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## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

2008

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

For the 2008 calendar year, or tax year beginning , 2008, and ending ,

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	PATH - PEOPLE ATTEMPTING TO HELP 402 N FRONT ST TYLER, TX 75702	<b>D</b> Employer identification number 75-2033113
			<b>E</b> Telephone number 903-597-4044
		<b>F</b> Name and address of principal officer. SAME AS C ABOVE	<b>G</b> Gross receipts \$ 2,252,773.
		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: N/A			
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 1984	<b>M</b> State of legal domicile TX

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO SERVE, THROUGH WELL-EQUIPPED VOLUNTEERS, THE ECONOMICALLY DISADVANTAGED PEOPLE IN SMITH COUNTY WITH BOTH EMERGENCY ASSISTANCE AND PROGRAMS TO EMPOWER AND ENCOURAGE THEM TO BECOME PRODUCTIVE CITIZENS. ALSO SEE SCHEDULE 1.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 20	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 20	
	5	Total number of employees (Part V, line 2a)	5 25	
	6	Total number of volunteers (estimate if necessary)	6 444	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,781,917. Current Year 1,961,896.
		9	Program service revenue (Part VIII, line 2g)	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,977. 13,180.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,548. 15,588.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,816,442. 1,990,664.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,139,234. 1,176,508.	
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	507,672. 553,510.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
16b		Total fundraising expenses (Part IX, column (D), line 25)	55,473.	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	342,555. 254,762.	
	18	Total expenses. Add lines 13, 14, 16b, and 17 (must equal Part IX, column (A), line 25)	1,989,461. 1,984,780.	
	19	Revenue less expenses. Subtract line 18 from line 12	-173,019. 5,884.	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 2,946,656. End of Year 2,936,637.
21		Total liabilities (Part X, line 26)	48,658. 41,417.	
22		Net assets or fund balances. Subtract line 21 from line 20	2,897,998. 2,895,220.	

## Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <u>Christina Fulson</u>	Date 4.12.10
Paid Preparer's Use Only	Signature of preparer <u>CHARLES WAYNE BARTON</u>	
	Date APR 12 2010	Check if self-employed <input type="checkbox"/>
	Preparer's identifying number (see instructions) N/A	
	Firm's name (or yours if self-employed), address, and ZIP + 4 SQUYRES JOHNSON SQUYRES & CO 821 ESE LOOP 323 STE 460 TYLER, TX 75701-9613	
EIN N/A		Phone no. (903) 597-2021

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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

TEEA0112L 12/22/08 Form 990 (2008)

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**Part III** Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

TO SERVE, THROUGH WELL-EQUIPPED VOLUNTEERS, THE ECONOMICALLY DISADVANTAGED PEOPLE IN SMITH COUNTY WITH BOTH EMERGENCY ASSISTANCE AND PROGRAMS TO EMPOWER AND ENCOURAGE THEM TO BECOME PRODUCTIVE CITIZENS. ALSO SEE SCHEDULE 1.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?
☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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: XXXXXX) (Expenses \$ 1,775,585. including grants of \$ ) (Revenue \$ )

FOOD, HOUSING, TRANSPORTATION, UTILITIES, PRESCRIPTION, AND OTHER ASSISTANCE TO UNDERPRIVILEGED. SEE ATTACHED SCHEDULE 1.

**4b** (Code: XXXXXX) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: XXXXXX) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ \$ 1,775,585. (Must equal Part IX, Line 25, column (B).)

**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 X	
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 <b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II . . . . .	4	X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III . . . . .	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I . . . . .	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II . . . . .	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III . . . . .	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV . . . . .	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V . . . . .	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII . . . . .	12 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E . . . . .	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.? . . . . .	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I . . . . .	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II . . . . .	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III . . . . .	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I . . . . .	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II . . . . .	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III . . . . .	19	X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H . . . . .	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II . . . . .	21	X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III . . . . .	22 X	
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25 . . . . .	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . . . . .	24d	
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I . . . . .	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I . . . . .	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II . . . . .	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III . . . . .	27	X

**Part VII Checklist of Required Schedules (continued)**

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV</i>	<b>28a</b>	X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	<b>28b</b>	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	<b>37</b>	X

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**Part VIII Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ... <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If 'Yes,' enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>7b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7h</b>	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make any distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from other members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		

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Form 990 (2008)

**Part VII Governance, Management and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . . . .	20	
<b>1b</b> Enter the number of voting members that are independent . . . . .	20	
<b>2</b> 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? . . . . .		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		X
<b>6</b> Does the organization have members or stockholders? . . . . .		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: . . . . .		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9a</b> Does the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. SEE SCHEDULE O . . . . .	X	
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O . . . . .		X

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If 'No,' go to line 13 . . . . .	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O . . . . .	X	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	X	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b> 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: . . . . .		
<b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .	X	
<b>b</b> Other officers of key employees of the organization? SEE SCHEDULE O . . . . .		X
Describe the process in Schedule O. (see instructions) . . . . .		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</b> If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		X

**Section C. Disclosures**

**17** List the states with which a copy of this Form 990 is required to be filed ► NONE

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website    ☒ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► CHRISTINA FULSOM 409 S BOIS D' ARC AVENUE, TYLER, TEXAS 75702 903-597-4044

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTINA FULSOM EXECUTIVE DIREC	40				X			60,000.	0.	0.
REA BOUDREAUX PRESIDENT	0	X		X				0.	0.	0.
DAN BROOKS	0	X						0.	0.	0.
CELIA BUNT	0	X						0.	0.	0.
BILL CLAWATER TREASURER	0	X		X				0.	0.	0.
ANGELA CORREA	0	X						0.	0.	0.
GREG GRUBB	0	X						0.	0.	0.
JANET HILLS	0	X						0.	0.	0.
STUART BASKIN SECRETARY	0	X		X				0.	0.	0.
NEAL KATZ VICE PRESIDENT	0	X		X				0.	0.	0.
SHEILA LEATHERWOOD	0	X						0.	0.	0.
ROXIE MAYFIELD	0	X						0.	0.	0.
VERA MOORE	0	X						0.	0.	0.
KIMBERLY PARK	0	X						0.	0.	0.
DEBORAH RACE VICE PRESIDENT	0	X		X				0.	0.	0.
TRUDY RICHARDSON	0	X						0.	0.	0.
BRANDY SMART	0	X						0.	0.	0.



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JEANNE THOMPSON	0	X						0.	0.	0.
ALESHA WILLIAMS	0	X						0.	0.	0.
CC BAKER	0	X						0.	0.	0.
BRUCE BROOKSHIRE	0	X						0.	0.	0.
<b>1 b Total</b>								60,000.	0.	0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **0**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns	<b>1 a</b>				
	<b>b</b> Membership dues	<b>1 b</b>				
	<b>c</b> Fundraising events	<b>1 c</b> 111,953.				
	<b>d</b> Related organizations	<b>1 d</b>				
	<b>e</b> Government grants (contributions)	<b>1 e</b> 27,250.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1 f</b> 1,822,693.				
	<b>g</b> Noncash contrbns included in lns 1a-1f: .. \$	864,035.				
	<b>h Total.</b> Add lines 1a-1f		1,961,896.			
	<b>Business Code</b>					
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> .....					
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)		13,706.			13,706.
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross Rents	(i) Real 189,807.				
	<b>b</b> Less: rental expenses	202,587.				
	<b>c</b> Rental income or (loss)	-12,780.				
	<b>d</b> Net rental income or (loss)		-12,780.	-12,780.		
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities 34,119.				
	<b>b</b> Less: cost or other basis and sales expenses	34,645.				
	<b>c</b> Gain or (loss)	-526.				
	<b>d</b> Net gain or (loss)		-526.			-526.
	<b>8 a</b> Gross income from fundraising events (not including \$ 111,953. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b> 24,877.				
	<b>c</b> Net income or (loss) from fundraising events		-24,877.			-24,877.
	<b>9 a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>				
	<b>b</b> Less: cost of goods sold.	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS		13,278.	8,938.		4,340.	
<b>b</b> CONTRACT REVENUE		39,967.			39,967.	
<b>c</b> .....						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		53,245.				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1,990,664.	-3,842.	0.	32,610.	

**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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,176,508.	1,176,508.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	60,000.	0.	60,000.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages.	374,095.	317,972.	24,414.	31,709.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,029.	4,745.	843.	441.
9 Other employee benefits	73,396.	43,297.	26,502.	3,597.
10 Payroll taxes	39,990.	29,673.	7,441.	2,876.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	16,437.	8,704.	7,360.	373.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	5,357.	4,377.	482.	498.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	9,338.	8,164.	836.	338.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,000.	1,000.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,394.	56,919.	6,036.	2,439.
23 Insurance	32,003.	25,522.	5,411.	1,070.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a UTILITIES	30,824.	26,595.	3,391.	838.
b EDUCATION/PR	20,251.	15,220.	3,286.	1,745.
c SUPPLIES	14,090.	8,925.	2,172.	2,993.
d REPAIRS & MAINTENANCE	12,144.	10,937.	901.	306.
e EQUIPMENT RENTAL & MAINTENANCE	11,549.	9,970.		1,579.
f All other expenses	36,375.	27,057.	4,647.	4,671.
25 Total functional expenses. Add lines 1 through 24f	1,984,780.	1,775,585.	153,722.	55,473.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

BAA

Form 990 (2008)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing	206,752.	1	325,116.
	2 Savings and temporary cash investments	101,313.	2	257,011.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	7,202.	4	61,532.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,523.	8	
	9 Prepaid expenses and deferred charges	2,476.	9	508.
	10a Land, buildings, and equipment cost basis.	10a 3,477,626.		
	b Less accumulated depreciation. Complete Part VI of Schedule D.	10b 1,215,024.		
	11 Investments — publicly-traded securities	20,113.	11	
	12 Investments — other securities See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets.		14	
	15 Other assets. See Part IV, line 11	224,560.	15	29,868.
16 <b>Total assets</b> Add lines 1 through 15 (must equal line 34)	2,946,656.	16	2,936,637.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses	31,680.	17	29,987.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	16,978.	25	11,430.
	26 <b>Total liabilities.</b> Add lines 17 through 25	48,658.	26	41,417.
<b>NET ASSETS OR FUND BALANCES</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	2,673,386.	27	2,612,233.
	28 Temporarily restricted net assets	122,019.	28	180,094.
	29 Permanently restricted net assets	102,593.	29	102,893.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances.</b>	2,897,998.	33	2,895,220.
	34 <b>Total liabilities and net assets/fund balances.</b>	2,946,656.	34	2,936,637.

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If 'Yes,' did the organization undergo the required audit or audits?	3b	

BAA

Form 990 (2008)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	1,127,479.	1,140,110.	941,848.	1,062,997.	1,099,059.	5,371,493.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
<b>4 Total.</b> Add lines 1-3.	1,127,479.	1,140,110.	941,848.	1,062,997.	1,099,059.	5,371,493.
<b>5</b> 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).						1,344,504.
<b>6 Public support.</b> Subtract line 5 from line 4.						4,026,989.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4.	1,127,479.	1,140,110.	941,848.	1,062,997.	1,099,059.	5,371,493.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	194,170.	187,938.	216,736.	216,484.	178,438.	993,766.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV.	38,894.	18,092.	6,052.	9,066.	53,245.	125,349.
<b>11 Total support.</b> Add lines 7 through 10.						6,490,608.
<b>12</b> Gross receipts from related activities, etc. (see instructions).					12	0.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	<b>14</b>	62.0 %
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	<b>15</b>	59.7 %
<b>16a 33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
<b>b 33-1/3 support test – 2007.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5.						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33-1/3 support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

**b 33-1/3 support tests - 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

This image shows a full page of white paper with horizontal dashed lines, typical of primary school handwriting practice paper. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the page.



2008

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 60101

PATH - PEOPLE ATTEMPTING TO HELP

75-2033113

4/12/10

10:32AM

## PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
CONTRACT REVENUE	39,967.	9,066.	6,052.	18,092.	38,894.
RX ASSISTANCE PRGM REV	8,938.				
MISC	4,340.				
TOTAL	<u>\$ 53,245.</u>	<u>\$ 9,066.</u>	<u>\$ 6,052.</u>	<u>\$ 18,092.</u>	<u>\$ 38,894.</u>

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements****Attach to Form 990. To be completed by organizations that  
answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

**2008****Open to Public  
Inspection**

Name of the organization

PATH - PEOPLE ATTEMPTING TO HELP

Employer identification number

75-2033113

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .. .. . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .. .. . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .. .. . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .. .. . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	102,893.				
b Contributions					
c Investment earnings or losses	820.				
d Grants or scholarships					
e Other expenditures for facilities and programs	820.				
f Administrative expenses					
g End of year balance	102,893.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☒ 100.00 %  
 c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations.  
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?		X

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land		164,384.		164,384.
b Buildings		3,035,969.	998,631.	2,037,338.
c Leasehold improvements				
d Equipment		25,321.	19,221.	6,100.
e Other		251,952.	197,172.	54,780.
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,262,602.

BAA

Schedule D (Form 990) 2008



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,990,664.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,984,780.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	5,884.
4	Net unrealized gains (losses) on investments	758.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) SEE PART XIV	-9,420.
9	Total adjustments (net) Add lines 4-8	-8,662.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	-2,778.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,209,466.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	758.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	218,044.
e	Add lines 2a through 2d	2e	218,802.
3	Subtract line 2e from line 1	3	1,990,664.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,990,664.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	2,212,244.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	227,464.
e	Add lines 2a through 2d.	2e	227,464.
3	Subtract line 2e from line 1	3	1,984,780.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,984,780.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

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**Part XIV Supplemental Information** (continued)This image shows a full page of a worksheet designed for handwriting practice. It features 20 evenly spaced, horizontal dashed lines across the entire width of the page. The background is plain white, providing a clear guide for letter formation and alignment. There are no margins, text, or other markings present.

2008

## SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 60101

PATH - PEOPLE ATTEMPTING TO HELP

75-2033113

4/12/10

11 26AM

SCHEDULE D, PART XI, LINE 8  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DECREASE IN ASSETS HELD AT ETCF

	\$	-9,420.
TOTAL	\$	<u>-9,420.</u>

SCHEDULE D, PART XII, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990DECREASE IN ASSETS HELD AT ETCF  
FUNDRAISING EXPENSES  
RENTAL EXPENSE REPORTED AS PROGRAM

	\$	-9,420.
		24,877.
		<u>202,587.</u>
TOTAL	\$	<u>218,044.</u>

SCHEDULE D, PART XIII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/SFUNDRAISING EXPENSES  
RENTAL EXP TREATED AS PRGM FOR FIN STMT

	\$	24,877.
		<u>202,587.</u>
TOTAL	\$	<u>227,464.</u>

Department of the Treasury  
Internal Revenue Service

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

**Open to Public Inspection**

Name of the organization

Employer identification number

## PATH - PEOPLE ATTEMPTING TO HELP

75-2033113

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Mail solicitations      | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Email solicitations     | <input type="checkbox"/> Solicitation of government grants     |
| <input type="checkbox"/> Phone solicitations     | <input type="checkbox"/> Special fundraising events            |
| <input type="checkbox"/> In-person solicitations |  |

**2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . . .

☐ Yes ☒ No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
<b>Total</b>						0

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule G (Form 990 or 990-EZ) 2008



**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		PATH WEEK (event type)	NO-GO GALA (event type)	1 (total number)	(Add col. (a) through col. (c))
<b>REVENUE</b>	1 Gross receipts	73,474.	29,195.	9,284.	111,953.
	2 Less Charitable contributions	73,474.	29,195.	9,284.	111,953.
	3 Gross revenue (line 1 minus line 2)				
<b>DIRECT EXPENSES</b>	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	21,184.	2,244.	1,449.	24,877.
	8 Direct expense summary Add lines 4- through 7 in column (d)				24,877.
	9 Net income summary Combine lines 3 and 8 in column (d)				-24,877.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		1 Gross revenue			
<b>DIRECT EXPENSES</b>	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities. \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .

b If 'No,' Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .

b If 'Yes,' Explain:

11 Does the organization operate gaming activities with nonmembers? . . . . .

12 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
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility . . . . . **13a** %
- b** An outside facility . . . . . **13b** %

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**15 a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?

- b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.
- c** If 'Yes,' enter name and address

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**16** Gaming manager information

Name: ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided: ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . **17a**

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

Employer Identification number

75-2033113

## Part 1 General Information on Grants and Assistance

- ☒
- Yes
- ☐
- No

- Part II. Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' on Form

990. Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

  


[illegible]

- 3 Enter total number of other organizations**

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
BLANKETS	774		13,150.	FMV	BLANKETS
BROWN BAG	382	26,910.			
COATS FOR KIDS	1,400		8,020.	FMV	COATS
FANS	596		7,087.	FMV	ELECTRIC HOUSE FANS
FOOD & HOUSING	12,054	85,877.	681,028.	FMV	ASSORTED FOOD ITEMS & RENT ASSISTANCE
KID REACH	69	1,444.			
MISCELLANEOUS	11,286	11,674.	39,004.	FMV	DENTAL SERVICES AND DIAPERS
<b>Part IV</b> Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

**PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION**

IN PART II, A TOTAL OF 82,075 SCHOOL SUPPLY ITEMS WERE RECEIVED FOR THE SCHOOL SUPPLY PROGRAM. THESE ITEMS WERE DISTRIBUTED TO 67 SCHOOLS, WHICH ALLOCATED THE SUPPLIES TO AN UNKNOWN NUMBER OF INDIVIDUAL RECIPIENTS.



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Non-Cash Contributions**

► To be completed by organizations that answered 'Yes'  
on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**PATH - PEOPLE ATTEMPTING TO HELP**

Employer identification number

**75-2033113**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	5,900.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	457,066	681,026.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (FANS)	X	596	5,960.	FMV
26 Other ► (DIAPERS)	X	1858	7,804.	FMV
27 Other ► (BLANKETS)	X	774	13,150.	FMV
28 Other ► (SCHOOL SUPPLIES)	X	77808	117,268.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II. SEE PART II

	Yes	No
30a		X
31		X
32a		X
33		

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule M (Form 990) 2008

**Part II.** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

**PART II, LINE 33 - REVENUE NOT REPORTED IN COLUMN C**

ALL NUMBERS OF CONTRIBUTIONS LISTED IN COLUMN (B) OF PART I ARE BASED ON ITEMS

RECEIVED EXCEPT FOOD INVENTORY WHICH IS THE NUMBER OF POUNDS CONTRIBUTED.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public Inspection

Name of the organization

**PATH - PEOPLE ATTEMPTING TO HELP**

Employer identification number

**75-2033113**

**EXPLANATION OF AMENDED RETURN**

**PATH, EIN# 75-2033113, IS AMENDING THE 2008 TAX FORM 990 TO REFLECT CHANGES RESULTING FROM THE COMPLETION OF A FINANCIAL STATEMENT AUDIT FOR THE 2008 YEAR. PLEASE NOTE THE FOLLOWING CHANGES:**

**PART I:**

**LINE 10 INVESTMENT INCOME INCREASED BY \$ 1,207**

**LINE 11 OTHER REVENUE DECREASED BY \$60,867**

**LINE 12 TOTAL REVENUE DECREASED BY \$59,657**

**LINE 13 GRANTS AND SIMILAR AMOUNTS PAID INCREASED BY \$ 6,179**

**LINE 15 SALARIES, OTHER COMPENSATION, EMP BENEFITS**

**INCREASED BY \$38,482**

**LINE 17 OTHER EXPENSES DECREASED BY \$82,943**

**LINE 18 TOTAL EXPENSES DECREASED BY \$38,282**

**LINE 19 REVENUE LESS EXPENSES DECREASED BY \$21,378**

**LINE 20 TOTAL ASSETS INCREASED BY \$ 1**

**LINE 21 TOTAL LIABILITIES INCREASED BY \$22,586**

**LINE 22 NET ASSETS DECREASED BY \$22,585**

**PART V**

**LINE 1A 1099S ISSUED WAS CORRECT TO 3**

**PART VIII**

**LINE 3 INVESTMENT INCOME INCREASED BY \$ 1,207**

**LINE 6B RENTAL EXPENSE INCREASED BY \$60,867**

**LINE 6D RENTAL INCOME DECREASED BY \$60,867**



Name of the organization

Employer identification number

PATH - PEOPLE ATTEMPTING TO HELP

75-2033113

**EXPLANATION OF AMENDED RETURN (CONTINUED)****PART IX**

LINE 25 COLUMN A DECREASED BY \$38,282

LINE 25 COLUMN B DECREASED BY \$77,909

LINE 25 COLUMN C INCREASED BY \$ 9,627

**PART X**

LINE 1 CASH DECREASED BY \$65,782

LINE 2 SAVING AND TEMP CASH INVESTS DECREASED BY \$ 4,362

LINE 17 ACCOUNTS PAYABLE INCREASED BY \$22,586

LINE 27 UNRESTRICTED NET ASSETS DECREASED BY \$61,514

LINE 28 TEMPORARILY RESTRICTED NET ASSETS INCREASED BY \$38,629

LINE 29 PERMANENTLY RESTRICTED NET ASSETS INCREASED BY \$ 300

LINE 33 TOTAL NET ASSETS DECREASED BY \$22,585

**PART IX**

LINE 2B &amp; 2C PREVIOUSLY CHECKED NO - NOW CHECKED YES

**SCH D PART XI & XII & XIII**

RECONCILIATION OF REVENUE AND EXPENSES WERE COMPLETED TO AGREE TO AUDITED FINANCIAL STATEMENTS.

**FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS**

THE FORM 990 IS PROVIDED FOR REVIEW BEFORE FILING TO THE EXECUTIVE DIRECTOR AND THE EXECUTIVE BOARD COMMITTEE.

Name of the organization

PATH - PEOPLE ATTEMPTING TO HELP

Employer identification number

75-2033113

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C**

THE BOARD OF DIRECTORS, MANAGEMENT, STAFF, AND VOLUNTEERS ARE REQUIRED TO COMPLETE A  
CONFLICT OF INTEREST POLICY STATEMENT ANNUALLY.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE**

IN 2005, AN OUTSIDE COMPANY, BOARD SOURCE, EVALUATED THE EXECUTIVE DIRECTOR'S  
COMPENSATION. BASED ON THE RESULTS OF THIS EVALUATION, THE SALARY WAS INCREASED TO  
A REASONABLE AMOUNT BASED ON THE ORGANIZATION'S BUDGET AND REGIONAL COMPARABLE  
SALARIES. EACH YEAR THE EXECUTIVE DIRECTOR'S PERFORMANCE IS EVALUATED, AND MERIT  
INCREASES ARE APPROVED BY THE BOARD OF DIRECTORS.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

FINANCIAL STATEMENTS, AUDIT REPORTS, AND FORM 990 TAX RETURNS ARE ALL AVAILABLE VIA  
THE INTERNET AT GUIDESTAR'S WEBSITE (WWW2.GUIDESTAR.ORG). THE REQUIRED DOCUMENTS  
ARE ALSO PROVIDED UPON REQUEST.



## Schedule 1

### 2008 PATH programs and accomplishments

PATH's programs fit under the umbrella of Five Steps on the PATH to Success, those five steps are: Prevention, Rescue, Stabilization, Growth and Independence.

#### **PREVENTION – STEP 1 OF THE FIVE STEPS ON THE PATH TO SUCCESS**

KID REACH PROGRAM – 69 children are currently in a mentoring relationship.

#### **RESCUE – STEP 2 OF THE FIVE STEPS ON THE PATH TO SUCCESS**

THE EMERGENCY ASSISTANCE PROGRAM with the help of approximately 40 volunteers:

- THE FOOD PANTRY with the help of approximately 20 volunteers provided nutritious non-perishable **food** to **11,537 families**; and thanks to the East Texas Food Bank provided fresh produce every Wednesday to an estimated 200 families each week;
- THE BROWN BAG PROGRAM with the help of more than 50 volunteers delivered staple **groceries** to **382 homebound** elderly and disabled adults on a monthly basis;
- Prevented homelessness through **rental and mortgage assistance** for **72 families**;
- Kept more than **891 households** cool in summer and warm in the winter through **utility assistance**;
- Improved the physical health of more than **709 individuals** with **emergency prescriptions**;
- Improved the eye-sight of more than **120 individuals** with new **eyeglasses**;
- In collaboration with local volunteer dentists improved the dental health of nearly **156 individuals** with **emergency dental work**;

- Enabled more than **9,000 individuals** to obtain or retain employment with miscellaneous services including help in obtaining **driver's licenses, birth certificates, auto repairs, gasoline and renewed work visa's**;

### **Stabilization – Step 3 of the Five Steps on the PATH to Success**

THE PRESCRIPTION ASSISTANCE PROGRAM in collaboration with 184 Smith County physicians and 13 volunteers helped improve the health of more than **3,000 individuals** by providing **long-term prescription medications** valued at more than **\$4.7 million**.

THE TYLER COMMUNITY HOMES PROGRAM provided **safe, affordable housing** to more than **45 families**;

#### PATH'S SPECIAL PROJECTS AND DRIVES:

- **Diapers and formula** improved the lives of nearly **2,000 moms and babies**;
- Cooled the homes of **596 families** with **box-fans**;
- Provided **82,075** school supply items to area Smith County schools during the **school supply train drive**;
- More than **1,400 children** are warm this winter because they received **coats**;
- **774 individuals** will stay warm this winter with **blankets**;
- **130 families** had gifts under their Christmas tree thanks to adoptions through **Christmas In The Neighborhood**;
- More than **400 Christmas Food Boxes** were delivered to homebound elderly and disabled;

### **GROWTH – Step 4 of the Five Steps on the PATH to Success**

#### EDUCATION program:

- 82 adults participated in **parenting** classes.
- 376 adults participated in **GED literacy** classes.
- 111 adults participated in **money management** classes.
- 229 adults participated in **nutrition** classes.
- 222 adults participated in **computer skills** classes.

## **INDEPENDENCE – STEP 5 of the Five Steps on the PATH to Success**

THE FAMILY SUPPORT AND DEVELOPMENT PROGRAM Currently, there are **24 families** in this program. The caseworker works with the family to establish goals that eventually lead the family to independence. Heads of households are gaining or improving employment, continuing education, meeting their family's healthcare needs, finding better housing, and appropriate childcare; all steps that will ultimately lead to self-sufficiency. Several clients in the Family Support and Development program are now enrolled in PATH Education classes, living in Tyler Community Homes, have children enrolled in Kid Reach and are receiving medication from PATH's Long-Term Prescription Assistance program.

PATH continues to offer its clients emotional support in a compassionate and constructive manner. This emotional support provides guidance and promotes hope for a brighter future. The impact of the latter has a greater long-term effect on the lives of our clients.

PATH-PEOPLE ATTEMPTING TO HELP  
75-2033113  
FORM 990, 2008  
DEPRECIATION

SCHEDULE 2

GROUP	COST BEGINNING	COST ACQUISITIONS	COST DISPOSALS	COST ENDING	DEPRECIATION PRIOR	DEPRECIATION ADDITIONS	DEPRECIATION ENDING
Vehicle	19,420.87	5,900.00	-	25,320.87	19,100.87	120.00	19,220.87
Furniture and Fixtures	249,704.81	2,246.99	-	251,951.80	177,867.72	19,303.92	197,171.64
Buildings	3,035,969.85	-	-	3,035,969.85	891,793.85	106,837.64	998,631.49
Land	164,383.91	-	-	164,383.91	-	-	-
	<u>3,160,594.07</u>	<u>8,146.99</u>	<u>-</u>	<u>3,477,626.43</u>	<u>1,088,762.44</u>	<u>126,261.56</u>	<u>1,215,024.00</u>