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990-EZ

Short Form 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 1545-1150 2016

vanda Bubli

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	A F	or the	2016 calendar year, or tax year beginning , 2016, and ending			, 20	
	Вс	heck if ap	plicable C Name of organization	D Empl	oyer ide	entification number	
1		Address ci	The P.A.T.H. Foundation	1	75	5-325055 6	
	딝丶	Name cha	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telep	E Telephone number		
	==	nitial retur	, , 20212 Pollyanna Drive		(734	4) 812-0703	
	≓≒	inai retun Imended	City or town, state or province, country, and ZIP or foreign postal code	F Grou	up Exen	nption	
	=-		n pending Livonia, Michigan 48152	Nun	nber 🕨		
	G A	ccount	ing Method ☐ Cash ☐ Accrual Other (specify) ☐ H	Check I	▶ ☐ ıf	the organization is not	
	ı W	/ebsite				ich Schedule B	
	J Ta	ax-exen	not status (check only one) —	(Form 9	90, 990	-EZ, or 990-PF)	
	K F	orm of	organization ☐ Corporation ☐ Trust ☐ Association ☐ Other				
			s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	al assets			
Ž.	(Par	t II, colu	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► \$	81,315	
5	Pá	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	ctions		
2			Check if the organization used Schedule O to respond to any question in this Part	Ι		<u> </u>	
2	_	1	Contributions, gifts, grants, and similar amounts received		1	45,102	
٦		2	Program service revenue including government fees and contracts		2		
-)		3	Membership dues and assessments		3		
		4	Investment income		4		
=		5a	Gross amount from sale of assets other than inventory 5a				
a		b	Less: cost or other basis and sales expenses	,			
<u>(5</u>		С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
ລລາ		6	Gaming and fundraising events				
3,	ine	а	Gross income from gaming (attach Schedule G if greater than \$15,000)				
	Revenue	b	Gross income from fundraising events (not including \$ of contributio	ns			
	Re		from fundraising events reported on line 1) (attach Schedule G if the				
	_		sum of such gross income and contributions exceeds \$15,000)	36,213			
		с	Less: direct expenses from gaming and fundraising events 6c	20,262			
		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and su	ıbtract			
			line 6c)		6d	15,951	
		7a	Gross sales of inventory, less returns and allowances				
		b	Less: cost of goods sold				
		C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
		8	Other revenue (describe in Schedule O)		8		
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 NECENTED	. •	9	61,053	
		10	Grants and similar amounts paid (list in Schedule O) SEE STATEMENT		10	87,281	
	s	11	Benefits paid to or for members		11		
	ses	12	Salaries, other compensation, and employee policins		12		
	ē	13	Professional fees and other payments to independent contractors		13		
	Expense	14	Occupancy, rent, utilities, and maintenance		14 15		
		15 16	Printing, publications, postage, and shipping		16		
		17			17	1,287	
			Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9)			88,568	
	Net Assets	18 19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree	e with	18	-27,515	
	SSI		end-of-year figure reported on prior year's return)		19	04.040	
	ž.	20	Other changes in net assets or fund balances (explain in Schedule O)		20	84,342	
	Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21		
		 _	Total described of failure balances at chief of year. Combine mines for throught 20			56,827	

Pa	•	,		D4 II		F-3
	Check if the organization used Schedule	O to respond to ar	ny question in this	Paπ II		(B) End of year
22	Cash, savings, and investments		}	67,915	22	
23	Land and buildings	• • • • • •		67,915	23	37,942
24	Other assets (describe in Schedule O) SEE STA	TEMENT 3		16,427		18,885
25	Total assets			84,342		56,827
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	n (B) must agree with	n line 21)	84,342	27	56,827
Par	Statement of Program Service Accom	plishments (see th	e instructions for			
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🗸	(0	Expenses
Wha	t is the organization's primary exempt purpose?	SEE STATEMENT 4				ured for section c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the ach program title.	e services provide	d, the number of	orga othe	Inizations; optional for
28	During 2016, The P.A.T.H. Foundation provided free and individuals including the youth, handicap individuals					
	additional details.		<u> </u>		Ì	
		includes foreign gra	ants, check here .	▶ 🛘	28a	74,907
29	During 2016, The P.A.T.H. Foundation supported sev			with programs		
	that focused on creating outdoor heritage opportuni	ties for the youth, ha	ndicap individuals a	nd military	[
	veterans. See Statements 1 and 4 for additional deta					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	<u> </u>	29a	12,374
30					ŀ	
					ļ	İ
	/O					
21	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign gra			30a	
31		: includes foreign gra			31a	
32	Total program service expenses (add lines 28a				32	
Par						87,281
	Check if the organization used Schedule					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and]`o	Estimated amount of other compensation
Robe	rt Knoop					
Presi	dent	10		<u> </u>	0	0
Kenr	eth Kelly		1		1	
<u>Vice</u>	President	2		<u> </u>	0	0
	Blohm		i		1	
Treas		1		<u> </u>	<u> </u>	0
	nas Mellnick, Jr.	3	1			
Secre	y Brown			' 	<u> </u>	0
Direc	d	1			0	0
	Molnar	†			* -	<u>×</u>
Direc		1 1			o	0
Joe F	Robison			Ţ <u></u>		
Direc	tor	11		<u> </u>	0	0
Fran	< Stieve			_		
<u>Direc</u>	tor	2		<u> </u>	0	0
	Taylor			}		
Direc	tor	2		<u> </u>	0	0
				1	1	
		 	 	+	+	
			}	1	1	
				†		
		1		1	1	

Part \	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instructions for Fart v) Check if the organization used Schedule O to respond to any question in this	Part	V. Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	165	J NO
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
C	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35a 35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		- V
39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		- <u>-</u> -
41	List the states with which a copy of this return is filed ► Michigan			
42a	The organization's books are in care of ▶ Thomas M. Mellnick, Jr , CPA Telephone no. ▶ (734) 81	2-070	3
	Located at ► 20212 Pollyanna Drive, Livonia, MI ZIP + 4 ►	481	52	
	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)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ► N/A See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: N/A	42c		✓
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			D
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<u> </u>
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓

r	•								
Form 99	0-EZ (20	016)							age 4
40	D:4 +b	ne organization engage, directly or i	ndirectly in political c	rampaign activities or	hehalf of or in o	annositioi	n [Yes	No
46		ndidates for public office? If "Yes,"					46		1
Part		Section 501(c)(3) organization		, , , , , , , , , , , , , , , , , , , ,	-			<u> </u>	<u> </u>
. art		All section 501(c)(3) organization	ns must answer que	estions 47-49b and	52, and compl	ete the t	tables f	or lın	es
		50 and 51.	•						
		Check if the organization used So	hedule O to respond	to any question in t	his Part VI .	<u> </u>	<u></u>		<u>. </u>
								Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Pa				ng the tax			,
		organization a school as described					47		/
48 49a		organization a school as described ne organization make any transfers					49a	 	\ <u>\</u>
49a b		s," was the related organization a s					49b	_	1
50	Comp	olete this table for the organization'	s five highest compen	sated employees (oth	er than officers,	directors	s, truste	es, an	d key
	emple	oyees) who each received more tha	n \$100,000 of compe	nsation from the orga	nization. If there	ıs none,	enter "N	lone."	,
			(b) Average	(c) Reportable	(d) Health bene contributions to en	, ,	e) Estimate	d amo	unt of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and	deferred	other com		
				,	compensation	<u></u>		-	
None			-						
				 			· -		
			-						
			<u> </u>						
			-		l'				
	Total	number of other employees paid o	ver \$100,000	▶ 0	<u> </u>				
51		plete this table for the organization		ensated independent	contractors wh	io each r	eceived	more	than
٠.	\$100	,000 of compensation from the org	anızatıon. İf there is n	one, enter "None."					
	(a)	Name and business address of each indeper	ndent contractor	(b) Type of ser	vice	(c) Co	ompensati	on	
None									
				 	,				
									_
					İ				
				-					
	Total	number of other independent cont	ractors each receiving	over \$100,000	>	0		-	
52		the organization complete Sched			anizations must	attach	<u> </u>		
ŲŽ.		pleted Schedule A				•	∑ ✓ Yes		No
Under	penalties	s of penjury, I declare that I have examined thi	s return, including accompa	nying schedules and staten	ents, and to the best	of my knov	vledge and	d belief,	, it is
true, co	orrect, ar	nd complete Declaration of preparer (other th	an officer) is based on all in	formation of which preparer	has any knowledge	- 10 1	·		
C:-		Rulet Rusan			Date	<u> 24 – /</u>	7_		
Sign Here		Signature of officer Procident			Date				
nere	7	Robert Knoop President Type or print name and title				_			
Paid	 I	Print/Type preparer's name	Preparer's signature	220 cm	ate.	heck [] if	PTIN		_
raiu		1	1 DE M 11	1011 0111	4/24/1	. 14 1 .	al .		

Preparer

Use Only

► Thomas M. Mellnick, Jr., CPA

Firm's address ▶ 20212 Pollyanna Drive, Livonia, MI 48152

May the IRS discuss this return with the preparer shown above? See instructions

(734) 812-0703

► ✓ Yes 🗌 No

P00056004

SCHEDULE A (Form 990 or 990-EZ)

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.

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OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 72-3250556 The P.A.T.H. Foundation Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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). 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.) 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: An organization that normally receives: (1) more than 331/3% 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 33½% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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 b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. 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) d 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10) support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Schedu	le A (Form 990 or 990-EZ) 2016						Page 2
Part							
	(Complete only if you checked the						llify under
	Part III. If the organization fails to	qualify under	r the tests lis	ted below, pl	ease complet	e Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	37,122	65,259	66,925	75,235	81,315	325,85
2	Tax revenues levied for the						
	organization's benefit and either paid	Ì			ì		
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the		i		İ		
_	organization without charge						
4	Total. Add lines 1 through 3	37,122	65,259	66,925	75,235	81,315	325,850
5	The portion of total contributions by		+	ŀ	ĺ		
	each person (other than a						
	governmental unit or publicly					Í	
	supported organization) included on		1			i	
	line 1 that exceeds 2% of the amount			1	ĺ		
•	shown on line 11, column (f)						168,489
6	Public support. Subtract line 5 from line 4	L		L			157,36
	on B. Total Support	(-) 0010	(h) 0010	(-) 0044	(4) 0045	(-) 0040 T	(O. T. I. I.
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	37,122	65,259	66,925	75,235	81,315	325,850
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar		,			İ	
	sources						
9	Net income from unrelated business				- 		
9	activities, whether or not the business				ļ	ĺ	
	is regularly carried on						
10	Other income. Do not include gain or						
,0	loss from the sale of capital assets				i		
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						325,856
12	Gross receipts from related activities, etc	. (see instructio	ns)	· · · · ·		12	323,030
13	First five years. If the Form 990 is for the	•	•	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop he						▶ □
Secti	on C. Computation of Public Suppor	rt Percentage	•				_
14	Public support percentage for 2016 (line	6, column (f) dıv	ided by line 1	1, column (f))		14	48.29 %
15	Public support percentage from 2015 Sci					15	44.22 %
16a	331/3% support test-2016. If the organ					1/3% or more, o	check this
	box and stop here. The organization qua			-			> 🔽
b	331/3% support test-2015. If the organi						re, check
	this box and stop here. The organization	qualifies as a p	publicly suppor	rted organization	on		▶ 🗀
17a	10%-facts-and-circumstances test—2	016. If the orga	ınızatıon did n	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "	facts-and-circu		st. The organiz	ation qualifies	as a publicly s	supported
	organization						▶ □
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza						

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			_			
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b		· · · · · · · · · · · · · · · · · · ·		作家 してかり できる 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 100	10 mg mg mg mg mg mg mg mg mg mg mg mg mg	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		:				
С	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 five years. If the Form 990 is for to organization, check this box and stop he	_				ear as a section	
Sect	ion C. Computation of Public Suppo	rt Percentaç	je				
15	Public support percentage for 2016 (line			13, column (f))		15	%
16	Public support percentage from 2015 Sc	hedule A, Part	III, line 15		<u> </u>	16	%
Sect	ion D. Computation of Investment In						
17	Investment income percentage for 2016						<u>%</u>
18	Investment income percentage from 201	5 Schedule A,	Part III, line 17			18	%
19a	331/3% support tests—2016. If the organ	nization did no	t check the bo	x on line 14, a	ind line 15 is n	nore than 331/39	
b	17 is not more than 331/3%, check this box 331/3% support tests—2015. If the organi	zation did not	check a box on	line 14 or line	19a, and line 1	6 is more than 3	3 ¹ /3%, and
	line 18 is not more than 331/3%, check this						
20	Private foundation If the organization of	hd pot obsoles	1 hav an lina 7/	100 01105	Chack this have	and can inchair	rtione =

Supporting Organizations

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

Section	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	,	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	, ,	· .
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b		9b		
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.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a	<u> </u>	<u> </u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

10b

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Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	<u></u>	
b	A family member of a person described in (a) above?	11b		-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	- '-		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sect	ion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		ļ 	
Soci	ion D. All Type III Supporting Organizations	1	<u> </u>	
<u>Jec i</u>	ion D. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	[
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b				
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see ın	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b		20		
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Section 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				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other factors (explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% of line 1.	2				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greater of line 2 or line 3.	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions).	6		1		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly in	tegrated Type III supporting	ng organization (see		

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	ection D - Distributions					
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity					
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons			
	Amounts paid to acquire exempt-use assets					
	Qualified set-aside amounts (prior IRS approval required)	<u></u>	<u> </u>			
6_	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive			
	(provide details in Part VI). See instructions.					
9_	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount		<i>(</i> **)	····		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2016:					
a						
b						
c	From 2013					
d	From 2014					
e	From 2015					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2016 distributable amount					
<u>i</u> _	Carryover from 2011 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2016 from					
	Section D, line 7:					
_	Applied to underdistributions of prior years Applied to 2016 distributable amount			-		
	Remainder. Subtract lines 4a and 4b from 4.			<u>. </u>		
	Remaining underdistributions for years prior to 2016, if					
5	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions					
6	Remaining underdistributions for 2016. Subtract lines 3h			· · · · · · · · · · · · · · · · · · ·		
•	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2017. Add lines 3 _j and 4c.					
8	Breakdown of line 7:					
а						
b	Excess from 2013					
С	Excess from 2014					
d	Excess from 2015					
e	Excess from 2016					

Schedule A (F	orm 990 or 990-EZ) 2016 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990 or 990-EZ)

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.

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

name or the organization	Employer Identification number
The P.A.T.H. Foundation	75-3250556
Statement 1 - Part I, Line 10 - Grants and Similar Amounts Paid	
1) Direct Support to Clients:	······································
During 2016, The P.A.T.H. Foundation provided numerous outdoor heritage opportunities	directly to handicap individuals, the youth
and disabled military veterans. The main services that were provided were free hunting ar	nd fishing trips.
The 2016 direct support to clients = \$69,884	
Total depreciation expense from Form 4562, Part IV, Line 22 (equipment used to provide	e charitable services) = \$5,023
The 2016 direct support to clients = \$74,907 (amount reported on Part III, Line 28).	
2) Support to Schools and Other Charitable Organizations:	
During 2016, The P.A.T.H. Foundation supported several schools and charitable organization	ions with programs that focused on
outdoor heritage opportunities for the youth and disadvantaged individuals such as kid's f	ishing day events, archery in school
programs, youth skeet teams, shooting activities, hunts for disabled veterans and other ac	ctivities.
The 2016 support to schools and other charitable organizations = \$12,374 (amount reported	d on Part III, Line 29).
During 2016, The P.A.T.H. Foundation provided numerous activities which fulfilled the organi	ization's charitable purpose of creating
activities for disadvantaged families and individuals, particularly the youth, with an emphasis	,
	s on coldoor heritage. In total, over 730 people
were impacted by The P.A.T.H. Foundation's charitable activities during 2016.	
The 2016 grants and similar amounts paid = \$87,281 (amount reported on Part I, Line 10 and I	Part III, Line 32).
Statement 2 - Part I, Line 16 - Other Expenses	
Credit card fees = \$209; Operating expenses = \$283; License fees = \$20; Liability in	nsurance = \$775
Total other expenses = \$1,287 (amount reported on Part I, Line 16).	

Schedule O (Form 990 or 990-EZ) (2016)	Page
Name of the organization	Employer identification number
The P.A.T.H. Foundation	75-3250556
Statement 3 - Part II, Line 24 - Other Assets	
Other assets are the net book value of equipment used to provide	charitable services to clients. Examples of equipment include
handicap shooting devices, trailers and equipment for youth pro-	Nrame
nandicap shooting devices, ualiers and equipment for youth proc	# diii 5.
	Prod of Vocas
Beginning of Year:	End of Year:
Net book value of equipment = \$16,427	Net book value of equipment = \$18,885
Total other assets = \$16,427 (Part II, Line 24, Column A)	Total other assets = \$18,885 (Part II, Line 24, Column B)
Statement 4 - Part III: Statement of Program Service Accomplish	ments
The primary purpose of The P.A.T.H. Foundation is to establish,	create and/or steward opportunities for disadvantaged families and
individuale particularly the youth with an emphasis on "outdoor	r heritage" and through such opportunities to encourage and develop the
individuals, pardenary the Youdi, with an emphasis of outdoor	
promotion, education and/or preservation of the same. The orga	nization accomplishes this goal by providing free fishing and hunting
	on to other charitable activities that will promote, educate and/or preserve
opportunities to disadvantaged families and individuals in additi	on to other chantable activities that will promote, educate unition preserve
the outdoor heritage. The P.A.T.H. Foundation also provides out	door heritage opportunities to disabled military veterans.