## \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public

Α	For the	e 2018 calendar year, or tax year beginning	and	ending	_					
В	Check if applicabl	C Name of organization			D Employer identifi	cation number				
Г	Addre	PATHWAYS TO INDEPENDENCE								
F	Name chang				33-014	8082				
F	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone number					
F	Final		invoice to street dedicas)	1100m/suito	I	7- <b>4</b> 568				
	return/ termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	1,262,922.				
Г	Amend		ZIF or loreign postar code		<del></del>					
F	return Applic tion		MIIRREV		H(a) Is this a group re for subordinates					
	tion pendir	SAME AS C ABOVE	HORREI							
_	Toy ov			or 527	H(b) Are all subordinates in					
		te: WWW.PTHWAYSTOINDEPENDENCE.ORG	(IIISELL 110.) 4947(a)(1)	01 321	┨	list. (see instructions)				
			ssociation Other	I Voor	H(c) Group exemption of formation: 1993	State of legal domicile: CA				
		Summary	Sociation cure F	L Teal	oriorination, 1999   p	M State of legal dominione, CA				
•	_		t alamitia ant antivitian. PROVID	ב בחווכאתו	רטע הבאושהלאטב					
S		Briefly describe the organization's mission or most COUNSELING, MENTORING & ASSISTANCE WITH			ION, HEADINCARE,					
Jan	1		•		- th 050/ -f-tht					
Governance		Check this box if the organization disco			1	ssets.				
Ĝ		Number of voting members of the governing body				13				
⋖		Number of independent voting members of the go				4				
ţį		Total number of individuals employed in calendar				250				
Activities		Total number of volunteers (estimate if necessary)								
Ac		Total unrelated business revenue from Part VIII, co				0.				
	D	Net unrelated business taxable income from Form	990-1, line 38			0.				
		October tions and smarts (Dect.) (III. line 41s)		_	Prior Year	Current Year				
ne		Contributions and grants (Part VIII, line 1h)			499,378.	1,027,663.				
Revenue	1				0.	187,982.				
Re		Investment income (Part VIII, column (A), lines 3, 4			248.	775.				
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8d			668,557.	-72,904.				
		Total revenue - add lines 8 through 11 (must equa			1,168,183.	1,143,516.				
		Grants and similar amounts paid (Part IX, column			0.	0.				
		Benefits paid to or for members (Part IX, column (		0.	0.					
ses	15	Salaries, other compensation, employee benefits (			185,677.	193,883.				
Expenses	16a	Professional fundraising fees (Part IX, column (A),			0.	0.				
Ϋ́	b	Total fundraising expenses (Part IX, column (D), lin		676.						
_	1/	Other expenses (Part IX, column (A), lines 11a-11d			1,143,028.	1,118,187.				
		Total expenses. Add lines 13-17 (must equal Part			1,328,705.	1,312,070.				
	19	Revenue less expenses. Subtract line 18 from line	12		-160,522.					
LS O				Ве	eginning of Current Year	End of Year				
SSE	20				6,678,498.	6,420,814.				
Net Assets or	21				184,964.	74,142.				
	22	Net assets or fund balances. Subtract line 21 from	1 line 20		6,493,534.	6,346,672.				
	art II	Signature Block	in all disas and associate a calculation							
	•	Ities of perjury, I declare that I have examined this return,			*	y knowledge and bellet, it is				
true	e, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	nich preparer	nas any knowledge.					
		Signature of officer			Nate (					
Sig										
He	re	RON MURREY, CFO Type or print name and title								
		<b>y</b> 21 1	D	П	Date Check	II PTIN				
D-'	4	Print/Type preparer's name	Preparer's signature	'	if					
Pai		BRIAN YACKER			self-employ					
	parer	Firm's name YH ADVISORS, INC.	1 100		Firm's EIN	45-3269313				
US	Only	Firm's address 5882 BOLSA AVENUE, SUITE				000 0000				
_		HUNTINGTON BEACH, CA 926			Phone no.310					
Ma	v the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)			X Yes No				

	990 (2018) PATHWAYS TO INDEPENDENCE	33-014808	2 Page <b>2</b>
Pa	Tt III Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	PROVIDE EDUCATION, HEALTHCARE, COUNSELING, MENTORING & ASSISTANCE WITH		
	HOUSING, FOOD AND CLOTHING TO PEOPLE LIVING BELOW THE POVERTY LEVEL.		
	Did the organization undertake any significant program services during the year which were not listed on	the	
_	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices?	Yes X No
Ū	If "Yes," describe these changes on Schedule O.	VICCO:	
4	Describe the organization's program service accomplishments for each of its three largest program service	ces, as measured by	expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations		
	revenue if any for each program conject reported		,,,po.,,ooo,, a,,,a
4a		(Revenue \$	187,982.)
	PROVIDE SUPPORT TO SINGLE WOMEN WITH NO DEPENDENTS, AGES 18-35, WHO ARE	(	,
	PURSUING HIGHER EDUCATION. SUPPORTIVE SERVICES INCLUDE EDUCATION		
	ASSISTANCE, THERAPY, MENTORING, HOUSING, AND HEALTHCARE.		
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
	, (Expended v	(1.0101100 +	
40	(Out) \(\frac{1}{2}\)	(D	
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	)

4d Other program services (Describe in Schedule O.)

including grants of \$ 979,278. Total program service expenses

Form **990** (2018)

) (Revenue \$

# Form 990 (2018) PATHWAYS TO INDEPE 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14h		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
13	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 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	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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# Form 990 (2018) PATHWAYS TO INDEPENDENCE Part IV Checklist of Required Schedules (continued)

			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23		Х			
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
	Schedule K. If "No," go to line 25a	24a		Х			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c					
Ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
	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		х			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete						
	Schedule L, Part I	25b		Х			
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		Х			
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		x			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21					
	instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х			
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х			
С	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	Х				
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 "Yes," complete Schedule M	30		Х			
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x			
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31					
<b>52</b>	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	33		х			
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		Х			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity						
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x			
If "Yes," complete Schedule R, Part V, line 2  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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>							
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		Х			
		38	х				
Pa	Note. All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V			旦			
	1 1		Yes	No			
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6	2					
b		4					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	x				

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# Form 990 (2018) PATHWAYS TO INDEPENDENCE Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C	)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	iccount)?	4a		Х
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 Advanced in the Financi	ccounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				l
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and server the like the payment in excess of \$75 made partly as a contribution and partly for goods and server the like the payment is a server to the payment in the payment is a server to the payment in the payment is a server to the payment in the payment in the payment is a server to the payment in t		7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wat to file Form 8282?		70		x
d	I	7d	7c		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	I	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	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		<u> </u>
10	Section 501(c)(7) organizations. Enter:	,			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	, , , , , , , , , , , , , , , , , , , ,	10b			
11	Section 501(c)(12) organizations. Enter:	1			
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
40		11b	46		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	,	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		120		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
J		13b			
c		13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
			Ear.	COO	(2010)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
-	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Director (This cooling Disqueste information about periode not required by the internal ribrariae code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	···u		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
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			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	105		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	l lou		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.		, aranc	
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.	a.i I	Jiui	
20	. ,			
_0				
	302 NASHVILLE AVE, APT A, HUNTINGTON BEACH, CA 92648			
20	State the name, address, and telephone number of the person who possesses the organization's books and records   KITTY BARLOW - 714-655-6038			
	JUZ NASTVILLE AVE, APT A, TUNTINGTON BEACT, CA 92048			

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

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

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

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

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

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

(A)  Name and Title	(B) Average hours per	box	not c , unle	Pos heck ss pe	ition		one th an	(D)  Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JEFF BARKE M.D.	2.00	1						_	_	_
DIRECTOR		Х						0.	0.	0.
(2) KITTY BARLOW	2.00	ļ								
DIRECTOR		Х						0.	0.	0.
(3) AILEEN CRUZ	2.00	۱								_
SECRETARY	+	Х	<u> </u>	Х		_	<u> </u>	0.	0.	0.
(4) WIL DROUIN	2.00	<b> </b>								_
DIRECTOR		Х						0.	0.	0.
(5) LISA FLUKE	2.00	١							0	•
DIRECTOR (6) SUZY GOWIN	0.00	Х						0.	0.	0.
, , , , , , , , , , , , , , , , , , , ,	2.00	١,,							0	0
DIRECTOR	0.00	Х						0.	0.	0.
(7) STEFANIE GUZMAN	2.00	١							0	•
DIRECTOR	2.00	Х						0.	0.	0.
(8) DAVE HATTON, PH.D	2.00	١,,							0	0
OIRECTOR (9) DENISE HENDLER	2,00	Х						0.	0.	0.
TREASURER	2.00	x		x				0.	0.	0
(10) DIANA HILL	2.00	Α.		^				0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0
(11) ELIZABETH HOGREBE	2.00	^				$\vdash$		0.	0.	0.
BOARD CHAIR	2.00	x		x				0.	0.	0.
(12) TRACEY HUTTON	2.00	^		^		$\vdash$		0.	0.	<u> </u>
DIRECTOR	2.00	x						0.	0.	0.
(13) NIKKI HARRIS, M.A, LMFT	2,00	123						0.	0.	<u> </u>
DIRECTOR	2.00	x						0.	0.	0.
(14) RON MURREY	2.00	+	$\vdash$	$\vdash$		$\vdash$	$\vdash$	0.	0.	<u> </u>
CFO	1.30	x		x				0.	0.	0.
(15) GORETTY RAMOS	2.00	Η-		Ε-						<u> </u>
EXECUTIVE DIRECTOR		1		x				88,535.	0.	0.
										<u> </u>
020007 10 21 10							L			Form <b>990</b> (2018)

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	(A) Name and title	(B) Average hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)		(D) (E)  Reportable Reportable compensation from from related			(F) Estimated amount of other						
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compe	ensat m the nizatio relate	e on ed
	Sub-total Total from continuation sheets to Part V								88,535. 0.		). ).			0.
d _2	Total (add lines 1b and 1c)							ho r	88,535. ecceived more than \$100		).			0.
	compensation from the organization										_	Y	/es	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								highest compensated e		;	3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	-		-					•	-		4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				_			-			5		Х
Sec 1	tion B. Independent Contractors  Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of compe	nsati	on fro	m	
	the organization. Report compensation for (A)	,	ear	endi	ing v	<u>with</u>	or w	rithir 	(B)			(C)		
	Name and business	address	NO	NE					Description of s	services	Con	npens	ation	1
2	Total number of independent contractors (i	· ·	ot li	mite	d to	tho		stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation >					0				Fo	rm <b>9</b> 9	90 (2	018)

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Form 990 (2018	8) PATHWAYS TO INDEPENDENCE			33-0148082	Page <b>9</b>
Part VIII	Statement of Revenue				
	Check if Schedule O contains a response or note to any lir	ne in this Part VIII			
		(A) Total revenue	(B) Related or	(C) Unrelated	Revenue excluded from tax under

					(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
ara our	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events		862,182.				
Sift		Related organizations						
imi		Government grants (contribut						
tior S S	f	All other contributions, gifts, gran	ts, and					
ibu		similar amounts not included abo	ve 1f	165,481.				
nt d O	g	Noncash contributions included in lines	: 1a-1f: \$					
Co	h	Total. Add lines 1a-1f		<b>&gt;</b>	1,027,663.			
				<b>Business Code</b>				
e	2 a	DUNBAR RESIDENTIAL		532000	187,982.	187,982.		
e Ķ	b		_					
Program Service Revenue	С							
ar	d							
igo.	е	•						
<u>P</u>	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			187,982.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶	775.			775.
	4	Income from investment of ta	proceeds <b>&gt;</b>					
	5	Royalties	· <u>·····</u>	.,				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
e	8 a	a Gross income from fundraisin						
venue		including \$862						
		contributions reported on line	1c). See					
e			a					
Other Re		Less: direct expenses						
		Net income or (loss) from fund		<b>&gt;</b>	-107,796.			-107,796.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		<b>D</b>				
	10 a	Gross sales of inventory, less						
	_	and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
	4.4	Miscellaneous Revenu		Business Code	20, 666			20.555
		TAX OVERPAYMENT REFUND		900099	20,666.			20,666.
		MISCELLANEOUS		900099	14,226.			14,226.
	C			<del>                                     </del>				
		All other revenue			24 002			
	12	Total. Add lines 11a-11d  Total revenue. See instructions		····· 【	34,892. 1,143,516.	187,982.	0.	-72,129.
	16	i otal lovollao. Occ Illoti activilo			_, , 0 . [			, , , , , , , , ,

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# 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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	88,535.	66,401.	13,280.	8,854
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	21.12-		10.5-0	
7	Other salaries and wages	91,135.	68,351.	13,670.	9,114
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14 010	10.660	0.130	4 404
10	Payroll taxes	14,213.	10,660.	2,132.	1,421
11	Fees for services (non-employees):				
a	Management	10.021		10.031	
b	Legal	10,931.		10,931.	
С		29,015.		29,015.	
d	, <u> </u>				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			-	
g	,	22 275	24 206	4 041	2 220
	column (A) amount, list line 11g expenses on Sch O.)	32,275.	24,206.	4,841.	3,228
12	Advertising and promotion	4 449	2 227	666.	445
13	Office expenses	4,448.	3,337.	000.	445
14	Information technology				
15	Royalties				
16	Occupancy	5,300.	3,975.	795.	530
17	Travel	3,300.	3,373.	793.	330
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	636.		636.	
20 21	Interest	550.		030.	
21 22	Payments to affiliates	129,284.		129,284.	
22 23	Γ	24,700.		24,700.	
23 24	Other expenses. Itemize expenses not covered	24,700.		21,700.	
<b>4</b>	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 0.)				
а	HOUSING	323,133.	323,133.		
b	AUTO	128,196.	96,147.	19,229.	12,820
c	TUITION FEES	94,976.	94,976.	, ,	,
d	CLIENT SERVICES	68,162.	68,162.		
е	All III	267,131.	219,930.	32,937.	14,264
25	Total functional expenses. Add lines 1 through 24e	1,312,070.	979,278.	282,116.	50,676
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 here if following SOP 98-2 (ASC 958-720)				

# Form 990 (2018) Part X Balance Sheet

Га	πх	Balance Sneet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,326,749.	1	1,177,639.
	2	Savings and temporary cash investments			141,102.	2	162,794.
	3	Pledges and grants receivable, net			,	3	,
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	-	·			
		employers and sponsoring organizations of sect					
છ		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net	_	6,861.	7	2,143.	
As	8	Inventories for sale or use		,	8	· ·	
	9	Prepaid expenses and deferred charges		16,356.	9	14,140.	
	10a	Land, buildings, and equipment: cost or other			·		·
		basis. Complete Part VI of Schedule D	10a	6,141,148.			
	b	Less: accumulated depreciation		1,089,842.	5,174,430.	10c	5,051,306.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	_	13,000.	14	12,792.	
	15	Other assets. See Part IV, line 11		·	15		
	16	Total assets. Add lines 1 through 15 (must equal	6,678,498.	16	6,420,814.		
	17	Accounts payable and accrued expenses	125,371.	17	28,793.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to current and former	office	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee					
abi		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24	). Complete Part X of			
		Schedule D			59,593.	25	45,349.
	26	Total liabilities. Add lines 17 through 25			184,964.	26	74,142.
		Organizations that follow SFAS 117 (ASC 958	), ched	ck here X and			
es		complete lines 27 through 29, and lines 33 an	d 34.				
anc	27	Unrestricted net assets			6,392,597.	27	6,193,905.
3al	28	Temporarily restricted net assets			100,937.	28	152,767.
βE	29	Permanently restricted net assets		<u></u>		29	
Ξ		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 🔲			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	luipme	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		<b>—</b>		32	
Z	33	Total net assets or fund balances			6,493,534.	33	6,346,672.
	34	Total liabilities and net assets/fund balances			6,678,498.	34	6,420,814.

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number PATHWAYS TO INDEPENDENCE 33-0148082 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

## 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.)

Sec	ction A. Public Support	, [5:50	, 222 234	,			
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	,	` '	·	. ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	935,774.	639,729.	643,889.	530,818.	1,027,663.	3,777,873.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	935,774.	639,729.	643,889.	530,818.	1,027,663.	3,777,873.
	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.						3,777,873.
Sec	ction B. Total Support			•		•	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	935,774.	639,729.	643,889.	530,818.	1,027,663.	3,777,873.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	370.	605.	1,952.	248.	775.	3,950.
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.)	673,902.	861,472.	863,321.	884,466.	34,892.	3,318,053.
11	<b>Total support.</b> Add lines 7 through 10						7,099,876.
12	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	187,982.
13	First five years. If the Form 990 is for	r the organization's				n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (	line 6, column (f) di	vided by line 11, co	olumn (f))		14	53.21 %
15	Public support percentage from 2017	' Schedule A, Part	II, line 14			15	47.83 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b></b> X
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2018.</b> If the org	anization did not cl	neck 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 organiza	tion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2017.</b> If the org	anization did not cl	neck a box on line	13, 16a, 16b, or	17a, and line 15 is 1	0% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and <b>s</b>	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	and see instructions	<u></u>
					Scho	dule A (Form 990	or 000 E7\ 2019

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

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

Se	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(6) 2016	(4) 2017	(e) 2019	(f) Total
	Gifts, grants, contributions, and	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
•							
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	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						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization	s first, second this	rd, fourth, or fifth t	ax vear as a sectio	on 501(c)(3) organiz	ration.
• •		· ·		,	•	( ) ( )	<b>▶</b>
Se	ction C. Computation of Publi						<u> </u>
	Public support percentage for 2018 (li			column (f))		15	%
	Public support percentage from 2017					16	<u> </u>
	ction D. Computation of Inves					, ,	70
17						17	%
	Investment income percentage from 2					18	——————————————————————————————————————
	a 33 1/3% support tests - 2018. If the						
196	more than 33 1/3%, check this box ar						I IS HOL
L							
,	33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	Filvate loundation. If the organization	in ala not check a	DOX OF HILE 14, 18	a, or rab, crieck t	ing bux and see in	อเเนษแบบอ	

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## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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 "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
IVA		
10b		
n 990 or 90	10-F7	2018

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Pai	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			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		
800	stion C. Type II Supporting Organizations			
360	Control Type in Supporting Organizations		Yes	Na
	Mars a majority of the avacatization's divestors or twistons during the tay year along a majority of the divestors		res	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			
<u> </u>	the supported organization(s).	1		
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 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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		
<u>Sec</u>	tion 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 yea(see instructions)			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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		
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'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.			
а				
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b		. ==		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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		
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		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	ganization (see
	instructions)			

Par	τν	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D -	Distributions			Current Year
1	Amou	ints paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amou	ints paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	)	
	(provi	de details in <b>Part VI</b> ). See instructions.			
9	Distrib	outable amount for 2018 from Section C, line 6			
10	Line 8	3 amount divided by line 9 amount			
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2018 (reason-			
	able o	cause required- explain in <b>Part VI</b> ). See instructions.			
3	Exces	ss distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2018 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2018 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2018, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	zero, explain in <b>Part VI.</b> See instructions.			
6	Rema	ining underdistributions for 2018. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part \	/I. See instructions.			
7	Exce	ss distributions carryover to 2019. Add lines 3j			
	and 4	C.			
8	Break	down of line 7:			
а	Exces	ss from 2014			
b	Exces	ss from 2015			
С	Exces	ss from 2016			
d	Exces	ss from 2017			
е	Exces	ss from 2018			

Part VI	Cumplemental Information Devide the evaluations required by Datill English Datill English Tax and The Datill English
T dit VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

P.	PATHWAYS TO INDEPENDENCE 33-0148082					
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.				
General Rule						
-	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin ny one contributor. Complete Parts I and II. See instructions for determining a contributor	•				
Special Rules						
sections 509(a)( <sup>-</sup> any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount in the property of the pr	, or 16b, and that received from				
year, total contri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educuelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the	cational purposes, or for the				
year, contribution is checked, ente purpose. Don't c	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \bigcup \\$					
but it <b>must</b> answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (lon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fott the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization	Employer identification number
PATHWAYS TO INDEPENDENCE	33-0148082

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- \$\$_40,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		_ \$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _ _ _	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - - -	Person Payroll Ocomplete Part II for noncash contributions.)

Name of organization

Employer identification number

PATHWAYS TO INDEPENDENCE

33-0148082

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<del></del>   <sub>\$</sub>	

Name of or	ganization		Employer identification number
ATHWAYS	TO INDEPENDENCE		33-0148082
Part III		through <b>(e) and</b> the following line e charitable, etc., contributions of <b>\$1,000 o</b>	in section 501(c)(7), (8), or (10) that total more than \$1,000 for the yearly. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	gift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of gi	gift  Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	gift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	gift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

PATHWAYS TO INDEPENDENCE 33-0148082 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII. the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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Schedule D (Form 990) 2018

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sche	edule D (Form 990) 2018 PATHWAYS T	O INDEPENDENCE					33-01480	082	Page <b>2</b>
Par	rt III Organizations Maintaining (	Collections of A	rt, Historical T	reasures, o	r Othe	er Simil	ar Asse	<b>ts</b> (contin	ued)
3	Using the organization's acquisition, access	sion, and other record	ds, check any of the	e following that	t are a si	gnificant	use of its	collection	items
	(check all that apply):								
а	Public exhibition	C		change progra					
b	Scholarly research	6	e U Other						
С	Preservation for future generations								
4	Provide a description of the organization's of	collections and expla	in how they further	the organization	on's exer	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit	or receive donations	of art, historical treat	asures, or othe	er similar	assets		7	
_	to be sold to raise funds rather than to be n							Yes	No_
Par	rt IV Escrow and Custodial Arrai		ete if the organizati	on answered "	Yes" on	Form 990	D, Part IV,	line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custoo							7	
	on Form 990, Part X?						L	Yes	└── No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	ollowing table:						
								Amount	
	Additions during the year								
е	Distributions during the year								
f	Ending balance							1	
	Did the organization include an amount on I					•		<b>」Yes</b>	No
	rt V Endowment Funds. Complete								
ı aı	Endowment i unus. Complete						vaare hack	(a) Four	years back
10	Paginning of year halance	(a) Current year	(b) Prior year	(c) Two years	S DACK	(a) Tillee y	tais back	(e) i oui	years back
la h	Beginning of year balance								
D	Contributions								
4	Grants or scholarships								
u	Other expenditures for facilities								
C									
f	Administrative expenses								
g	End of year balance			1					
2	Provide the estimated percentage of the cu	•	ce (line 1a, column i	(a)) held as:					
– a	Board designated or quasi-endowment	Tront your one balance	%	(a)) Hold do.					
b	Permanent endowment	%							
	Temporarily restricted endowment								
•	The percentages on lines 2a, 2b, and 2c sh								
За	Are there endowment funds not in the poss		ation that are held	and administe	red for th	ne organi:	zation		
	by:	J				3		[-	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requi	red on Schedule R'	?				3b	
4	Describe in Part XIII the intended uses of th								
Par	rt VI Land, Buildings, and Equipr	nent.							
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV, line 11a.	See Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o	other (b) Cos	t or other	(c) Ac	ccumulate	ed	(d) Book	value
		basis (investi	ment) basis	(other)	dep	oreciation			
1a	Land			1,851,301.				1,	851,301.
				4,236,135.		1,036,	130.	3,	200,005.
	Leasehold improvements								
d	Equipment			53,712.		53,	712.		0.
	Other								
Total	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line	10c.)			<b>&gt;</b>	5,	051,306.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2016 Thinking 10 Thebri	INDUNCE		33 014000Z	rage <b>c</b>
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	line 11b. See Form 990, Part X, line (c) Method of valuation: Co		valuo
	(b) Book value	(c) Metriod of Valuation. Co	or end-or-year market	value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B) (C)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	n Form 990. Part IV.	line 11c. See Form 990. Part X. line	13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Co		value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes" of		line 11d. See Form 990, Part X, line		
(a) D	escription		(b) Book va	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X   Other Liabilities.	15.)		<u></u> ▶	
	F 000 D+ IV	line 44 - au 446 One France 000 Back	V 15 05	
Complete if the organization answered "Yes" of a Description of liability	n Form 990, Part IV,	(b) Book value	X, IINE 25.	
		(b) Book value		
(1) Federal income taxes (2) SAVINGS PAYABLE		45 240		
(-)		45,349.		
(3)				
(4)				
(5)				
<u>(6)</u>				
(7)				
(8)				
(9) Tatal (Column (b) must equal Form 990, Part V, col. (P) line	25.)	45,349.		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	∠∪.) <b>&gt;</b>	±3,3±3•		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 PATHWAYS TO INDEPENDENCE			33-0148082	Page <b>4</b>
Pai	t XI Reconciliation of Revenue per Audited Financial Staten	nents With F	Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,436,237.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	21,692.		
b	Donated services and use of facilities		246,029.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	267,721.
3	Subtract line 2e from line 1			3	1,168,516.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-25,000.		
С	Add lines 4a and 4b			4c	-25,000.
_5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	1,143,516.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	1,583,099.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	246,029.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)		25,000.		
е	Add lines 2a through 2d	<u>-</u>		2e	271,029.
3	Subtract line 2e from line 1			3	1,312,070.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b	·		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,312,070.
	t XIII Supplemental Information.				
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad 2 X, LINE 2:			4; Part X, line 2	; Part XI,
	WAYS TO INDEPENDENCE IS A QUALIFIED NONPROFIT ORGANIZATION TH	HAT IS			
EXEM	IPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL	REVENUE			
CODE	. THIS EXEMPTION IS FOR ALL INCOME TAXES EXCEPT FOR THOSE ASS	SESSED ON			
UNRE	LATED BUSINESS INCOME, IF ANY. THE INTERNAL REVENUE SERVICE H	IAS			
CLAS	SIFIED THE ORGANIZATION AS "OTHER THAN A PRIVATE FOUNDATION".				
GENE	RALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) REQUIRES THAT MAN	IAGEMENT			
DETE	ERMINES WHETHER A TAX POSITION IS MORE LIKELY THAN NOT TO BE S	SUSTAINED			
UPON	EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR				
LITI	GATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITI	ON. ONCE			
IT I	S DETERMINED THAT A POSITION MEETS THE RECOGNITION THRESHOLD,	THE			
POSI	TION IS MEASURED TO DETERMINE THE AMOUNT OF BENEFIT TO BE REC	COGNIZED			

Schedule D (Form 990) 2018

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization						Employer ide	ntification number		
	INDEPENDENCE					33-0148082			
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ıstodv	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
<b>Fotal</b>			•						
3 List all states in which the organizatio or licensing.			utions	s or has been notified	d it is	exempt from re	egistration		

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Pa	ırt I		-			
		of fundraising event contributions and gr			<u> </u>	pts greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			THE BIG EAZY & ALL THAT JAZZ		NONE	(add col. (a) through
				(overt type)	(total number)	col. <b>(c)</b> )
ne			(event type)	(event type)	(total number)	
Revenue	١.,	Cross respirts	873,792.			873,792.
Be	1	Gross receipts	075,752.			075,752.
	2	Less: Contributions	862,182.			862,182.
	-	2000. Ochanouno	,			1
	3	Gross income (line 1 minus line 2)	11,610.			11,610.
	4	Cash prizes				
"	5	Noncash prizes	27,290.			27,290.
JSes						
çper	6	Rent/facility costs	27,934.			27,934.
Direct Expenses	_	Food and housewere	4,777.			1 777
irec	7	Food and beverages	4,777.			4,777.
	8	Entertainment	6,300.			6,300.
	9	Other direct expenses				53,105.
	10	Direct expense summary. Add lines 4 through	· · · · · · · · · · · · · · · · · · ·		<b>•</b>	119,406.
	11	•			_	-107,796.
Pa	irt l			990, Part IV, line 19,	or reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
<u>e</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			., ,	bingo/progressive binge	0 (7	col. (a) through col. (c))
Re	١.					
	1	Gross revenue				
	۱,	Cash prizes				
ses		Cash prizes				
pen	3	Noncash prizes				
Direct Expenses						
irec	4	Rent/facility costs				
Ω						
	5	Other direct expenses				
			Yes %	Yes 9	%   Yes %	
	6	Volunteer labor	└── No	└── No	∟∟ No	
	_	D: 4	5: 1 (0			
	<b> </b>	Direct expense summary. Add lines 2 through	n 5 in column (a)		<b>P</b>	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
		Net garning income summary. Subtract line 7	Trom line 1, column (a)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the ta	ax year?	Yes No
b	lf "	Yes," explain:				
8320	B2 10	0-03-18			Schedule G (Fo	rm 990 or 990-EZ) 2018

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Schedule G (Form 990 or 990-EZ) 2018 PATHWAYS TO INDEPENDENCE	33-0148	3082	Page <b>3</b>
11 Does the organization conduct gaming activities with nonmembers?		Yes	□ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			
to administer charitable gaming?		Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility		13a	%
<b>b</b> An outside facility		13b	——————————————————————————————————————
14 Enter the name and address of the person who prepares the organization's gaming/special events books		100	
Little the hame and address of the person who prepares the organization's garning/special events books	and records.		
Name ▶			
Address ▶ _			
15a Does the organization have a contract with a third party from whom the organization receives gaming reve	20103	Yes	□ No
Does the organization have a contract with a third party from whom the organization receives gaming reve	nue:	103	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and	I the amount		
of gaming revenue retained by the third party >\$			
c If "Yes," enter name and address of the third party:			
Name ▶			
Address			
16 Gaming manager information:			
Name ▶			
Gaming manager compensation > \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		Yes	☐ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations	or spent in the		
organization's own exempt activities during the tax year > \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (i	ii) and (v): and Par	t III. lines 9	. 9b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, ( ),	,	, , ,

832083 10-03-18

Schedule 6	(Form 990 or 990-EZ) PATHWAYS TO INDEPENDENCE	33-0148082	Page 4
Part IV	(Form 990 or 990-EZ) PATHWAYS TO INDEPENDENCE  Supplemental Information (continued)		<u> </u>

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

## **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the	e organization								Em	ployer	r ident	ificati	on nu	mber
	PATHWAYS TO INDEPENDENCE  Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations								0148	082				
Part I	Excess Bene	fit Transact	<b>ONS</b> (section 5	01(c)(3	3), sect	ion 501(c)(4), and 50	)1(c	)(29) organizatior	ns only	y).				
	Complete if the c	organization ans	wered "Yes" on	Form	990, Pa	art IV, line 25a or 25l	b, oı	r Form 990-EZ, P	art V,	line 40	Ob.			
1 (a) Name of disqualified person		(b) i	Relationship bet	ween	disqua	lified	-1 D		:			(d)	Corre	cted?
(a) Nan	ne of disqualified p	erson	person and o	rganiz	ation	(6	<b>c)</b> D	escription of tran	sactio	'n		Y	es	No
2 Enter t	he amount of tax i	ncurred by the o	organization mar	nagers	or disc	qualified persons du	ring	the year under						
section	n 4958									<b>&gt;</b> \$				
3 Enter t	the amount of tax,	if any, on line 2,	above, reimburs	sed by	the or	ganization				<b>&gt;</b> \$				
Part II	Loans to and	d/or From In	terested Per	sons	<b>S.</b>									
	Complete if the o	organization ans	wered "Yes" on	Form	990-EZ	, Part V, line 38a or l	Forr	n 990, Part IV, lin	ie 26;	or if th	ne orga	anizati	on	
	reported an amo										W-V An	Drovos		
	Name of	(b) Relationship			oan to or m the	(e) Original	(f) Balance due			) In	by bo	proved ard or		ritten ment?
intere	ested person	with organization	of loan	organ	ization?	principal amount			defa	uit?	cómm	nittee?	agree	ment?
				То	From				Yes	No	Yes	No	Yes	No
										<u> </u>	ــــــ	<u> </u>		
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Fadal			<u> </u>			<b>&gt;</b> \$								
Fotal	Grants or As	sistance Be	nefiting Inte	reste	d Pe	rsons								
	Complete if the c		_											
(a) Na	ame of interested p		(b) Relationship			(c) Amount of		(d) Type	of			) Purp	080 01	<del></del>
(4) 146	arric or interested p	0013011	interested per			assistance		assistan			•	assist		
			the organiz		-									
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Page 2

Part V Supplemental Information.  Provide additional information for responses to questions on Schedule L (see instructions).		red "Yes" on Form 990, Part IV, line 28a, 28		(d) December 1	(e) Sh:	aring of
Part V Supplemental Information.  Provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  (A) NAME OF PERSON: KITTY BARLOW  (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  DWINER OF BARLOW ACCOUNTING AND DIRECTOR OR PATHWAYS TO INDEPENDENCE  (D) DESCRIPTION OF TRANSACTION: BARLOW TAX & ACCOUNTING PROVIDED	(a) Name of interested person				organiz rever	zation's nues?
Part V Supplemental Information.  Provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  (A) NAME OF PERSON: KITTY BARLOW  (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  OWNER OF BARLOW ACCOUNTING AND DIRECTOR OR PATHWAYS TO INDEPENDENCE  (D) DESCRIPTION OF TRANSACTION: BARLOW TAX & ACCOUNTING PROVIDED	ZIMMY DADIOU	OUNTED OF PARTON AGG	10 715	DADI OU MAY	Yes	+
Provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  (A) NAME OF PERSON: KITTY BARLOW  (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  OWNER OF BARLOW ACCOUNTING AND DIRECTOR OR PATHWAYS TO INDEPENDENCE  (D) DESCRIPTION OF TRANSACTION: BARLOW TAX & ACCOUNTING PROVIDED	KITTY BARLOW	OWNER OF BARLOW ACC	18,715.	BARLOW TAX		X
Provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  (A) NAME OF PERSON: KITTY BARLOW  (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  OWNER OF BARLOW ACCOUNTING AND DIRECTOR OR PATHWAYS TO INDEPENDENCE  (D) DESCRIPTION OF TRANSACTION: BARLOW TAX & ACCOUNTING PROVIDED						-
Provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  (A) NAME OF PERSON: KITTY BARLOW  (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  OWNER OF BARLOW ACCOUNTING AND DIRECTOR OR PATHWAYS TO INDEPENDENCE  (D) DESCRIPTION OF TRANSACTION: BARLOW TAX & ACCOUNTING PROVIDED						
Provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  (A) NAME OF PERSON: KITTY BARLOW  (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  OWNER OF BARLOW ACCOUNTING AND DIRECTOR OR PATHWAYS TO INDEPENDENCE  (D) DESCRIPTION OF TRANSACTION: BARLOW TAX & ACCOUNTING PROVIDED						
Provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  (A) NAME OF PERSON: KITTY BARLOW  (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  OWNER OF BARLOW ACCOUNTING AND DIRECTOR OR PATHWAYS TO INDEPENDENCE  (D) DESCRIPTION OF TRANSACTION: BARLOW TAX & ACCOUNTING PROVIDED						
Provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  (A) NAME OF PERSON: KITTY BARLOW  (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  OWNER OF BARLOW ACCOUNTING AND DIRECTOR OR PATHWAYS TO INDEPENDENCE  (D) DESCRIPTION OF TRANSACTION: BARLOW TAX & ACCOUNTING PROVIDED						
Provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  (A) NAME OF PERSON: KITTY BARLOW  (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  OWNER OF BARLOW ACCOUNTING AND DIRECTOR OR PATHWAYS TO INDEPENDENCE  (D) DESCRIPTION OF TRANSACTION: BARLOW TAX & ACCOUNTING PROVIDED						
Provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  (A) NAME OF PERSON: KITTY BARLOW  (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  OWNER OF BARLOW ACCOUNTING AND DIRECTOR OR PATHWAYS TO INDEPENDENCE  (D) DESCRIPTION OF TRANSACTION: BARLOW TAX & ACCOUNTING PROVIDED						
Provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  (A) NAME OF PERSON: KITTY BARLOW  (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  OWNER OF BARLOW ACCOUNTING AND DIRECTOR OR PATHWAYS TO INDEPENDENCE  (D) DESCRIPTION OF TRANSACTION: BARLOW TAX & ACCOUNTING PROVIDED	B 11/1 6 1 11/1 11					
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  (A) NAME OF PERSON: KITTY BARLOW  (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  OWNER OF BARLOW ACCOUNTING AND DIRECTOR OR PATHWAYS TO INDEPENDENCE  (D) DESCRIPTION OF TRANSACTION: BARLOW TAX & ACCOUNTING PROVIDED			netructions)			
(A) NAME OF PERSON: KITTY BARLOW  (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  OWNER OF BARLOW ACCOUNTING AND DIRECTOR OR PATHWAYS TO INDEPENDENCE  (D) DESCRIPTION OF TRANSACTION: BARLOW TAX & ACCOUNTING PROVIDED	Frovide additional information for re	sponses to questions on schedule E (see i	ristructions).			-
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  OWNER OF BARLOW ACCOUNTING AND DIRECTOR OR PATHWAYS TO INDEPENDENCE  (D) DESCRIPTION OF TRANSACTION: BARLOW TAX & ACCOUNTING PROVIDED	SCH L, PART IV, BUSINESS TRANSACTION	S INVOLVING INTERESTED PERSONS:				
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  OWNER OF BARLOW ACCOUNTING AND DIRECTOR OR PATHWAYS TO INDEPENDENCE  (D) DESCRIPTION OF TRANSACTION: BARLOW TAX & ACCOUNTING PROVIDED						
OWNER OF BARLOW ACCOUNTING AND DIRECTOR OR PATHWAYS TO INDEPENDENCE  (D) DESCRIPTION OF TRANSACTION: BARLOW TAX & ACCOUNTING PROVIDED	(A) NAME OF PERSON: KITTY BARLOW					
OWNER OF BARLOW ACCOUNTING AND DIRECTOR OR PATHWAYS TO INDEPENDENCE  (D) DESCRIPTION OF TRANSACTION: BARLOW TAX & ACCOUNTING PROVIDED	/D) DELAMIONGUID DEMMEN IMMEDEGMED	DEDGON AND ODGANIZATION				
(D) DESCRIPTION OF TRANSACTION: BARLOW TAX & ACCOUNTING PROVIDED	(B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
(D) DESCRIPTION OF TRANSACTION: BARLOW TAX & ACCOUNTING PROVIDED	OWNER OF BARLOW ACCOUNTING AND DIRECT	TOR OR PATHWAYS TO INDEPENDENCE				
PROFESSIONAL SERVICES TO THE ORGANIZATION AND WAS COMPENSATED.	(D) DESCRIPTION OF TRANSACTION: BARL	OW TAX & ACCOUNTING PROVIDED				
PROFESSIONAL SERVICES TO THE ORGANIZATION AND WAS COMPENSATED.						
	PROFESSIONAL SERVICES TO THE ORGANIZ	ATION AND WAS COMPENSATED.				

#### **SCHEDULE 0**

(Form 990 or 990-EZ) Department of the Treasury

## 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

OMB No. 1545-0047

Inspection

▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** PATHWAYS TO INDEPENDENCE 33-0148082 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO PEOPLE LIVING BELOW THE POVERTY LEVEL. FORM 990, PART VI, SECTION B, LINE 11B: A DRAFT OF THE FORM 990 IS REVIEWED BY VARIOUS MEMBERS OF THE BOARD OF DIRECTORS. ANY QUESTIONS OR PROPOSED REVISIONS/ADDITIONS ARE COMMUNICATED BY THE REVIEWERS TO THE OUTSIDE CPA PREPARER OF THE FORM 990. A COPY OF THE FINAL FILING COPY OF THE FORM 990 IS FORWARDED TO ALL MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: POLICY IS REVIEWED ANNUALLY BY BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS AND TAX RETURNS ARE AVAILABLE ON THE ORGANIZATIONS WEBSITE FOR REVIEW, FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: UTILITIES: PROGRAM SERVICE EXPENSES 49,156. MANAGEMENT AND GENERAL EXPENSES 9,831. FUNDRAISING EXPENSES 6,554. TOTAL EXPENSES 65,541.

MEDICAL:

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization		Employer identification number
PATHWAYS TO INDEPENDENCE	64.045	33-0140002
PROGRAM SERVICE EXPENSES	61,947.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	61,947.	
BOOKS:		
PROGRAM SERVICE EXPENSES	51,012.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	51,012.	
REPAIRS:		
PROGRAM SERVICE EXPENSES	32,431.	
MANAGEMENT AND GENERAL EXPENSES	6,486.	
FUNDRAISING EXPENSES	4,324.	
TOTAL EXPENSES	43,241.	
MISC:		
PROGRAM SERVICE EXPENSES	11,735.	
MANAGEMENT AND GENERAL EXPENSES	2,345.	
FUNDRAISING EXPENSES	1,565.	
TOTAL EXPENSES	15,645.	
FURNISHING:		
PROGRAM SERVICE EXPENSES	9,319.	
MANAGEMENT AND GENERAL EXPENSES	1,864.	
FUNDRAISING EXPENSES	1,243.	
TOTAL EXPENSES	12,426.	
832212 10-10-18	27	Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization  PATHWAYS TO INDEPENDENCE		Employer identification number
PERMITS:		
PROGRAM SERVICE EXPENSES	0.	
MANAGEMENT AND GENERAL EXPENSES	11,544.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	11,544.	
SUBSCRIPTIONS:		
PROGRAM SERVICE EXPENSES	2,594.	
MANAGEMENT AND GENERAL EXPENSES	519.	
FUNDRAISING EXPENSES	346.	
TOTAL EXPENSES	3,459.	
BANK FEES:		
PROGRAM SERVICE EXPENSES	1,736.	
MANAGEMENT AND GENERAL EXPENSES	348.	
FUNDRAISING EXPENSES	232.	
TOTAL EXPENSES	2,316.	
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	267,131.	
FORM 990, PART XII, LINE 2C		
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELEC	TION	
PROCESS DURING THE TAX YEAR.		