treasury FI authorize the financial institu- answer inquiries and resolve organization's electronic retu- Officer's PIN: sheck one b [X]I authorize <u>Hearson</u> on the organization's tay a state agency(ies) regu- the rotum's disclosure of As en officer of the organ indicated within this return	aur & Associates, CPA. P.C. to ente IRO firm name year 2016 electronically filed return. If I have indicated within this reliables as part of the IRS Earl/State remarks. I also a state indicated	and maricle Agent to instate alion software for payment of this account. To revolve a paym to the payment (settiamant) do receive confidential informati- tion number (PIN) as my signa withdrawal. er my PiN 19122 Enter five sumber do not enter al as turn that a copy of the return is the storementioned ERO to e	an electronic he ment, I must ate. I also in necessary to ture for the las my signatur s, but sea being filed with nter my PiN on
Officer's vignature	Dela 🖛		
Part III Certification	and Authentication	The second	
ERO's EFIN/PIN. Enter you	shx-digit electronic filiag identification		
number (EFIN) followed by ;	cur five-digit self-selected PIN		38253905132 do not arber all stress
I cartify that the above nume above, I confirm that I am as Authorized IRS e-file Provid	nic entry is my PIN, which is my signature on the 2016 electronically domitting this return in accordance with the requirements of Pub. 416 are for Susinees Returns.	filed return for the organization 3, Modernized e-File (MeF) Ini	n indicated formation for
ERO's signature	Data 🏎		
	ERO Must Retain This Form — See Instruct Do Not Submit This Form To the IRS Unless Reque	ions sted To Do So	
	ction Act Notice, see instructions.	an a	Form 8879-EO (20
BAA For Paperwork Redu	and the second		

W-A-Y Widening Advancements for Youth

27-3319122

Schedule O (Form 990) Supplemental Information to Form 990 Form 990, Page 6, Line 3 (continued)

Name	Address	City	St	ZIP
		Kalamozoo	MI	49008
John Shinsky	301 W Palton, Suite 151, An 92010	Grand Rapids	MI	49504

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HP LaserJet MFP M426fdn

Fax Confirmation

May-15-2018 9:494M

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Form 8879-EO	ivi an caei	ature Authorization	
	"or classificar year 2016, or facul year beginning Ji	L 1	QN8 No. 1545-1878
Department of the Towarury Internet Revenue Sarvice Name of assergit organization	Do not send to the Information about Form 8879-EO and	IRS. Keep for your records. Its instructions is at www.irs.gov/form8879eo.	2016
W-A-Y Widening Ad	ivancements for Youth		Ciferen number
Glen Taylor			1122
Parti Type of Retu	n and Return Information (Whole	Dellars Only	
check the box on line fature check the box on line fa, 2a leave line 1b, 2b, 3b, 4b, or the applicable line below. De	for which you are using this Form 8879-EO i 3a, 4a, or 5a, below, and the amount on the 5b, whichever is applicable, blank (do not er not complete more than 1 lins in Part I.	Dollars Only) and enter the applicable amount, if any, from the return at line for the return being filed with this form was blen iter -0-). But, if you entered -0- on the return, then end	m, líf you k, then nr -G- on
1 a Form 990 check here .	····· [X] b Total revenue, if any (Form	990, Part Vill, column (A), line 12)	
2 a Form 990-EZ check he	The second s	Carl South P HEARS	21.221.31
3 a Form 1120-POL check 4 a Form 990-PF check he	I I I I I I I I I I I I I I I I I I I	S-FUL (24 27)	
5 a Form 8866 check here	The second production and a statistical	IT include a fisher first for the start of	
	· U o dalance Due (Form 8858, lin	he 3c	b
Part II Declaration a	nd Signature Authority Con		
Under pensities of parjury, I a	eclare that I am an officer of the object	ICEr nization and that I have examined a copy of the organ best of my knowledge and belief, they are true, corre he copy of the organization's electronic ratios	
contact the U.S. Treasury Fin authorize the financial institut	ancial Agent at 1-888-353-4537 no later than	renamission. (b) the reason for any delay in processin reasury and its designated Financial Agent to initiate a iceted in the tax preparation actiwars for payment of it in to debit the entry to this account. To revoke a paym 12 business days prior to the payment (settlement) do nic payment of laxes to receive confidential informatic of a personal identification number (PIN) as my signal in to the provide with the model.	ne ent, i must
on the organization's tax y a state agency(ies) regula the return's disclosure cor As an officer of the organi indicated within this return program, I will enter my P	to only <u>UT & ASSOCIATES, CPA. P.C.</u> ERO flore name over 2018 electronicsilly filed return. If i here ling charities as part of the IRS Fed/State pr sent screen. Sation, I will enter my PIN as my signature of that a copy of the return is being filed with a Not the return's disclosure consent screen. When the return's disclosure consent screen.	to enter my PIN <u>19122</u> Enter five nuchers do not enter all act lindicated within this return that a copy of the return is ogram, I also authorize the aforementioned ERO to or in the organization's tax year 2016 electronically field r	as my signatu se being filed with nter my PIN on
X I authorize <u>Hessens</u> on the organization's tax y a state agency(ins) regula the roturn's disclosure cor As an officer of the organi indicated within this rotury program, I will enter my P Office's signature Cartification a	ear 2018 electronically filed return. If i here ting charities as part of the IRS Fad/State pr sent acreen. Tablen, I will enter my PIN as my signature of that a copy of the return is being filed with a N on the return's disclosure consent screen.	to enter my PIN <u>19122</u> Enter five nuclear do not enter all act ogram, I also authorize the aforementioned ERO to or in the organization's tax year 2016 electronically filed r is state agency(lies) regulating charities as part of the II	as my signatu set being filed with nter my PIN on
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W-A-Y Widening Advancements for Youth Balance Sheet As of June 30. 2018

Jun 30, 18	1308		le tagement		15,903.38 1,642.50 14,222.50	Ises	aid			ents 94,557.30 261,933.66 209,518.08 17,927.88 17,927.88 194,791.20	25,354.02 56,592.08
	SSETS Current Assets Checking/Savings 10000 · General Checking 0308 10050 · Savings Account 0661	Total Checking/Savings	Accounts Receivable 11000 · Accounts Receivable 11500 · Due From WAY Management	Total Accounts Receivable	Other Current Assets 13000 · Prepaid Expenses 13100 · Prepaid Insurance 13200 · Prepaid Other 13000 · Prepaid Expenses - Other	Total 13000 · Prepaid Expenses	14000 · Security Deposits Paid	Total Other Current Assets	Total Current Assets	Fixed Assets 15000 - Fixed Assets 15001 - Leasehold Improvements 15001 - Office Computers 15100 - Student Computers 15200 - Technical Equipment 15300 - Furniture & Fixtures 15400 - Vehicles	15500 · Software 16000 · Leasehold Improvement

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Page 1

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W-A-Y Widening Advancements for Youth Balance Sheet

Jun 30, 18		-104,430.00	-128,380.88	-11,093.25	-12.610.42	-48.016.25	-25 35A DD	-7,771.56	-397,725.01	391,929.23	391,929.23	1 407 307 55		976,923.83	976,923.83	16,970.95 11,138.98	28,109.93	rroll liabilities. A) 133.48 260.96 120.21 57.16 738.36 -127.13
	1600 Accumulated Devraciation		ISTORY AND STUDENT COMPUTERS	-	15350 · A/D - Furn & Fix				Total 1690 · Accumulated Depreciation	Total 15000 · Fixed Assets	Total Fixed Assets	TOTAL ASSETS	LIABILITIES & EQUITY Liabilities Current I labilities	Accounts Payable 20000 - Accounts Payable	Total Accounts Payable	Credit Cards 21000 · Chase Credit Cad 3456/5026/2015 21500 · Chase Credit Card 9256/9442	Total Credit Cards	Other Current Liabilities 22000 · Payroll Withhioldings 22100 · Federal Withholding (Unpaid payroll liabilities. A) 22200 · FICA Withholding 22300 · FICA Withholding 22350 · A01 (K) Withholding 23500 · 401 (K) Withholding 23500 · Garnishment Withholding

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W-A-Y Widening Advancements for Youth Balance Sheet As of June 30, 2018

	Jun 30, 18
24000 · Accrued Expenses	105,631.26
Total Other Current Liabilities	106,814.30
Total Current Liabilities	1,111,848.06
Long Term Liabilities 27000 · Note Payable MI Education CU	10,171.37
Total Long Term Liabilities	10,171.37
Total Liabilities	1,122,019.43
Equity 31000 · Unrestricted Net Assets (Undistributed earnings of the Net Income	49,012.75 326,365.37
Total Equity	375,378.12
TOTAL LIABILITIES & EQUITY	1,497,397.55

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W-A-Y Widening Advancements for Youth Profit & Loss

29,155.00 602,665.43 3,593,604.02 2,471.21 6,907,871.97 6,907,871.97 2,679,976.31 ,792,688.53 510,520.18 205,941.16 98,848.63 69,400.07 2,577.74 2,865,923.46 1,627,973.96 31 nul - 71' lub 9,422.82 175,234.37 July 2017 through June 2018 53500 - Direct Mileage Reimbursement Ex 6550 · Admin Insurance Reimbursement 53700 · Direct Workers' Comp Expense 46500 Direct Insurance Reimbursement 41000 · Training & Development Revenue 45000 . Dir Payroll Tax Remibursement Total 44000 · Academy Reimbursements 44350 · Admin Payroll Reimbursement 44300 · Direct Payroll Reimbursement 52000 · Salaries & Wages-Instructors 44000 - Academy Reimbursements 53000 · Direct Employee Benefits 53100 - Direct Health Insurance 43000 · Management Fee Income 51000 Access Fee Expense 18000 · Refunded Expenses 50000 - Program Expenses 40000 · Program Revenue 43500 · Rental Income Ordinary Income/Expense Total Income **Gross Profit** Expense Income

Total 53000 · Direct Employee Benefits 58000 · Reimburseable Expenses 54000 · Direct Contracted Labor 57500 · Training & Education 56000 · Computer Supplies

200,109.19 40,457.25

Total 50000 · Program Expenses

4,754,367.91

4,977.19 6,190.47

8,736.39

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W-A-Y Widening Advancements for Youth Profit & Loss July 2017 through June 2018

			Supplies Expense	S	Total 63000 · Admin Employee Benefits 418,235.12					17 - Jun 18	27,027.14 12,824.31 5,331.48 10,955.16 12,554.68 27,947.44 418,235.12 2,122.95 1,619.07 351.76 291.50 627.85 3,032.68 300.00 5,550.89 9,300.00 6,167.85 6,167.85 5,550.89 9,300.00 6,167.85 6,167.85 6,167.85 6,167.85 6,167.85 6,167.85 6,167.85 6,167.85 6,167.85 6,167.85 6,167.85 1,000 1	60000 · General & Administrative 60410 · Reconciliation Discrepancies 61000 · Salary & Wages-Adminstrative 63000 · Admin Employee Benefits 63100 · Admin Health Insuarnce 63200 · Admin MI SUI Tax Expense 63200 · Admin MI SUI Tax Expense 63200 · Admin Mileage Reimbursement 63500 · Admin Employee Benefits 63700 · Director's Life Insurance 63700 · Director's Life Insurance 63700 · Advertising 64201 · Conferences 64200 · Conferences 64200 · Conferences 64200 · Conferences 64200 · Conferences · Other 64200 · Internet 64410 · Interest Expense 64430 · Internet
Accountino	3,195.00 her 3,032.68 300.00 ips	627.85 3,195.00 3,032.65 300.00 ips	291.50 627.85 627.85 3,195.00 300.00 ips	Jies Expense 351.76 291.50 291.50 627.85 627.85 1 3,195.00 her 3,00.00 ips 300.00	olies Expense 351.76 291.50 627.85 627.85 627.85 195.00 10 3,00.00 10 300.00	oyee Benefits 41 olies Expense 351.76 olies Expense 351.66 1 3,195.06 her 3,00.00 ips 300.00	ng Fees 27,947.44 byee Benefits 351.76 blies Expense 351.76 291.50 291.50 627.85 her 3,032.66 her 300.00	surance 12,554.68 ng Fees 27,947.46 oyee Benefits 74 a)155.46 a)195.06 a),195.06 ber 3,002.06 her 300.00	Addition 3,351.44 Comp Insurance 10,955.11 surance 12,554.61 surance 12,554.61 ang Fees 27,947.44 oyee Benefits 41 oyee Benefits 27,947.44 oyee Benefits 21.76 oiles Expense 351.76 files Expense 351.76 ner 3,032.66 her 3,032.66 her 3,00.00	ncies trative 1,18 ts ts ts 107,835.51 ts 107,835.51 12,824.3 12,824.3 12,824.61 12,554.66 12,555.16 12,554.66 12,555.16 13,555.16 12,555.16 14,555.16 12,555.	6,167.85 50.407.54	
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W-A-Y Widening Advancements for Youth Profit & Loss July 2017 through June 2018

326,365.37	Net Income
326,365.37	Net Ordinary Income
6,581,506.60	Total Expense
1,827,138.69	Total 60000 · General & Administrative
15,482.40	67500 · Vehicle Expense
17,138.25	
3,154.94	64850 · Recruitment
540.09	64800 · Postage & Printing
7,740.00	64790 · Outside Contractors
12,770.00	64785 · Office Supplies Expense
30,571.00	Total 64700 · Occupancy Expenses
658.99 1,551.59	64755 · Supplies-Building 64760 · Telephone
506.85 0.00	64740 · Repairs & Maintenance 64750 · Security System
25,756.57	64730 · Rent
2,097.00	64700 · Occupancy Expenses 64710 · Parking
Jul 17 - Jun 18	

			Organizer/Man Please complete for each school currently or formerly	• •	•		nal rows as needed					
				School Informat	ion							
School Name	Address	Contact Information	Name and Contact Information for Authorizer	Year Opened	Year Closed (if applicable)	Grade Levels	Number of Students	FRL %	Special Education %	Minority %	ELL %	Management Company
WAY Academy Southwest	8701 West Vernor, Detroit, MI 48209	(313) 444-8082	Lake Superior State University - Garnet Green (248) 961-460:	2012		7 - 12	171	68%	11%	88%	33%	WAY (WAY Program)
WAY Academy West Campus	19321 West Chicago, Detroit, MI 48228	(313) 444-9398	Lake Superior State University - Garnet Green (248) 961-460:	2013		7 - 12	91	33%	11%	89%	0%	WAY (WAY Program)
WAY Academy East Campus	15900 Common Road, Roseville, MI 48066	(586) 806-9041	Lake Superior State University - Garnet Green (248) 961-460:	2018		7 - 12	46	2%	17%	4%	0%	WAY (WAY Program)
WAY Academy of Flint	817 East Kearsley, Flint, MI 48503	(810) 412-8655	Lake Superior State University - Garnet Green (248) 961-460:	2013		7 - 12	117	3%	26%	62%	0%	WAY (WAY Program)
WAY Academy Flint, Washtenaw Campus	555 Briarwood Circle, Ann Arbor, MI 4810	(810) 265-5492	Lake Superior State University - Garnet Green (248) 961-460:	2014	2017	7 - 12	n/a	n/a	n/a	n/a	n/a	WAY (WAY Program)
WAY Michigan	407 East Fort, suite 201, Detroit, MI 48226	(734) 494-2106	Central Michigan University - (989) 774-2100	2014		6 - 12	239	34%	8%	36%	3%	WAY (WAY Program)

	Organizer/Management Company Portfolio Summary Please complete for each school currently or formerly operated by the organizer or management company. Insert additional rows as needed													
						School Performance	e							
	PI	ease provide thre	ee years of academic d	lata, if available, for each	school listed on Tab 1,	inserting additional Tal	os as necessary for addit	tional schools. In	nsert additional rows	as necessary for each gra	de level.			
					-									
	School Name:	WAY Academy	Southwest											
Year 1:	2014-15	Grade Level	ELA Proficiency	ELA Growth (VA)	Math Proficiency	Math Growth (VA)	Instrument Used	4-Year Grad Rate	CCRI	Attendance Rate	Post-Secondary Attainment %			
		all	n/a	n/a	n/a	n/a		11%	n/a	n/a	23%			
		-						4-Year						
Year 2:	2015-16	Grade Level	ELA Proficiency	ELA Growth (VA)	Math Proficiency	Math Growth (VA)	Instrument Used	Grad Rate	CCRI	Attendance Rate	Post-Secondary Attainment %			
		all	11%	n/a	<5%	n/a		9%	n/a	36%	25%			
										1				
Year 3:	2016-17	Grade Level	ELA Proficiency	ELA Growth (VA)	Math Proficiency	Math Growth (VA)	Instrument Used	4-Year Grad Rate	CCRI	Attendance Rate	Post-Secondary Attainment %			
		all	19%	n/a	<5%	n/a		16%	<5%	<5%	17%			
1		-												

	Organizer/Management Company Portfolio Summary Please complete for each school currently or formerly operated by the organizer or management company. Insert additional rows as needed													
						School Performance	æ							
	PI	lease provide thre	ee years of academic d	lata, if available, for each	school listed on Tab 1,	inserting additional Tal	os as necessary for addit	tional schools. In	nsert additional rows	as necessary for each gra	de level.			
					-									
	School Name:	WAY Academy	West Campus											
Year 1:	2014-15	Grade Level	ELA Proficiency	ELA Growth (VA)	Math Proficiency	Math Growth (VA)	Instrument Used	4-Year Grad Rate	CCRI	Attendance Rate	Post-Secondary Attainment %			
		all	n/a	n/a	n/a	n/a		n/a	n/a	n/a	n/a			
						1		4-Year		1				
Year 2:	2015-16	Grade Level	ELA Proficiency	ELA Growth (VA)	Math Proficiency	Math Growth (VA)	Instrument Used	Grad Rate	CCRI	Attendance Rate	Post-Secondary Attainment %			
		all	<5%	n/a	<5%	n/a		8%	n/a	48%	n/a			
Year 3:	2016-17	Grade Level	ELA Proficiency	ELA Growth (VA)	Math Proficiency	Math Growth (VA)	Instrument Used	4-Year Grad Rate	CCRI	Attendance Rate	Post-Secondary Attainment %			
		all	9%	n/a	<5%	n/a		13%	<5%	21%	<5%			

	Organizer/Management Company Portfolio Summary Plesse complete for each school currently or formerly operated by the organizer or management company. Insert additional rows as needed													
						School Performance	æ							
	PI	lease provide thre	ee years of academic d	lata, if available, for each	school listed on Tab 1,	inserting additional Tab	os as necessary for addit	tional schools. In	nsert additional rows	as necessary for each gra	de level.			
					T									
	School Name:	WAY Academy	of Flint		-									
Year 1:	2014-15	Grade Level	ELA Proficiency	ELA Growth (VA)	Math Proficiency	Math Growth (VA)	Instrument Used	4-Year Grad Rate	CCRI	Attendance Rate	Post-Secondary Attainment %			
		all	n/a	n/a	n/a	n/a		<5%	n/a	n/a	n/a			
										1				
1														
Year 2:	2015-16							4-Year						
Tear 2:	2015-16	Grade Level	ELA Proficiency	ELA Growth (VA)	Math Proficiency	Math Growth (VA)	Instrument Used	Grad Rate	CCRI	Attendance Rate	Post-Secondary Attainment %			
		all	12%	n/a	5%	n/a		22%	n/a	22%	<5%			
Year 3:	2016-17	Grade Level	ELA Proficiency	ELA Growth (VA)	Math Proficiency	Math Growth (VA)	Instrument Used	4-Year Grad Rate	CCRI	Attendance Rate	Post-Secondary Attainment %			
1		all	11%	n/a	<5%	n/a		11%	<5%	14%	<5%			
										1				

	Organizer/Management Company Portfolio Summary Please complete for each school currently or formerly operated by the organizer or management company. Insert additional rows as needed School Performance													
						School Performance	æ							
	Pi	ease provide thre	ee years of academic d	lata, if available, for each	school listed on Tab 1,	inserting additional Tal	os as necessary for addit	tional schools. I	nsert additional rows a	as necessary for each gra	de level.			
					т									
	School Name:	WAY Michigan			ł									
Year 1:	2014-15	Grade Level	ELA Proficiency	ELA Growth (VA)	Math Proficiency	Math Growth (VA)	Instrument Used	4-Year Grad Rate	CCRI	Attendance Rate	Post-Secondary Attainment %			
		all	n/a	n/a	n/a			<5%	n/a	n/a	n/a			
	-					1 1		4-Year		1				
Year 2:	2015-16	Grade Level	ELA Proficiency	ELA Growth (VA)	Math Proficiency	Math Growth (VA)	Instrument Used	Grad Rate	CCRI	Attendance Rate	Post-Secondary Attainment %			
		all	39%	n/a	8%			47%	n/a	n/a	n/a			
								4-Year		1				
Year 3:	2016-17	Grade Level	ELA Proficiency	ELA Growth (VA)	Math Proficiency	Math Growth (VA)	Instrument Used	Grad Rate	CCRI	Attendance Rate	Post-Secondary Attainment %			
		all	25%	n/a	14%			25%	6%	31%	<5%			

Attachment 22



WAY Program is not and has not been involved in any litigation arbitration proceedings, by school that has involved the organization or any charter school it operates.