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

OMB No. 1545-0047

Open to Public Inspection

		of the Treasur enue Service	Go to www.irs.gov/Form990 for instructions and the late				Inspection						
						BER	31 ,20 22						
		applicable:	C Name of organization THE HUMANITARIAN WAY				tification number						
ПА	ddres	s change	Doing business as				15267						
н		hange		Room/suite	E Telepho	ne num	ber						
	nitial re	1881	2733 E BATTLEFIELD STREET STE 2331		41	7-22	25-7499						
FF .	inal re	100	City or town, state or province, country, and ZIP or foreign postal code										
	ermina	25510150	SPRINGFIELD MO 65804	- 1	G Gross receipts	\$	19,000						
		ed return		(a) Isthisagi	roup return fo	or subord	linates? Yes X No						
н				(b) Are all sub	oordinates in	cluded?	Yes No						
-		empt status:		If "No," at	tach a list. S	ee instruc	ctions.						
-	ebsit			(c) Group exe	emption numl	ber							
		organization:		formation: 2	2022	VI State	of legal domicile: MO						
The second second	rt I	Summ											
	1		cribe the organization's mission or most significant activities:										
			STRENGTH BASED HOUSING SOLUTIONS TO	THE SPE	RINGFI	ELD							
ce	CO	TIMUMM	Y THROUGH SHELTER DIVERSION PROGRAMS										
'n			NESS AND HOUSING INSECURITIES										
Activities & Governance	2	Check this		re than 25%	of its net as	ssets.							
õ	3		f voting members of the governing body (Part VI, line 1a)			3	3						
∘ŏ ∨	4		f independent voting members of the governing body (Part VI, line 1b)			4							
ij	5		ber of individuals employed in calendar year 2022 (Part V, line 2a)			5							
Ę	6		ber of volunteers (estimate if necessary)			6							
A	72		lated business revenue from Part VIII, column (C), line 12			7a							
	1.00		ated business taxable income from Form 990-T, Part I, line 11			7b	0						
-		J Net union	ated business taxable meetic field femiliary and the artists of th	20,000	or Year		Current Year						
		Contribut	ons and grants (Part VIII, line 1h)				19,000						
Revenue	8		service revenue (Part VIII, line 2g)										
Ver	9		nt income (Part VIII, column (A), lines 3, 4, and 7d)										
Be	10		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-							
	11		nue add lines 8 through 11 (must equal Part VIII, column (A), line 12)				19,000						
	12												
	13		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)										
	14		other compensation, employee benefits (Part IX, column (A), lines 5-10)										
Expenses	15		nal fundraising fees (Part IX, column (A), line 11e)			_							
ens	168		draising expenses (Part IX, column (D), line 25)										
ä	k		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	_			19,000						
-	17		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)				19,000						
	18		less expenses. Subtract line 18 from line 12				•						
	19	Revenue	less expenses. Subtract line to from line 12		ng of Current	Year	End of Year						
dets	se se	T-t-l and	ets (Part X, line 16)		ng or ourrow	1041							
Assets Fund	20 21	Total list	lities (Part X, line 26)										
Net	21 21		s or fund balances. Subtract line 21 from line 20										
		The second second	s or fund balances. Subtract line 21 from line 20										
	ırt II		v, I declare that I have examined this return, including accompanying schedules and state	ments, and to t	he best of m	v knowle	dge and belief, it is						
true,	correc	atties of perjur ct, and comple	te. Declaration of preparer (other than officer) is based on all information of which prepar	rer has any kno	wledge.		37.						
	10000	1											
Sig	ın	Signatu	re of officer	11000		С	Date						
He		100000000000000000000000000000000000000	EAN HERRING PRESI	DENT A	ND FO	UNDE	R						
116			print name and title										
			t/Type preparer's name Preparer's signature Date		Check	T if	PTIN						
Pai	d	10000000	ERRY CARSON				P00117488						
	epar	V C (6/5)	o's name HRB TAX GROUP INC	F	irm's EIN		871840						
	e Or		o's address 1907 S GLENSTONE AVE		hone no.								
	-	10.000	RINGFIELD MO 65804		417)8	83-1	339						
May	the I		this return with the preparer shown above? See instructions				X Yes No						

n 9	90 (2022) THE HUMANITA	RIAN WAY 92-1115267		Page					
-	III Statement of Program Serv	ice Accomplishments							
	Check if Schedule O contains a response	onse or note to any line in this Part III							
	Briefly describe the organization's mission:								
I	HOMELESSNESS PREVENTIO	N							
		·	are not listed on the						
[Did the organization undertake any significan	t program services during the year which we	Ves	X I					
ļ	prior Form 990 or 990-EZ?			E3.					
	f "Yes," describe these new services on Sch Did the organization cease conducting, or ma	edule O.	any program						
	Old the organization cease conducting, or ma services?	are significant changes in now it conducts, t	Yes	\boxtimes					
	f "Yes," describe these changes on Schedul	a O							
	Pescribe the organization's program service	e O.	t program services as measured by						
	expenses Section 501(c)(3) and 501(c)(4) or	ganizations are required to report the amou	nt of grants and allocations to others,						
	the total expenses, and revenue, if any, for ex	ach program service reported.							
200	\ \(\sigma_{\infty} \)	including grants of \$) (Revenue \$						
	(Code:) (Expenses \$ SEE ATTACHMENT #2	micidum grants or \$							
	SEE ATTACHMENT #Z								
		1							
		All							
		C 18							
_	(Code:) (Expenses \$	including grants of \$) (Revenue \$						
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	Aller Annual								
	(Code:) (Expenses \$	including grants of \$) (Revenue\$						
100	(Code:/ (Expenses \$								
		The state of the s							
	Maria and the second se								
		dula O)							
d	Other program services (Describe on Sche (Expenses \$ inc	dule O.)) (Revenue \$						

all	Oncomic of frequines concerns		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Same I	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
J	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 Rev. Proc. 98–19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
F	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,"			7.7
	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	_		37
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		V
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			1885
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a		X
	complete Schedule D, Part VI	110		- 21
k	Did the organization report an amount for investments other securities in Part X, line 12, that is 5% or more	11b		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		1 22
•	Did the organization report an amount for investments program related in Part X, line 13, that is 5% or more	11c		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		- 21
(Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11d		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			1
1	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		X
490.00	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI and XII	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 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
		13		X
13	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14	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				
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			550
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	_	X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	2000		
	Part VIII. lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	+	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	X
	If "Yes" complete Schedule G. Part III	19	+	_
20	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20		X
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20	0	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

22 9903

Part	Checklist of Required Schedules (continued)		Yes	No
	the action of greats or other assistance to or for domestic individuals on		103	110
22 I	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
	Part IX, column (A), line 2? If "Yes, complete Schedule", Parts Faild iii			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\dots N./A$.	24b		
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
230	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Ver " complete Schodule Part	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		X
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		X
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			12.00
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,		100	
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"	THE COL		
а	A current or former officer, director, trustee, key employee, creator of former, or substantial complete Schedule L, Part IV	28a	-	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	-	X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? II			17
	"Ves." 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	-	1 A
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		X
	conservation contributions? If "Yes," complete Schedule M	31	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		- 21
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		Х
	complete Schedule N, Part II	- 02	+	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
	or IV, and Part V, line 1	358		X
35a	Did the organization have a controlled entity within the meaning of section of E(b)(10). If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35k		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
20	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
38	19? Note: All Form 990 filers are required to complete Schedule O	38		X
De	yt V Statements Regarding Other IRS Filings and Tax Compliance			_
F	Check if Schedule O contains a response or note to any line in this Part V			
77.0	Oncor ii Odilosalo O Samana angan	-	Ye	s No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	9		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			the stee
	reportable gaming (gambling) winnings to prize winners?	1		X (220)
-	- Livers condition To Convention	For	n 99	0 (202)

Part \	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			251
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
4a	At any time during the calendar year, did the organization have armited any time during the calendar year, did the organization have armited any time during the calendar year, did the organization have armited any time during the calendar year, did the organization have armited any time during the calendar year, did the organization have armited any time during the calendar year, did the organization have armited any time during the calendar year, and the organization have armited any time during the calendar year, and the organization have armited any time during the calendar year, and the organization have armited any time during the calendar year, and the organization have armited any time during the calendar year. At any time during the calendar year, and the organization have a supplied to the organization of the calendar year.	4a		X
			988	
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a	par (III) regi	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	_	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		X
	organization solicit any contributions that were not tax deductible as charitable contributions? $\dots N/A$	0a		27
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	e h		
	gifts were not tax deductible?	6b	7.01.075	DE LO
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods N/A	And his		3.7
	and services provided to the payor?	7a		X
b	If "Yes." did the organization notify the donor of the value of the goods or services provided?	7b		-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
-	required to file Form 8282?	7c		X
d	If "Yes" indicate the number of Forms 8282 filed during the year			100
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C?	7h		X
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		200	
8	sponsoring organizations maintaining donor advised failtee during the year?	8		X
	sponsoring organization mave excess business holdings at any and carried and provide a sponsoring deport advised funds			
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
а	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
b				
10	Section 501(c)(7) organizations. Enter:	1000		
а	Initiation fees and capital contributions included on that viii, into the			
b	Gross receipts, included on Form 990, Fait VIII, line 12, for public dos of class tables.			
11	Section 501(c)(12) organizations. Enter:		100	
а	Gross income from members of shareholders 11111			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	128		>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	0		2
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	138		2
а	Is the organization licensed to issue qualified health plans in more than one state?	136	E 467	1
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand	1000		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	148		1
b	If "Yes" has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14	0	+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	10	1	1.
13	excess parachute payment(s) during the year?	15	5	
	If "Yes," see the instructions and file Form 4720, Schedule N.			
46	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	5	
16	If "Yes," complete Form 4720, Schedule O.			
222	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any			
17	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	7	
	If "Yes," complete Form 6069.		- 00	0 /00

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. se or note to any line in this Part VI

	Check if Schedule O contains a response or note to any line in this Part VI							
Section	on A. Governing Body and Management				Yes	No		
			3	RESERVE OF	Yes	NO		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3	Tillian.				
	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 on Schedule ()		0					
b	Enter the number of voting members included on line 1a, above, who are independent	1b						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	nship '	with			3.7		
	any other officer director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under	er the	direct			3.7		
	supervision of officers, directors, trustees, or key employees to a management company or other	perso	on?	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Fo	rm 99	o was med r · · · · · L	4		X		
5	Did the arganization become aware during the year of a significant diversion of the organization	s asse	ts:	5		X		
6	Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or app	point			1227		
74	one or more members of the governing body?			7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb	ers,	1					
b	stockholders or persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions underta	ken d	uring			10世 道		
0	the year by the following:					19851		
-	The governing body?			8a	X			
a b	Each committee with authority to act on behalf of the governing body?			8b		X		
	le there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	e reac	ned at					
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X		
Sect	ion B. Policies (This Section B requests information about policies not required by the Intern	al Rev	enue Code.)		1 - 2			
3661			CO.		Yes	-		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Vee " did the organization have written policies and procedures governing the activities of su	cn cn	apiers,					
ь	offiliates, and branches to ensure their operations are consistent with the organization's exempt	purpo	ses? · · · · · · · · · · · · · · · · · · ·	10b	-	+		
11a	this Form again all members of its governing body before filling	g the f	orm?	11a	-	X		
b	Describe on Schedule O the process, if any used by the organization to review this Form 990.				16.4	Tanta.		
				12a	_	X		
12a	Were efficient directors or trustees and key employees required to disclose annually interests	that co	ouia give		1	1		
b	rise to conflicts?		N./.A.	12b				
	and enforce compliance with the policy	? If "Ye	es,"					
С			· · · · · · · · · · · · · · · · · · ·	12c				
12	Bid the association have a written whistlehlower policy?			13	-	X		
13	Did the organization have a written document retention and destruction policy?			14		X		
14	Did the process for determining compensation of the following persons include a review and a	ppiov	ai by					
15	the deliberation of the de	mon a	na decision:	1180		100		
	-: CEO Evacutiva Director, or top management official		,,,,,,,,,,,,,,,,,,	15a	1	X		
a				15k)	X		
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16		ranger	ment					
16	with a tayable entity during the year?			168	a	X		
	the state of the second and the second and the organization to	evalua	ite its					
ŀ	and take steps to	salegi	ard the			W 1811.15		
	organization's exempt status with respect to such arrangements?		N./.A.	16)			
500	etion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed MO							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990,	and 990-T (section 50	1(c)				
10	(3)s only available for public inspection. Indicate how you made these available. Check all the	at app	ıy.					
	Another's website Upon request Other (explain on a	Sched	ule O)					
40	Will website a visit has found if an how) the organization made its governing docum	nents,	conflict of interest polic	cy, an	d			
19	financial statements available to the public during the tax year.							
20	the person who possesses the organization	on's b	ooks and records					
20	SEE ATTACHMENT #3				- 00	0 (2022		
				For	m 99	U 12022		

Part VII

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organical (A) Name and title	(B) Average hours per week		(do not	Posi check i less per ind a di	tion more the	an one both an trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
) SEAN HERRING	2.00	X					177	0	0	
RESIDENT AND FOUN	0.00			2000					0	
2) ALAN TINKLER	2.00	X		/-	3			0	٥	
ICE PRESIDENT	0.00				140			0	0	
3) CLAIRE SAKAOKA	2.00	X			The P				0	
ECRETARY	0.00	- A			SUR!					
4)			J.							
5)										
6)										
7)										
8)										
(9)									0	
10)										
11)										
12)										
13)										
(14)		-	+	+						

FDA

Part \	Section A. Officers, (A)	Directors, (B)	Trustee		(C Posi	;)		ghest	Compensated Em	(E)		F) nated	
=	Name and title	Average hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	box, ur	less pe	rson is		Former	Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	compe froi orgai and	unt of ther ensation the nization related ization	n I
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)								4					
(22)													
(23)													
(24)													
(25)													
1b c	Subtotal	sheets to F	Part VII,										
2	Total number of individual reportable compensation	s (including	but not	limite	d to th	ose lis	ted abov	e) who	received more than	n \$100,000 of			
3	Did the organization list ar employee on line 1a? If "Y	ov former	officer. o	lirector	, truste	ee, key	employe	ee, or	highest compensate	d 	. 3	Yes	No X
4	For any individual listed or organization and related or	n line 1a, is organization	the sun s greate	n of rep er than	oortab \$150,	le com 000? If	pensatio "Yes," c	n and omple	other compensation te Schedule J for su	from the ch individual	o regions		Х
5	Did any person listed on I for services rendered to the	ine 1a recei ne organiza	ve or action? If '	crue c 'Yes,"	ompe compl	nsatior ete Sc	n from an hedule J	for su	elated organization o	r individual	5		X
Section	on B. Independent Contrac	ctors					1	wa ata r	a that received more	than \$100,000 of			
1	Complete this table for yo compensation from the or	ur five high	est com	compe	ea inc	n for t	he calen	dar ve	ar ending with or wit	thin the organization's	tax year		
3.00		(A) and busines			moduc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110 041011		(B) Description of			(C) ensatio	on
-													
1-													
2	Total number of independ	dent contra	ctors (in	cluding	g but r	not limi	ted to the	ose lis	ted above) who				
	received more than \$100	,000 of com						p. Inc.			Forn	990	(2022

Part VIII Statement of Revenue	
--------------------------------	--

		Check if Schedule O contains a response or note to any line in this	(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns			Girls S. As	
n n	b	Membership dues · · · · · 1b				
, E	С	Fundraising events 1c			4	
ar /	d	Related organizations				
S,E		Government grants (contributions) 1e	157			
Sign	f	All other contributions, gifts, grants, &				
hei		similar amounts not included above 1f 19,000				
E 0	g	Noncash contributions included in lines 1a-1f. 1g \$				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	19,000	2940		
		Business Code			3 24	
a	2a					
Program Service Revenue	b					
Sel	С					
ver	d					
Rea	е					
Ę.	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	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			The second	
	6a	Gross rents 6a			司教 人。 [4]	
	b	Less: rental expenses 6b			Hitti	
	c	Rental income or (loss) 6c		A.		
	d	Net rental income or (loss)				
	1	(i) Securities (ii) Other			160	
	7a	Gross amount from sales of assets other than		The true		
		inventory 7a		1 4		
Ф	b	Less: cost or other basis				
Revenue		and sales expenses · · · · 7b				
ě	c	Gain or (loss)		10 E 10 E	24 THE SERVICE	
er H		Net gain or (loss)				
d	8a	Gross income from fundraising events				
O		(not including \$				
		of contributions reported on line 1c).				
		See Part IV, line 18 8a	表 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十			
	b	Less: direct expenses		interes (Constitution)		
	C		The second second second second			TO STATE OF THE ST
	9a	Gross income from gaming activities.				
		See Part IV, line 19 · · · · · · · 9a				
		Less: direct expenses				
		Net income or (loss) from gaming activities			arythal art	
	10a	a Gross sales of inventory, less			174	
		returns and allowances				
		b Less: cost of goods sold				AND REPORT AND REAL VALUE
	(Net income or (loss) from sales of inventory				
S		Business Code			on a sum of the	as a 23 control of 15 control of 15 control
Miscellaneous	118				-	
lan	2 1	·			-	
iscellane						
Mis		d All other revenue				
	(Total. Add lines 11a-11d		O		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

FDA

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must complete all co Check if Schedule O contains a response or note to	any line in this Dort	IX		
		(A)	(B) Program service	(C)	(D)
3b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign organizations,				
	foreign governments, and foreign individuals. See Part IV,				
	lines 15 and 16 · · · · · · · · · · · · · · · · · ·				
	Benefits paid to or for members		100		
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
8	Pension plan accruals and contributions (include				
2	section 401(k) and 403(b) employer contributions)				40-00-00-00-00-00-00-00-00-00-00-00-00-0
9	Other employee benefits				
10	A STATE OF THE PROPERTY OF THE				
11	Fees for services (nonemployees): Management	d			
а	Legal	1,50			
b	Accounting		7		
C	Lobbying				
d	Professional fundraising services. See Part IV, line 17	7 - 10			
e f	Investment management fees	1,00	0		
	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	2,00	0		
13	Office expenses	Punsil P			
14	Information technology	9,00	0		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
100	for any federal, state, or local public officials	6	1		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,10	10		o con a servicio del Camarina
24	Other expenses. Itemize expenses not covered	10 mg (10 mg)			
	above. (List miscellaneous expenses on line 24e. If	艺术 辦 要			
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)	2,10	20		and the same of th
а	OFFICE SPACE RENT		00		
b	INTERNET ACCESS	1,00			
С	COMPUTER	1,00			-
d			+		
е	All other expenses	19,0	0.0		
25	Total functional expenses. Add lines 1 through 24e	13,0			
26	Joint costs. Complete this line only if the organization	1			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here if following SOP 98-2 (ASC 958-720)		nc		Form 990 (2022

Form 990 (2)	Form 990 (2022)		HOMANITAKIAN	WAI	22 111
Part X	Balance	Sheet			
		47 W 16 16 S		W 10	P

Par	X	Balance Sheet Check if Schedule O contains a response or note	to any line in this Part Y			П
		Check if Schedule O contains a response of note	to any line in this part A	(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing		1		
	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 any current or for				
		trustee, key employee, creator or founder, substanti				
		controlled entity or family member of any of these p		5		
	6	Loans and other receivables from other disqualified				
		under section 4958(f)(1)), and persons described in			6	and the second second
	7	Notes and loans receivable, net			7	
ets	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D			1,111	
	b	Less: accumulated depreciation			10c	
	11	Investments publicly traded securities			11	
	12	Investments other securities. See Part IV, line 11			12	
	13	Investments program-related. See Part IV, line			13	
	14	Intangible assets			15	
	15	Other assets. See Part IV, line 11		0	16	0
	16	Total assets. Add lines 1 through 15 (must equal l		17	****	
	17	Accounts payable and accrued expenses Grants payable		18		
	18	Deferred revenue		19		
	19	Tax-exempt bond liabilities		20		
	20	Escrow or custodial account liability. Complete Par			21	
S	21	Loans and other payables to any current or former			0.200	
Liabilities	22	trustee, key employee, creator or founder, substant				
abil		controlled entity or family member of any of these	Statistics and statistics and an advantage of	22		
Ξ	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated the			24	
	25	Other liabilities (including federal income tax, paya				
		parties, and other liabilities not included on lines 17				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0	26	C
		Organizations that follow FASB ASC 958, check	c here			
es		and complete lines 27, 28, 32, and 33.				
and	27	Net assets without donor restrictions			27	
Ba	28	Net assets with donor restrictions			28	
<u>p</u>		Organizations that do not follow FASB ASC 958				
丘		and complete lines 29 through 33.			29	
S	29	Capital stock or trust principal, or current funds		30		
set	30	Paid-in or capital surplus, or land, building, or equ	ipment tuna		31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco			32	
	32	Total net assets or fund balances			-	(
EDA	33	Total liabilities and net assets/fund balances			- 55	Form 990 (2022)

Part	XI Reconciliation of Net Assets					П	
	Check if Schedule O contains a response or note to any line in this Part XI				1.0	0.00	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			19,	000	
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities						
7	Investment expenses						
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10				0	
Par	XII Financial Statements and Reporting					П	
	Check if Schedule O contains a response or note to any line in this Part XII					Ш	
					Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on						
	Schedule O.				1121		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	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:						
	Separate basis Consolidated basis Both consolidated and separate basis					7	
b	Were the organization's financial statements audited by an independent accountant?					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						
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight						
Ĭ	of the audit, review, or compilation of its financial statements and selection of an independent accountant? \mathbb{N}/\mathbb{A} .						
	If the organization changed either its oversight process or selection process during the tax year, explain on						
	Schedule O.						
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		.N./.A.	3b			
FDA	The state of the s		-	Form	990	(2022)	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

	on A. Public Support			7	(1) 0001	(a) 0000	(f) Total
alen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not nolude any "unusual grants.")					20,000	20,000
317	Tax revenues levied for the organization's benefit and either paid to or expended on ts behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge					20,000	20,000
4	Total. Add lines 1 through 3					20,000	20,000
	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)						20,000
	Public support. Subtract line 5 from line 4	4 Kali 2				156401	20,000
	ion B. Total Support		41222	(-) 0000	(4) 0001	(e) 2022	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	20,000	20,000
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	A 1					20,00
11	Total support. Add lines 7 through 10						20,00
12	Gross receipts from related activities, etc. (se	e instructions) .		,		12	
13	First 5 years. If the Form 990 is for the organ	nization's first, se	econd, third, four	th, or fifth tax ye	ar as a section 50	01(c)(3)	T.
	organization, check this box and stop here.						
Sec	tion C. Computation of Public Sup	port Perce	ntage	(f))		14	100.00%
14	Public support percentage for 2022 (line 6, c	olumn (†), divide	ed by line 11, col	umn (1))		15	9/
15	Public support percentage from 2021 Sched	ule A, Part II, III	e 14		4:- 001/09/ or m		
	331/3% support test 2022. If the organization and stop here. The organization qualified	es as a publicly	supported organ	12011011			
	33 ¹ /3% support test 2021. If the organiz this box and stop here. The organization qu	ialities as a pub	iciy supported o	rganization			
17a	10%-facts-and-circumstances test 203 10% or more, and if the organization meets Part VI how the organization meets the facts	the facts-and-c -and-circumsta	rcumstances te nces test. The or	st, check this boo ganization quali	fies as a publicly	supported organi	
b	10%-facts-and-circumstances test 20 more, and if the organization meets the facts organization meets the facts-and-circumsta	s-and-circumsta nces test. The o	ances test, check rganization quali	this box and st fies as a publicly	op nere. Explain / supported orgal	nization	
18	Private foundation. If the organization did	not check a box	on line 13, 16a,	16b, 17a, or 17b	, check this box	and see instruction	ns
EDA	22 990A2 BWF 990 Form Software C	Copyright 1996 - 20	23 HRB Tax Group	, Inc.		Schedule A	(Form 990) 20:

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE HUMANITARIAN WAY

92-1115267

Employer identification number

FROM 990 PAGE 1 LINE F - THE HUMANITARIAN WAY 2733 E BATTLEFIELD STREET STE 2331 SPRINGFIELD MO 65804

FORM 990 PAGE 2 PART III - STARTUP 501C3

PART IV LINE 20 - THE HUMANITARIAN 2623 S CATALINA AVENUE SPRINGFIELD MO 65804



2022 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS15

ATTACHMENT 1: FORM 990 PAGE 1, LINE F		
OPEN TO PUBLIC		
INSPECTION For calendar year 2022, or tax period beginning	11-21-2022, and ending	12-31-2022.
Name of Organization		Employer Identification Number
THE HUMANITARIAN WAY		92-1115267
990, Page 1, Line F		
Principal officer name		
or		
Business Name:		
THE HUMANITARIAN WAY		
	12	
Street Address	2733 F BATTLEF	ELD STREET STE 2331
Street Address	Z155 E BATTEET	THE STREET
U.S. Address:		
Zip code 65804 City SPRINGFIELI) Sta	ate MO
or	A	
Foreign Address		
	467	
City		
Province or State		
Country		
Postal code	F	
Postal code		

2022 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III OPEN TO PUBLIC For calendar year 2022, or tax period beginning 11-21-2022, and ending 12-31-2022. INSPECTION Employer Identification Number Name of Organization 92-1115267 THE HUMANITARIAN WAY Part III - Statement of Program Service Accomplishments including Grants of: Revenue: Expenses: Code: Exempt Purpose Achievements STARTUP 501C3

2022 FORM 990 BOOKS ARE IN CARE OF

3 mm 3 C	כ שואידואווו	. FORM 990	PAGE 6.	PART VI.	SECTION C, L	INE 20		
OPEN T	O PUBLIC	. FURN JJO	INCL OF					
INSPEC		For calenda	ar vear 2022, or	tax period beginning	11-21-2022, and		2-31-2022	
Employer Identification Number								
	and the second s	RIAN WAY				92-111	5267	
Part VI - I		IVIIII WILL						
Part VI - I	Line 20		2000					
Individual	Name							
or								
Business I	Name:							
THE H	HUMANITA	RIAN WAY						
					2623 S CATAL	TNA AVEN	JE	
Street Add	dress				2023 0 0111112			
U.S. Addr	rocc.							
U.S. Addi	1635.							
Z	zip code 65	804	City SP	RINGFIELD		State MO		
0			000000 0 0 00 00					
Foreign A								
	Dity							
F	Province or Stat	te	· · · · · · ·	west Site				
				A 1				
C	Country							
					<i>.).</i>			
F	Postal code .							
							(910) 409-5289	
F	Phone Number		······································					
95	- N							
	-ax Number .							
-			***************************************					