** PUBLIC DISCLOSURE COPY **

Form **990**

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

OMB No. 1545-0047

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 Inspection

Α	רטו נווי	e 2020 calendar year, or tax year beginning and	enaing	-	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addre				
	Name chang	Doing business as		33-01480	82
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	P.O. BOX 43		714-887-	4568
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,321,718.
	Amen return			H(a) Is this a group re	eturn
	Application			for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{\mathbf{T}}$	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) d	or 527	1 ' '	list. See instructions
i i	Wehsi	te: WWW.PATHWAYSTOINDEPENDENCE.ORG	01 021	H(c) Group exemption	
		organization: X Corporation	I Vear		State of legal domicile: CA
	art I	Summary	L Tour	oriorination.	1 Olato of logal doffilolio, Gal
	1	Briefly describe the organization's mission or most significant activities: TO TI	RANSFO	RM THE LIVE	S OF
Activities & Governance	'	DISADVANTAGED SINGLE YOUNG WOMEN THROUGH	EDIICA	TTON THERA	PV
nar	2	Check this box if the organization discontinued its operations or dispose			
ΛeΓ	3			ı	13
ဗွ	4	Number of independent voting members of the governing body (Part VI, line 1a)			13
∞ ~					6
ţį		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			100
ξį	6	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	d	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
		Onet-the time and sweets (Det VIII time 41)		Prior Year 939,609.	Current Year 1,141,953.
Revenue	8	Contributions and grants (Part VIII, line 1h)		140,627.	
Ven	9	Program service revenue (Part VIII, line 2g)		745.	149,465.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-61,277.	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,019,704.	1,258,071.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0. 0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		287,462.	368,993.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́	b			1 162 002	1 050 755
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,163,973.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,451,435.	
	19	Revenue less expenses. Subtract line 18 from line 12		-431,731.	-161,677.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		6,210,091.	6,015,919.
A P	21	Total liabilities (Part X, line 26)		207,890.	87,207.
챨	22	Net assets or fund balances. Subtract line 21 from line 20		6,002,201.	5,928,712.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He	re	GORETTY RAMOS, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		REBECCA CHRISTIANSEN REBECCA CHRISTIA			
	parer	Firm's name	CORP.	Firm's EIN	86-1400078
Use	Only	Firm's address 4332 CERRITOS AVE, SUITE A105			
		LOS ALAMITOS, CA 90720		Phone no. 71	4-372-8110
Ма	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Га	Charlett Or 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: TO TRANSFORM THE LIVES OF DISADVANTAGED SINGLE YOUNG WOMEN THROUGH
	EDUCATION, THERAPY, MENTORING, HOUSING, AND HEALTHCARE, TO BREAK THE
	CYCLE OF POVERTY AND ABUSE.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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 services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,025,890 • including grants of \$) (Revenue \$ 149,465 •)
	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 \$
40	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,025,890.
	Form 990 (2020

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.44	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	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	X	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			\ \ •
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			 ₩
40	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	46		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	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,"	.0		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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
				_

032003 12-23-20

Form **990** (2020)

Part IV Checklist of Required Schedules (continu	ed)
--	-----

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		X
	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			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			- V
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	 		x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
•	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
<u></u>	Schedule N, Part II	32		х
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	L_	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u>Ш</u>
	1 1 -		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X 000	(2020)
00000	4 40 00 00			

032004 12-23-20

Form **990** (2020)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a fet the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 160 for the calendary vaer anding with or within they ware covered by this return b If all least one is reported on line 2a, did the organization file all required federal employment tax returne? Note: If the sum of files 15 and 25 is greater than 250, you may be required to effect see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, "has it filed a Form 990-T for this year? If Yo? to fire 3b, provide an explanation on Schedule O 3c If Yes, "has the filed a Form 990-T for this year? If Yo? to fire 3b, provide an explanation on Schedule O 3d All any time during the calendary year, did the organization have an interest is, or a signature or other authority over, a financial account in a toregon country (such as a barrik account, securities account, or other financial account)? 4d All any time the name of the foreign country by the provided of the provided of the security of the provided o				Yes	No
b If a least one is reported on line 2a, did the organization file alrequired federal employment tax returns? Note: If the sum of lines is and 2 as greater than 250, you may be required to e-file (see instructions) 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did If Yes, "has it filed a Form 990-T for this year? If 'No' to line 8b, provide an explanation on Schedule 0 3 Did If Yes," has it filed a Form 990-T for this year? If 'No' to line 8b, provide an explanation on Schedule 0 3 Did If Yes, "series the name of the foreign country [such as a bank account; securities account, or other financial accounts? 4 Dif If Yes, "enter the name of the foreign country [such as a bank account; securities account, or other financial accounts? 5 Did was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any explanation a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any explanation aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Did any explanation and the organization that it was or is a party to a prohibited stax shelter transaction? 5 Did any explanation and the organization file form 8888-17 5 Did any explanation and the organization shelt are shelter transactions? 5 Did any explanation shelt are shelt organization shelt are very explanation explanation of the organization and explanation explan		filed for the calendar year ending with or within the year covered by this return 2a 6			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1'Yes', has it filed a Form 9807 for this year of 1'Wo' to file 3b, growing an explanation on Schedule O. 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country (such as a bank account, provide an explanation on Schedule O. 5c If 1'Yes' to the free fame of the freeign country. 5c If 1'Yes' to the Sar of Sh, did the foreign country (such as a bank account, provided an explanation of the freeign country. 5c If 1'Yes' to the Sar of Sh, did the foreign country. 5c If 1'Yes' to line Sar of Sh, did the organization for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5c If 1'Yes' to line Sar of Sh, did the organization for Fine 788867 to 1'Yes' to line Sar of Sh, did the organization the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 1'Yes' to line Sar of Sh, did the organization the form 88867 to 1'Yes', did the organization to fix deductible? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d If 'Yes, 'indicate the number of Forms 8882 field during the year 6 Did the organization received an ontity the donor of the value of the goods or services provided? 7c If If Yes, 'indicate the number of Forms 8882 field during the year 6 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1986 or the organization received a contribution of a contribution of a contribution of a contribution of a contribution	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If Yes, "has it filed a Form 990 T for this year? If "No" to file 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest, in, or a signature or other authority over, a financial account? 4b If "Yes," enter the name of the foreign country Securities account, or other financial accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction? 6c Did any taxable party notify the organization file Form 888877. 6c Did was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Did the organization that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization several payment in excess of \$15 made party as contribution and party for goods and services provided? 7c Did the organization express any expression and party for goods and services provided to the payor? 7a X 7b Did the organization receive a payment in excess of \$15 made party as a contribution of quanty and party for goods and services provided to the payor? 7a If Did the organization received an ocriticulation of underly, to pay premiums on a personal benefit contract? 7c X 7d Did the organization received an ocriticulation of underly, to pay premiums on a personal benefit contract? 7e If Did the organization received an ocriticulation of underly, to pay premiums on a personal benefit contract? 7d Did the organization received an ocriticul		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendary year, dot the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country ▶ 5a Was the organization party to a prohibited tax whether transaction? 5b Was the organization that it was or is a party to a prohibited tax whether transaction? 5c If "Yes" to lie So or 5b, did the organization the ferm 88867? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible schariable contributions? 6b Wes the organization related to tax deductible schariable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization stat any precive deductible contributions under section 170(c). b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization state any exceive deductible contributions under section 170(c). b If "Yes," inclinate the number of Forms 8222 filed during the year c Did the organization sell, exchange, or otherwise dispose of tangitie personal property for which it was required to the Form 82827. c Did the organization, during the year pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7c X f Did the organization neceeved a contribution of qualified intellectual property, did the organization file a Form 1989 or The Verson 1989 or The Organization file Form 1989 or The Verson 1989 or T	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
the interval of the contributions of the financial account, or other financial account)? b if 1'Yes, 'reter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction at any time during the tax year. 5c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6c Does the organization shall have a contributions? 5c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6d I 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organization stat many receive deductible contributions under section 170(c). 8 b If 'Yes,' did the organization notity the donor of the value of the goods or services provided? 7 b If 'Yes,' did the organization notity the donor of the value of the goods or services provided? 7 b If Yes,' did the organization oreived a branchage, or otherwise dispose of tangible personal property for which it was required to life Form 8882? 6 b If Yes,' did the organization notity the donor of the value of the goods or services provided? 7 b If the organization received a contribution of undersective or indirectly, on a personal benefit contract? 7 c X 7 b If the organization received a contribution of undersective or indirectly, on a personal benefit contract? 7 c X 7 b If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8892 as required? 1 the organization received a contribution of uars, boats, airplanes, or other vehicles, did the organizati	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If "Yes," enter the name of the foreign country ▶ Sae instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sar of Sb, did the organization file Form 8868-7? 5c If "Yes" organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a Dese the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization norify the donor of the value of the goods or services provided? 9 If "Yes," did the organization norify the donor of the value of the goods or services provided? 10 If "Yes," inclinate the number of Forms 8282 filed during the year 2 If Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 8 Sponsoring organization make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 10 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 11 Section 501(c)(7) organizations maintaining donor advised funds. Did a chorn advised fund maintained by the sponsoring organization make a distribution to a chorn dovised fund maintained by the sponsoring organization make a distribution to a chorn of divisor, or related person? 10 Section 501(c)(7) organizations maintaining donor advised funds. Did a chorn advised f	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Description of the organization that it was or is a party to a prohibited tax shelter transaction? 5 Description of the organization that it was or is a party to a prohibited tax shelter transaction? 6 Description of the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 9 Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 10 Did the organization receive a payment in excess of \$75 made parity as a contribution of the value of the goods or services provided? 10 Did the organization received achaevithe down of the value of the goods or services provided? 11 Press, "indicate the number of Forms 8282 filed during the year 12 Did the organization received a contribution of qualified intellectual property, of which it was required? 13 Did the organization received a contribution of qualified intellectual property, of the organization file a Form 899 as required? 14 Did the organization received a contribution of qualified intellectual property, of the organization the a Form 1098 C7 15 Sponsoring organization have excess business holdings at any time during the year? 15 Sponsoring organization maintaining doma and advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 16 Gross received, included on form 990, Part VIII, line 12, for publ		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c X 5c If Yes' to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soleid any contributions that were not tax deductible as charitable contributions? 6a X 5b If Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5 If Yes', did the organization notify the donor of the value of the goods or services provided? 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822? 7 Organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Organization receive any tunds, directly or indirectly, on a personal benefit contract? 7 Organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required? 8 Organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization shall an organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Organization shall an organization make any taxable distributions under section 4966? 9 Organization shall an organization make any taxable distributions under section 4966? 9 Organization shall an organization shall an or	b	If "Yes," enter the name of the foreign country ▶			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5 C		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
till Yes' to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 10 If "Yes," did the organization receive and the donor of the value of the goods or services provided? 10 If "Yes," did the organization received a contribution of qualified intellectual property, did the organization that payout a	b		5b		X
b If "Yes," indicate the number of tax deductible as charitable contributions? b If "Yes," indicate the number of forms 8282 fleed during the year c Did the organization netile with every solicitation and partly for goods and services provided to the payor? b If "Yes," indicate the number of Forms 8282 fleed during the year c Did the organization receive any number of Forms 8282 fleed during the year b If the organization receive any number of Forms 8282 fleed during the year c Did the organization received any number of Forms 8282 fleed during the year c Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization flee Form 8899 as required? f Did the organization received a contribution of cars, boats, any indicate the organization flee Form 8899 as required? f Did the organization received a contribution of cars, boats, any indicates the organization flee form 8899 as required? f Did the songanization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross received from them) 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from there sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization must report on Schedule O. b Enter the amount of reserves on			5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," include the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," include the number of Forms 8282 filed during the year e Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 If If the organization received a contribution of qualified intellectual property, did the organization file Form 8989 as required? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8989 as required? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions or advisor, or related person? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make any taxable distributions to adonor, donor advisor, or related person? 9 Did the sponsoring organization section the payor and t	6a				
were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year E Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7c X f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. 2 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Gross receipts, included on Form 990, Part VIII, line 12. 10 Gross receipts, included on Form 990, Part VIII, line 12. 11 Section 501(c)(2) organizations. Enter: 2 Gross income from embers or shareholders 3 Gross income from terns sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(2) qualified hospit plans in more than one state? 13 Section 501(c)(2) qualified hospit plans in more than one state? 14 Did the organization is icensed to issue qualified health plans in more than one state? 15 If "Yes," enter the amount of reserves on han			6a		X
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X g If the organization receive any funds, directly or indirectly, to na personal benefit contract? 7 To Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Th If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a door advised fund maintained by the sponsoring organization make a distribution of tunds funds. Did a door advised fund fund maintained by the sponsoring organization make a distribution of under funds. Did a door advised fund fund maintained by the sponsoring organization make a distribution of under funds. Did a door advised fund fund maintained by the sponsoring organization make and itsributions under section 4966? 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organization sex that the sponsoring organization is required funds. Did a door of the sponsoring organization is required funds. Did a door of the sponsoring organization is required funds. Did a door of the sponsoring organization is required funds. Did a door of the sponsoring organization is required funds. Did a door of the sponsoring organization is required funds. Did a door of the sponsoring organization is required funds. Did a door of	b				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year E Did the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit contract? 7c			6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c	7				
to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c	а				
to file Form 8282? d If "Yes," inclicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7	b		7b	Χ_	
d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7	С				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 X 72 If the organization cevieved a contribution of qualified intellectual property, did the organization file Form 8899 as required? 73 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 75 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization icensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves and hand c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qua			7c		Λ
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization is licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in order than the states in which the organization is licensed to issue qualified to maintain by the states in which the organization is licensed to issue qualified beath plans in order than states in which the organization is licensed to issue qualifi	d		_		v
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: a linitiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Enter the amount of reserves on hand Is the organization and educational institution subject to the section 4968 excise tax on net investment income? If "Yes,	_				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? 9a					
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O If the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.					
sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b	_		711		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	0		Q		
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	۵		0		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.			92		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b	_				
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 110 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 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 income? 16 X If "Yes," complete Form 4720, Schedule O.			35		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 5 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b 15 "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a 15a 15a 15a 15a 15a 15a 15a 15a 15a 15					
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 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 income? 16 X If "Yes," complete Form 4720, Schedule O.	_				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 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 income? 16 X If "Yes," complete Form 4720, Schedule O.					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c 12c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 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 income? 16 X If "Yes," complete Form 4720, Schedule O.		· · · · · · · · · · · · · · · · · · ·			
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Section 501(c)(29) qualified nonprofit health plans in more than one state? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 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 income? 16 X If "Yes," complete Form 4720, Schedule O.					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c 13c 14a 15c					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 15 the organization licensed to issue qualified health plans in more than one state? 13a 15a 15a 15a 15a 15a 15a 15a 15a 15a 15	12a		12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 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 income? 16 X If "Yes," complete Form 4720, Schedule O.					
Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 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 income? 16 X If "Yes," complete Form 4720, Schedule O.	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 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 income? 16 X If "Yes," complete Form 4720, Schedule O.	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
organization is licensed to issue qualified health plans		Note: See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand 13c	b	Enter the amount of reserves the organization is required to maintain by the states in which the			
Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "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 income? 16 X 17 If "Yes," complete Form 4720, Schedule O.					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 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 income? 16 X If "Yes," complete Form 4720, Schedule O.	С				
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			14a		X
excess parachute payment(s) during the year? 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 income? If "Yes," complete Form 4720, Schedule O.	b		14b		
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 income? 16 X If "Yes," complete Form 4720, Schedule O.	15				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					37
	16		16		X
		If "Yes," complete Form 4720, Schedule O.	Fam	000	(0000)

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 on 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 on Schedule O.							
b	Enter the number of voting members included on 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							
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		X				
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		X				
6	Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	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	X					
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 on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Х					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х					
40	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13 14	X					
14 15	Did the organization have a written document retention and destruction policy?	14	21					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
_	The organization's CEO, Executive Director, or top management official	15a		Х				
a h	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100						
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				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
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) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.	·						
	X Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	KITTY BARLOW - 714-655-6038							
	302 NASHVILLE AVE, APT A, HUNTINGTON BEACH, CA 92648							
		Ган	000	/0000				

032006 12-23-20

Form **990** (2020)

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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c , unle	ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) GORETTY RAMOS	40.00			,,				00 167	0	2 111
EXECUTIVE DIRECTOR	0.00			Х				82,167.	0.	3,111.
(2) ELIZABETH HOGREBE	8.00			, .					0	_
BOARD CHAIR	1.00	Х		Х				0.	0.	0.
(3) RAYMOND CERVANTES CFO		x		x				0.	0.	0.
(4) NIKKI HARRIS, M.A, LMFT	8.00									
SECRETARY		Х		Х				0.	0.	0.
(5) WIL DROUIN	1.00									
DIRECTOR (THRU 11/2020)		Х						0.	0.	0.
(6) LISA FLUKE	8.00									
DIRECTOR		Х						0.	0.	0.
(7) TIFFONY JACOBS	1.00							_	_	_
DIRECTOR (THRU 3/2020)		Х						0.	0.	0.
(8) JANICA JESSON	1.00								_	_
DIRECTOR (THRU 11/20)		Х						0.	0.	0.
(9) DIANA HILL	1.00									
DIRECTOR		Х						0.	0.	0.
(10) TRACEY HUTTON	3.00	l							•	
DIRECTOR	1 00	Х						0.	0.	0.
(11) SHARON DICKSON	1.00	١							•	_
DIRECTOR	1 00	Х						0.	0.	0.
(12) JOSEPH DZIDA	1.00								0	_
DIRECTOR	1 00	Х						0.	0.	0.
(13) JERRY GREEN	1.00	٠,,							0	_
DIRECTOR	1 00	Х						0.	0.	0.
(14) JANET HORENSTEIN	1.00	. ,							0	_
DIRECTOR	1 00	Х						0.	0.	0.
(15) SARA NGUYEN	1.00	X						0.	0.	_
DIRECTOR (16) ANITA BELTRAN-SUTT	1.00	^	\vdash	\vdash	_			0.	0.	0.
	1.00	X						0.	0.	0.
DIRECTOR (17) MICHELLE MATTHEWS	1.00	^				-	\vdash	0.	0.	<u></u>
DIRECTOR	1.00	X						0.	0.	0.
032007 12-23-20		-22			<u> </u>				0.	Form 990 (2020)

032007 12-23-20

Form **990** (2020)

Pai	Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	<u>d Hi</u>	ighe	st C	ompensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable		Es	stimate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio		an	nount	of
		week (list any	\vdash	T	I	T	1	100,	from	from related		000	other	tion
		hours for	directo						the organization	organizations (W-2/1099-MIS			pensa om th	
		related	e or (stee			nsate		(W-2/1099-MISC)	(** 27 1033 14110	,0,		anizat	
		organizations	trust	al tru		yee	mbel					_	d relat	
		below	Individual trustee or director	Institutional trustee	e.	Key employee	Highest compensated employee	ner				orga	anizati	ons
		line)	In dj.	Insti	Officer	Key	High	Former						
			1											
			-											
			<u> </u>	<u> </u>										
			-											
			-											
			 	\vdash										
			<u> </u>	L										
1h	Subtotal		<u></u>	<u> </u>					82,167.		0.		3,1	11.
	Subtotal Total from continuation sheets to Part V								0.		0.		- , -	0.
	Total (add lines 1b and 1c)								82,167.		0.		3,1	
2	Total number of individuals (including but r								-	0,000 of reportabl	e			0
_	compensation from the organization												Yes	No
3	Did the organization list any former officer	. director. trust	ee. I	kev (emp	love	e. o	r hia	hest compensated emi	olovee on				
	line 1a? If "Yes," complete Schedule J for s			•		•	-	_		•		3		Х
4	For any individual listed on line 1a, is the s													
	and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e J f	or such individual			4		Х
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	/ unr	elat	ed organization or indiv	idual for services				
_	rendered to the organization? If "Yes," con	nplete Schedul	e J f	or s	uch	pers	son .					5		Х
	ction B. Independent Contractors													
1	Complete this table for your five highest countries the organization. Report compensation for										pens	ation 1	from	
	(A)	trie caleridar y	Cai	enui	iiig v	VILII	OI W		(B)	year.	-	((C)	
	Name and business	address	N	INC	E				Description of s	services	C	ompe	nsatio	n
								_						
2	Total number of independent contractors (ot li	mite	d to		_	sted	above) who received n	nore than				
	\$100,000 of compensation from the organ	zation >	—				<u> </u>					Eo.	990 (2020
												LUITO	JJU ()	∠U∠U)

032008 12-23-20

Pai	rt VII						
		Check if Schedule O contains a response	or note to any lir				
				(A)	(B) Related or exempt	(C)	(D) Revenue excluded
				Total revenue		Unrelated business revenue	f.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					TariotionTovenae	Business revenue	sections 512 - 514
ts	1 a	Federated campaigns 1a					
E Z		Membership dues 1b					
۾. اڳ	c	'	908,839.	-			
Contributions, Gifts, Grants and Other Similar Amounts			300,0030	-			
nia I		······		-			
Sin		Government grants (contributions) 1e		-			
ēĖ	T	All other contributions, gifts, grants, and	222 114				
들히		similar amounts not included above 1f	233,114.				
t o	g			1 1 1 1 0 5 0			
<u>ā</u> <u>Č</u>	h	Total. Add lines 1a-1f	<u></u>	1,141,953.			
			Business Code				
e e	2 a	DUNBAR RESIDENTIAL	532000	149,465.	149,465.		
e Z	b						
Sul	С						
ean	d						
Program Service Revenue	е						
Pr	f	All other program service revenue					
		Total. Add lines 2a-2f		149,465.			
\neg	3	Investment income (including dividends, inter					
	3	` ,	,	3,970.			3,970.
	4	other similar amounts)		3,3700			3,370.
	4	Income from investment of tax-exempt bond					
	5	Royalties					
		(i) Real	(ii) Personal	-			
	6 a	Gross rents 6a		_			
	b	Less: rental expenses 6b					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	<u></u>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses 7b					
Revenue	С	Gain or (loss) 7c		1			
Re		Net gain or (loss)	•				
ē		Gross income from fundraising events (not	1				
됩	0 4	including \$ 908,839. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	25,330.				
				-			
				-38,317.			-38,317.
		Net income or (loss) from fundraising events	>	30,317.			30,317.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19		_			
		Less: direct expenses 9t	<u> </u>				
			<u> </u>				
	10 a	Gross sales of inventory, less returns					
		and allowances10	a				
	b	Less: cost of goods sold10	b				
	С	Net income or (loss) from sales of inventory .					
σ			Business Code				
e go	11 a	MISCELLANEOUS	900099	1,000.			1,000.
ane	b						
Miscellaneous Revenue	C						
isc B		All other revenue					
2		Total. Add lines 11a-11d		1,000.			
	12	Total revenue. See instructions		1,258,071.	149,465.	0.	-33,347.

032009 12-23-20

Form **990** (2020)

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).

<u></u>	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 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,	05 270	E1 167	17 056	17 056
_	trustees, and key employees	85,279.	51,167.	17,056.	17,056
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	227 026	126 606	15 565	1E E 6 E
7	Other salaries and wages	227,826.	136,696.	45,565.	45,565
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	17,885.	10,731.	3,577.	2 577
9	Other employee benefits	38,003.	22,802.	7,601.	3,577 7,600
10	Payroll taxes	30,003.	44,004.	1,001.	7,000
11	Fees for services (nonemployees):				
a	Management	17,338.		17,338.	
b	Legal	13,582.		13,582.	
С.	• • • • • • • • • • • • • • • • • • • •	13,302.		13,302.	
	Lobbying				
e	, , , , , , , , , , , , , , , , , , ,				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	3,400.		3,400.	
40	· • • • • • • • • • • • • • • • • • • •	1,733.	1,040.	346.	347
12	Advertising and promotion	23,768.	14,261.	4,754.	4,753
13	Office expenses	15,930.	9,558.	3,186.	3,186
14	Information technology	13,330.	3,330.	3,100.	3,100
15 16	Royalties	3,893.	2,336.	778.	779
17	Occupancy	3,033.	2,3301	7700	,,,,
18	Payments of travel or entertainment expenses				
10					
19	for any federal, state, or local public officials Conferences, conventions, and meetings	894.	536.	179.	179
20		0,7 1,0	3301		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	150,956.		150,956.	
23	· · · · · · · · · · · · · · · · · · ·	13,620.		13,620.	
23 24	Insurance Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXP. HOUSING	744,532.	744,532.		
h	REPAIRS & MAINTENANCE	51,241.	30,745.	10,248.	10,248
c	BANK FEES	7,387.	337.233	7,387.	
d	DUES & SUBSCRIPTIONS	2,476.	1,486.	495.	495
-	All other expenses	5.	_,,	5.	
25	Total functional expenses. Add lines 1 through 24e	1,419,748.	1,025,890.	300,073.	93,785
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 (202

032010 12-23-20 Form **990** (2020)

Part 2	^	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			939,564.	1	810,089
:	2	Savings and temporary cash investments			250,054.	2	336,822
;	3	Pledges and grants receivable, net		3			
.	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
(6	Loans and other receivables from other disqua	ified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ction 4958(c)(3)(B)		6		
. ي	7	Notes and loans receivable, net			2,621.	7	2,396
Assets	8	Inventories for sale or use				8	
₹ 9	9	Prepaid expenses and deferred charges			10,087.	9	9,803
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,140,183.			
	b	Less: accumulated depreciation	10b	1,283,374.	5,007,765.	10c	4,856,809
1	1	Investments - publicly traded securities			11		
1:	2	Investments - other securities. See Part IV, line			12		
1:	3	Investments - program-related. See Part IV, line		13			
1.	4	Intangible assets		14			
1	5	Other assets. See Part IV, line 11				15	
10	6	Total assets. Add lines 1 through 15 (must equ	ıal line 3	33)	6,210,091.	16	6,015,919
1	7	Accounts payable and accrued expenses	33,786.	17	9,466		
18	8	Grants payable		18			
19	9	Deferred revenue			141,000.	19	
20	20	Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ខ្ល 2:	2	Loans and other payables to any current or for	ner offic	cer, director,			
		trustee, key employee, creator or founder, subs	stantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		22	
」 2:	3	Secured mortgages and notes payable to unre	ated thi	rd parties		23	
2	4	Unsecured notes and loans payable to unrelate	ed third	parties	33,104.	24	77,741
2	5	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)). Complete Part X			
		of Schedule D				25	
20	6	Total liabilities. Add lines 17 through 25			207,890.	26	87,207
_ω		Organizations that follow FASB ASC 958, ch	eck her	e ▶ X			
<u> </u>		and complete lines 27, 28, 32, and 33.					
<u> </u>	27				5,849,434.	27	5,754,387
<u> </u>	8	Net assets with donor restrictions			152,767.	28	174,325
§		Organizations that do not follow FASB ASC	958, che	eck here 🕨 📖			
-		and complete lines 29 through 33.					
2	9	Capital stock or trust principal, or current funds				29	
) 30	0	Paid-in or capital surplus, or land, building, or e				30	
Net Assets of Fund Balances 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	1	Retained earnings, endowment, accumulated in				31	F 000 F13
ğ 3	2	Total net assets or fund balances			6,002,201.	32	5,928,712
3	3	Total liabilities and net assets/fund balances			6,210,091.	33	6,015,919

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,25	8,0	71.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,41		
3					77.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,00		
5	Net unrealized gains (losses) on investments	5		3,3	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		4,8	<u>42.</u>
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,92	8,7	12.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

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

Employer identification number Name of the organization 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. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	643,889.	530,818.	1,027,663.	939,609.	1,141,953.	4,283,932.
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	643,889.	530,818.	1,027,663.	939,609.	1,141,953.	4,283,932.
5	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						431,932.
6	Public support. Subtract line 5 from line 4.						3,852,000.
	ction B. Total Support						, ,
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	643,889.	530,818.	1,027,663.	939,609.	1,141,953.	4,283,932.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,952.	248.	775.	745.	3,971.	7,691.
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.)	863,321.	884,466.	34,892.	1,391.	1,000.	1,785,070.
11							6,076,693.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	478,074.
13	First 5 years. If the Form 990 is for th			fourth, or fifth tax	year as a section	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 2020 (line 6, column (f), c	divided by line 11, o	column (f))		14	63.39 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	56.97 %
16a	33 1/3% support test - 2020. If the	organization did no	ot check the box or	line 13, and line	14 is 33 1/3% or r	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2019. If the	organization did no	ot 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	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	y supported organ	ization	
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	<u> </u>
					Sobe	dule A (Form 990	or 000 E7\ 2020

032022 01-25-21

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	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	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						
J	furnished by a governmental unit to						
	the organization without charge						
6	Takal Asial Basa d Manayada 5						
	A Amounts included on lines 1, 2, and						
/ 6	′ ′						
ŀ	3 received from disqualified persons 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.)						
	ction B. Total Support						1
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,	ĺ					
	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						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
	check this box and stop here						>
	ction C. Computation of Publi						
15	Public support percentage for 2020 (li	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2020. If the					33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box ar						▶□
k	33 1/3% support tests - 2019. If the						6, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

032023 01-25-21

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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		
F-		
5a		
5b		
5c		
33		
6		
7		
8		
00		
9a		
9b		
00		
9c		
10a		
iva		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described in line 11a above?	11b		
С	A 35%	5 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect		3. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sect		C. Type II Supporting Organizations			
		, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Were :	a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sect		D. All Type III Supporting Organizations	<u>'</u>		
		77 M Type III cupper and circumstations		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•				
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
0		ization's governing documents in effect on the date of notification, to the extent not previously provided?	-		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
•		ganization maintained a close and continuous working relationship with the supported organization(s).			
3	•	ason of the relationship described in line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sact		rted organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions)	•		
a		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.	otructio	nol	
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	Struction		Na
2		ries Test. Answer lines 2a and 2b below. Ibstantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organization(s) to which the organization was responsive? If res, then in Part Vi identity			
		ne organization was responsive to those supported organizations, and how the organization determined	0-		
1-		nese activities constituted substantially all of its activities.	2a		
b		e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	-		
_		activities but for the organization's involvement.	2b		
		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

032025 01-25-21

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on l	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	1
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 0.015 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 0.035.	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 0.85 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	ally integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
a	From 2015							
b	From 2016							
С	From 2017							
d	From 2018							
е	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
<u>i</u>	Carryover from 2015 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2016							
b	Excess from 2017							
С	Excess from 2018							
d	Excess from 2019							
е	Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A lines 1, 2, 3h, 3c, 4h, 4c, 5a, 6, 3a, 9h, 9c, 11a, 11h, and 11c, Part III, Section R lines 1, and 2) Part IV, Section R
	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.)
	(See instructions.)
_	
<u> </u>	

Schedule B

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

Department of the Treasury Internal Revenue Service **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

2020

Name of the organization

Employer identification number

PATHWAYS TO INDEPENDENCE 33-0148082 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

PATHWAYS TO INDEPENDENCE

33-0148082

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 200,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 75,110.	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
4	- Traine, address, and En 1 1	\$ 60,000.	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
5		\$\$0,000.	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
6		\$	Person X Payroll

33-0148082

PATHWAYS TO INDEPENDENCE

Name of organization

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 25,000.	Person X Payroll
(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 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 Noncash (Complete 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 Pa	art 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
		 \$	

Employer identification number

Name of organization

PATHWAYS TO INDEPENDENCE 33-0148082 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and 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

PATHWAYS TO INDEPENDENCE

Employer identification number 33-0148082

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		•
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
4	year	coment is leasted	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Transming of Violations, and emoreting conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	\$	annig on molations, and other only contact ration	caseee adming and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	-	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce 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 tre	asures, or other similar assets for financial gai	in, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

Sche	dule D (Form 990) 2020 PATHWAY	S TO INDEP	ENDENCE			33-0	148082	2 Pa	age 2
Pai	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, o	r Other S	Similar Ass	ets(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	e following that	make sign	ificant use of it	s		
	collection items (check all that apply):								
а	Public exhibition	c	I <u> </u> Loan or ex	change prograi	m				
b	Scholarly research	e	e						
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	n how they further	the organizatio	n's exemp	t purpose in Pa	art XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	asures, or othe	r similar as	sets			
	to be sold to raise funds rather than to be m	aintained as part of	the organization's o	collection?		[Yes		No
Pai	rt IV Escrow and Custodial Arran	igements. Compl	ete if the organizati	on answered "`	Yes" on Fo	rm 990, Part I\	/, line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other ass	ets not inc	luded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amount		
С	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F					, [Yes		No
	If "Yes," explain the arrangement in Part XIII								
Pai									
	·	(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years bac	k (e) Four	years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur		ce (line 1a. column	(a)) held as:	l		ı		
a	Board designated or quasi-endowment	rom your one building	%	(4))					
b	Permanent endowment								
		<u></u>							
	The percentages on lines 2a, 2b, and 2c sho	•							
За	Are there endowment funds not in the posse	•	ation that are held	and administer	ed for the o	organization			
	by:					ga <u>_</u>	Γ	Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						··· - ` ` 		
h	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule R	?			3b		
4	Describe in Part XIII the intended uses of the			*			[05]		
	t VI Land, Buildings, and Equipn		SWITIGHT TURIGO.						
	Complete if the organization answere		0. Part IV. line 11a.	See Form 990.	Part X. line	e 10.			
	Description of property	(a) Cost or o		st or other	(c) Accu		(d) Book	valu	——— е
	becomplied of property	basis (investr	' '	s (other)	depred		(4) 5001	· vaiu	•
12	Land	,	,	51,301.			1,851	3	01.
	Buildings			12,645.	1.20	7,137.	3,005		
	Leasehold improvements			19,877.		9,877.	-,	, ,	0.
	Equipment			3,612.		3,612.			0.

Schedule D (Form 990) 2020

4,856,809.

52,748.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

52,748.

Schedule D (Form 990) 2020 PATHWAYS TO	INDEPENDENCE	33	3-0148082 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Col. (b) must equal Form 000, Part V, col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11d Soc Form 990 Part V line 15	
	Description	Tru. Gee Form 330, Fart X, line 13.	(b) Book value
(1)			(a) Dook take
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)	•	
Part X Other Liabilities.	<i>- 10.</i> /		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 2	5.
1. (a) Description of liability	,,,	,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

(5) (6) (7) (8)

Sche	dule D (Form 990) 2020 PATHWAYS TO INDEPENDENCE			33-	0146062 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturr) .
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	۱.			
1	Total revenue, gains, and other support per audited financial statements			1	1,344,593.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	83,346.		
b	Donated services and use of facilities	2b	3,176.		
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	86,522.
3	Subtract line 2e from line 1			3	1,258,071.
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			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,258,071.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				1 100 001
1	Total expenses and losses per audited financial statements			1	1,422,924.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	2 4 7 6		
а	Donated services and use of facilities		3,176.		
b	Prior year adjustments	. 2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	3,176.
3	Subtract line 2e from line 1			3	1,419,748.
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				
b	Other (Describe in Part XIII.)	. 4b			•
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	1,419,748.
	rt XIII Supplemental Information.				
Drov	de the descriptions required for Part II, lines 3, 5, and 0: Part III, lines 1a and 1: Par	t IV/ lines 1h	and 2h. Dart V. line	1. Dart	Y line 2: Dart VI

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

PATHWAYS TO INDEPENDENCE IS A QUALIFIED NONPROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THIS EXEMPTION IS FOR ALL INCOME TAXES EXCEPT FOR THOSE ASSESSED ON UNRELATED BUSINESS INCOME, IF ANY. THE INTERNAL REVENUE SERVICE HAS CLASSIFIED THE ORGANIZATION AS "OTHER THAN A PRIVATE FOUNDATION". GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) REOUIRES THAT MANAGEMENT DETERMINES WHETHER A TAX POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. ONCE IT IS DETERMINED THAT A POSITION MEETS THE RECOGNITION THRESHOLD, THE POSITION IS MEASURED TO DETERMINE THE AMOUNT OF BENEFIT TO BE RECOGNIZED

Schedule D (Form 990) 2020

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

2020

Open to Public Inspection

Name of the organization

Employer identification number

PATHWAY	S TO INDEPENDENCE				33-0148	082		
Part I Fundraising Activities	Complete if the organization answe	red "Y	es" o	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not		
required to complete this par								
1 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) Did fundraiser have custody or control of contributions?		nave custody or control of		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No					
- Total			•					
3 List all states in which the organization or licensing.			utions	s or has been notified	d it is exempt from re	egistration		
						-		
	_					-		

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

Schedule G (Form 990 or 990-EZ) 2020

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and g	_			
			(a) Event #1 CONCERT	(b) Event #2	2 (c) Other events NONE	(d) Total events (add col. (a) through
ō			(event type)	(event type) (total number)	col. (c))
Revenue	1	Gross receipts	934,169.			934,169.
	2	Less: Contributions	908,839.			908,839.
	3	Gross income (line 1 minus line 2)	25,330.			25,330.
	4	Cash prizes				
õ	5	Noncash prizes	7,236.			7,236.
Direct Expenses	6	Rent/facility costs	1,624.			1,624.
rect E	7	Food and beverages	10,162.			10,162.
	8	Entertainment	29,588.			29,588.
	9	Other direct expenses				15,037.
	10					
Б.	11	Net income summary. Subtract line 10 from				-38,317.
Pa	irt i		answered "Yes" on Form	n 990, Part IV, line	19, or reported more than	
		\$15,000 on Form 990-EZ, line 6a.		# > Dull tobe/ine	tont	10711
ne			(a) Bingo	(b) Pull tabs/ins bingo/progressive		(d) Total gaming (add col. (a) through col. (c)
Revenue				billigo/progressive	billigo	Coi. (a) trilough coi. (c)
	1	Gross revenue				
ses	2	Cash prizes				_
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes No	%	6
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)		>	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		>	
		ter the state(s) in which the organization cond	_			
		the organization licensed to conduct gaming a				Yes No
b	lt "	No," explain:				
		ere any of the organization's gaming licenses i		_	•	Yes No
b	lf "	Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Sch	edule G (Form 990 or 990-EZ) 2020 PATHWAYS TO INDEPENDENCE 33-0	148082	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	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:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
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 ▶ \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	PATHWAYS TO	INDEPENDENCE	33-0148	8082 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)			
		,			
_					

Schedule G (Form 990 or 990-EZ)

34

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

PATHWAYS TO INDEPENDENCE

Employer identification number 33-0148082

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MENTORING, HOUSING, AND HEALTHCARE, TO BREAK THE CYCLE OF POVERTY AND
ABUSE.
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 XII, LINE 2C:
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION
PROCESS DURING THE TAX YEAR.