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# Form **990-PF**

### **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

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-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection For calendar year 2016 or tax year beginning 12/15 2016, and ending 12/31 16 Name of foundation A Employer identification number RentPath Gives Back Foundation, Inc. 81-4701764 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 950 East Paces Ferry Rd. NE **Suite 2600** 678-421-3280 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ▶ ☐ Atlanta, GA 30326 ✓ Initial return Initial return of a former public charity D 1. Foreign organizations, check here . . . G Check all that apply: ☐ Amended return ☐ Final return 2. Foreign organizations meeting the 85% test, ☐ Address change ☐ Name change check here and attach computation E If private foundation status was terminated under H Check type of organization: Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation Fair market value of all assets at J Accounting method ☐ Cash ☑ Accrual If the foundation is in a 60-month termination end of year (from Part II, col. (c), Other (specify) under section 507(b)(1)(B), check here line 16) ▶ \$ 53,000 (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable expenses per amounts in columns (b), (c), and (d) may not necessarily equal income income books the amounts in column (a) (see instructions) ) (cash basis only) N/A Contributions, gifts, grants, etc., received (attach schedule) 1 53.000 2 Check ► ☐ if the foundation is **not** required to attach Sch. B 3 Interest on savings and temporary cash investments 0 O 4 Dividends and interest from securities . . . . 0 0 5a Gross rents . . . . . . . . . . . . 0 O b Net rental income or (loss) 0 Net gain or (loss) from sale of assets not on line 10 6a 0 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . . . ሰ Net short-term capital gain . . . . . . Income modifications 10a Gross sales less returns and allowances n Less: Cost of goods sold . . . Gross profit or (loss) (attach schedule) . . . . C 0 Other income (attach schedule) . . . . . . 11 n 0 12 Total. Add lines 1 through 11 . . . 53,000 0 13 Compensation of officers, directors, trustees, etc. 0 0 0 14 Other employee salaries and wages . . . . . 0 0 0 15 Pension plans, employee benefits 0 0 0 16a Legal fees (attach schedule) 0 0 Accounting fees (attach schedule) **PECAINED** 0 0 Operating and Administrative Other professional fees (attach schedule) . 10 ñ 0 17 O 10 0 18 Taxes (attach schedule) (see instructions) . . . . نَوْءَ lo 0 19 Depreciation (attach schedule) and depletion . . 0 20 o° 0 21 Travel, conferences, and meetings . . . . . 0 0 0 22 Printing and publications . . . 0 0 0 23 Other expenses (attach schedule) STATEMENT 1 35 0 0 24 Total operating and administrative expenses. 35 0 0 25 Contributions, gifts, grants paid . . . . . . 0 0 26 Total expenses and disbursements. Add lines 24 and 25 35 0 0 27 Subtract line 26 from line 12. Excess of revenue over expenses and disbursements 52,965

-  $\langle \zeta \rangle$ 



**Net investment income** (if negative, enter -0-) .

**Adjusted net income** (if negative, enter -0-)



0

Form **990-PF** (2016)



Part II		Attached schedules and amounts in the description column	Beginning of year	End o	r year
نايا		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	0	53,000	53,000
	2	Savings and temporary cash investments	0	0	0
	3	Accounts receivable ►0			
ı		Less: allowance for doubtful accounts ▶ 0	0	0	0
	4				
		Pledges receivable ► 0  Less: allowance for doubtful accounts ► 0	o	0	0
	5	Grants receivable	0	0	0
	6	Receivables due from officers, directors, trustees, and other			
	!	disqualified persons (attach schedule) (see instructions)	o	0	0
	7	Other notes and loans receivable (attach schedule) ▶0			
		Less: allowance for doubtful accounts ▶ 0	0	0	0
ts	8	Inventories for sale or use	0	0	0
Assets	9	Prepaid expenses and deferred charges	0	0	0
As	10a	Investments – U.S. and state government obligations (attach schedule)	0	0	0
	b	Investments—corporate stock (attach schedule)	0	0	0
	С	Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment: basis ▶			
		Less accumulated depreciation (attach schedule) ▶ 0	0	0	0
	12	Investments—mortgage loans	0	0	0
	13	Investments—other (attach schedule)	0	0.	0
	14	Land, buildings, and equipment: basis ▶ 0			
		Land, buildings, and equipment: basis ► 0  Less accumulated depreciation (attach schedule) ► 0	0	0	0
	15	Other assets (describe ► N/A )	0	0	0
	16	Total assets (to be completed by all filers—see the			
		ınstructions. Also, see page 1, item l)	0	53,000	53,000
	17	Accounts payable and accrued expenses	0	35	
r,	18	Grants payable	0		
ţį.	19	Deferred revenue	0		
ii (	20	Loans from officers, directors, trustees, and other disqualified persons	0		
Liabilities	21	Mortgages and other notes payable (attach schedule)	0		
_	22	Other liabilities (describe ► N/A )	0	0	
_	23	Total liabilities (add lines 17 through 22)	0	35	
alances		Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.			
Ē	24	Unrestricted	o	52,965	
	25	Temporarily restricted	0	0	į
18	26	Permanently restricted	0	0	
Fund		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Se	29	Retained earnings, accumulated income, endowment, or other funds			
Ä	30	Total net assets or fund balances (see instructions)	0	52,965	
let	31	Total liabilities and net assets/fund balances (see			
~		ınstructions)	o	53,000	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			·
1		al net assets or fund balances at beginning of year-Part II, colui			
		-of-year figure reported on prior year's return)		1 - 1	0
2	Ente	er amount from Part I, line 27a		2	52,965
3	Othe	er increases not included in line 2 (itemize)   N/A		3	0
4	Add	lines 1, 2, and 3		4	52,965
5	Dec	reases not included in line 2 (itemize) ► N/A	J	5	0
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), lin	ne 30 <b>6</b>	52,965

Part		Losses for Tax on Investn le kind(s) of property sold (e.g., real estat		(b) How acquired	(c) Date acquired	(d) Date sold
	2-story brick warehou	se, or common stock, 200 shs MLC Co	)	P-Purchase D-Donation	(mo , day, yr )	(mo , day, yr.)
1a	N/A					
b						
c	<b>`</b>					
d						
<u>e</u>						
(e) Gross sales price		(f) Depreciation allowed (or allowable)		or other basis ense of sale		n or (loss) (f) minus (g)
<u>a</u>						
<u>b</u>						
c						
<u>d</u>						
<u>e</u>	Complete only for except obe	www.a.gova.va.gov.va.gov.va.d		n on 10/01/60		
	Complete only for assets sno	owing gain in column (h) and owned				l (h) gain minus t less than -0-) <b>or</b>
	(i) F M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) ol. (j), if any		rom col (h))
<u>a</u>						
<u>b</u>						
<u>c</u>						
<u>d</u>						
<u>e</u>		f If goin	oloo outor in D	and 1 lines 7 1		
2	Capital gain net income of		also enter in Pa , enter -0- in Pa		2	0
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c) (see instru	ctions). If (loss	s), enter -0- ın }		
Part		er Section 4940(e) for Redu			3	
		vate foundations subject to the				<del></del>
	tion 4940(d)(2) applies, leave	_	00011011 10 10(0)	, tax on not invoce		
		section 4942 tax on the distribution qualify under section 4940(e).			pase period?	☐ Yes ☐ No
_1	Enter the appropriate amo	ount in each column for each yea	ar; see the instr	ructions before ma	aking any entries.	
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distribution	s Net value	(c) of noncharitable-use a		(d) tribution ratio divided by col. (c))
	2015					
	2014					
	2013					
	2012					
	2011	_	L			_ <del></del>
2	Total of line 1, column (d)					
3		for the 5-year base period—divi dation has been in existence if le				
4	Enter the net value of non	. 4				
5	Multiply line 4 by line 3	<i></i>			. 5	
6		nt income (1% of Part I, line 27b	•		6	
7	Add lines 5 and 6				. 7	
8	If line 8 is equal to or great	ons from Part XII, line 4 ater than line 7, check the box in				% tax rate. See the
	Part VI instructions.					

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	nstru	ction	<u>1S)</u>					
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.  Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)								
ь	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check		0	<sup> </sup>					
_	here ▶ □ and enter 1% of Part I, line 27b								
С.	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			!] 					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	00					
3	Add lines 1 and 2		0	00					
4	· · · · · · · · · · · · · · · · · · ·								
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0	00					
6	Credits/Payments: 2016 estimated tax payments and 2015 overpayment credited to 2016   6a   0   00								
a b	2016 estimated tax payments and 2015 overpayment credited to 2016  Exempt foreign organizations—tax withheld at source		ļ	, }					
c	Tax paid with application for extension of time to file (Form 8868) . 6c 0 00								
d	Backup withholding erroneously withheld 6d 0 00			. 1					
7	Total credits and payments. Add lines 6a through 6d		0	00					
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here  if Form 2220 is attached		0	00					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		0	00					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid <b>\Delta</b> 10		0	00					
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Refunded ▶ 11								
1a	VII-A Statements Regarding Activities  During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No					
14	participate or intervene in any political campaign?	1a	163	<b>√</b>					
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			<del></del>					
	Instructions for the definition)?	1b		✓					
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials								
	published or distributed by the foundation in connection with the activities.								
C	·								
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$								
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$								
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		<u> </u>					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<b>→</b> ¬					
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<b>✓</b>					
_	If "Yes," has it filed a tax return on Form 990-T for this year?	_							
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<b>✓</b>					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:								
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?</li> </ul>	6	Ĩ.						
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	<u> </u>						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)								
	Georgia	. 1							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			الـا					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	1	·					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		-~						
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV								
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	9							
10	names and addresses . STATEMENT 2	10	/						
		لتن							

Part	VII-A	Statements Regarding Activities (continued)					
11		ime during the year, did the foundation, directly or indirectly, own a controlle of section 512(b)(13)? If "Yes," attach schedule (see instructions)				Yes	No
12	Did the fo	oundation make a distribution to a donor advised fund over which the foundation	on or a disc	qualified	11		<b>√</b>
	•	ad advisory privileges? If "Yes," attach statement (see instructions)			12		<del>-</del>
13		oundation comply with the public inspection requirements for its annual returns and exe	emption app	lication?	13		
14		address ► www.rentpathgivesback.com  (s are in care of ► RentPath, LLC Teleph			3-421-	2200	
14		rs are in care of ► RentPath, LLC  Telephorat ► 950 E. Paces Ferry Rd. NE, Suite 2600, Atlanta, GA	ZIP+4 ►		3032		
15	Section 4	4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —C r the amount of tax-exempt interest received or accrued during the year	heck here.	15		. I	<b>\</b>
16		me during calendar year 2016, did the foundation have an interest in or a signati				Yes	No
		ank, securities, or other financial account in a foreign country?			16		✓
		instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes	," enter the	name of			
		gn country ► <sub>N/A</sub>	<del></del>			i	
Part	VII-B			<del></del>		· ·	
		m 4720 if any item is checked in the "Yes" column, unless an exception applic	es.			Yes	No
1a	_	ne year did the foundation (either directly or indirectly)  ge in the sale or exchange, or leasing of property with a disqualified person?	□ <b>v</b>	[Z] No		Ì	
		by money from, lend money to, or otherwise extend credit to (or accept it from		✓ No			
		ialified person?		√ No			
		sh goods, services, or facilities to (or accept them from) a disqualified person?				l	İ
		compensation to, or pay or reimburse the expenses of, a disqualified person?					
		sfer any income or assets to a disqualified person (or make any of either available enefit or use of a disqualified person)?		<b>☑ N</b> o			
	found	e to pay money or property to a government official? (Exception. Check "No" if dation agreed to make a grant to or to employ the official for a period a nation of government service, if terminating within 90 days.)	fter	√ No			
b		swer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions desc					
•	section 53	3.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? .		. <u>N</u> /A	1b		
С	_	itions relying on a current notice regarding disaster assistance check here oundation engage in a prior year in any of the acts described in 1a, other than e	· · · ·				
	were not	corrected before the first day of the tax year beginning in 2016?			1c		<b>✓</b>
2	operating	n failure to distribute income (section 4942) (does not apply for years the foundation defined in section 4942(j)(3) or 4942(j)(5)):		private			
а		nd of tax year 2016, did the foundation have any undistributed income (lines 6d a XIII) for tax year(s) beginning before 2016?					
			. Yes	<b>V</b> No			Ì
b		list the years ► 20 , 20 , 20 , 20	f section 40	3/12/23/23			
D		to incorrect valuation of assets) to the year's undistributed income? (If applying s				-	
		listed, answer "No" and attach statement—see instructions.)		· · N/A	2b		
С	-	ovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list	the vears h				+
	•	, 20 , 20 , 20	•			- 1	
3a		oundation hold more than a 2% direct or indirect interest in any business enterpine during the year?	rise . <b>☐ Yes</b>	<b>☑ N</b> o			
b	If "Yes,"	did it have excess business holdings in 2016 as a result of (1) any purchase by	y the found	ation or			
	disqualifie	ed persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period	d approve	d by the			
		sioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest					
		15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, t	o determin				}
		on had excess business holdings in 2016)		N/A	_		
4a		oundation invest during the year any amount in a manner that would jeopardize its cl			<u>4a</u>		<b>√</b>
b		oundation make any investment in a prior year (but after December 31, 1969) that a purpose that had not been removed from jeopardy before the first day of the tax yea			4b		<b>/</b>

Page	(
. 490	•

Part	VII-B	Statements Regarding Activities	for W	Vhich Form	4720	May Be R	equire	ed (contir	ued)			
5a	During the	year did the foundation pay or incur a	ny amo	ount to:				_				
		n propaganda, or otherwise attempt to						Yes Yes	✓ No	1 1		İ
		e the outcome of any specific public		•		•	•			}	1	İ
	-	or indirectly, any voter registration dri							✓ No	1		
•		a grant to an individual for travel, stu-							✓ No	1 1	- 1	
		a grant to an organization other than							_	] ]		
		4945(d)(4)(A)? (see instructions)							✓ No		ļ	
		for any purpose other than religious,								1 1		
		es, or for the prevention of cruelty to o							No 🔽			
b		er is "Yes" to 5a(1)-(5), did any of the section 53.4945 or in a current notice										
		ns relying on a current notice regarding							\\	<del></del>		
c		er is "Yes" to question 5a(4), does t									-	-
Ū		maintained expenditure responsibility							□No		- 1	-
		ach the statement required by Regula						103				
6a		ndation, during the year, receive any					emiums	<b>,</b>		] ]	1	Ì
		nal benefit contract?							<b>☑</b> No	1 1		
b	Did the four	ndation, during the year, pay premium	ns, dire	ctly or indire	ctly, on	a personal	benefit	t contract	· .	6b		<b>/</b> _
		6b, file Form 8870.										
		during the tax year, was the foundation a						☐ Yes				
		the foundation receive any proceeds			_							
Par		formation About Officers, Directed Contractors	tors, I	rustees, F	ounda	tion mana	igers,	Hignly F	alo E	mpioye	ees,	
1		cers, directors, trustees, foundation	mana	agers and th	eir con	nensation	lean i	netruction	<u></u>			
<u> </u>	List dii Oili			e, and average		mpensation		Contributions		Jal Europe		
		(a) Name and address		rs per week ed to position		ot paid, ter -0-)		oyee benefit   erred compe		(e) Exper	llowanc	es:
STATE	MENT 3			<u> </u>		<u> </u>						
							<u> </u>					
			_								_	
		<del></del>							_			
<b></b>	<del></del>											
	Compensa	tion of five highest-paid employee	s (oth	er than tho	se incl	uded on li	ne 1—:	see instri	ıction	s). If no	ne. e	nter
_	"NONE."	and the manage place employee	(0								,,,, o	
			-	(b) Title, and a	werade			(d) Contribu	tions to			
	(a) Name and ad	ddress of each employee paid more than \$50,00	0	hours per v	veek -	(c) Comper	sation	employee plans and o	eferred	(e) Exper other a	nse acco Illowanc	ount, es
				devoted to p	osition			compens	ation			
NONE		···		}			,					
		·····		1								
			<b></b>	1			i					
									<u>-</u>			
			<b></b>				ı					
								<del> </del>				
	••					!						
Total	number of o	ther employees paid over \$50,000 .	•					·	. ▶		0	
										Form <b>99</b>	0-PF (	2016)

and Contractors (continued)	, Highly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If	none, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type	e of service (c) Compensation
NONE	
•	
Total number of others receiving over \$50,000 for professional services	▶ 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information s organizations and other beneficiaries served, conferences convened, research papers produced, etc.	uch as the number of Expenses
1 NONE	
2	
3	
4	
••••••	
Devive Commence (D. D. L. L. L. L. L. L. L. L. L. L. L. L. L.	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
	<del></del>
2	
All other program-related investments. See instructions	
3 NONE	
V 11011L	
Total. Add lines 1 through 3	
	· · · · · · · · · · · · · · · · · · ·

Part Part	· · · · · · · · · · · · · · · · · · ·	gn foundations,	
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	0
b.	Average of monthly cash balances	1b	26,500
C	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	26,500
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	26,500
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	398
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	26,102
6	Minimum investment return. Enter 5% of line 5 . STATEMENT 4	6	61
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations check here   ☐ and do not complete this part.)	oundations	
1	Minimum investment return from Part X, line 6	1	61
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.) 2b 0		
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	61
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	61
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	61
Part	XII Qualifying Distributions (see instructions)	·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	0
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.		

art	XIII Undistributed Income (see instruction	ons)		_	
		(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
	line 7				61
2	Undistributed income, if any, as of the end of 2016:			- · · ·	
	Enter amount for 2015 only			0	
b.	Total for prior years: 20,20,20		0		
3	Excess distributions carryover, if any, to 2016:				
а	From 2011				
b					
C	E 0044				
d	E 0045				
e	<u> </u>				
f 4	<b>Total</b> of lines 3a through e	0			
4	line 4: > \$				İ
a	Applied to 2015, but not more than line 2a.  Applied to undistributed income of prior years			0	·
b	(Election required—see instructions)				
_	•		0		
С	Treated as distributions out of corpus (Election required—see instructions)				
	•	0			
d	Applied to 2016 distributable amount				0
е	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2016	0			0
	(If an amount appears in column (d), the same				
_	amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
	<del>-</del>				'
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed		0		
d	Subtract line 6c from line 6b. Taxable				
	amount—see instructions		0		
е	Undistributed income for 2015. Subtract line				
	4a from line 2a. Taxable amount—see				
	instructions			0	
f					
	4d and 5 from line 1. This amount must be				
_	distributed in 2017				61
7	Amounts treated as distributions out of corpus				I
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
_	required—see instructions)	0			
8	Excess distributions carryover from 2011 not		Ì		
_	applied on line 5 or line 7 (see instructions).	0			
9	Excess distributions carryover to 2017.				
	Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9:		Ì		
а	Excess from 2012				
b	Excess from 2013	ļ		Į	
C	Excess from 2014				
d	Excess from 2015				
е_	Excess from 2016	<u></u>			

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the

unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

Misty Skedgill, 950 E. Paces Ferry Rd. NE, Suite 2600, Atlanta, GA 30326 mskedgill@rentpath.com

b The form in which applications should be submitted and information and materials they should include:

Applications should include: 1) nature of plans for use of grant, 2) amounts and timing of request of grants, 3) contact information.

c Any submission deadlines:

NONE

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other d factors:

Awards will be limited to individuals or organizations that align with the Foundation's mission of efforts to end homelessness

Part	Supplementary Information (contributions Paid During t	nued)	ad for Eu	ture Dayment	
_3_		If request to an industrial	ea for Ful	ture Fayment	1
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		
а.	Paid during the year				
NONE					]
					ł
					1
					1
		:			
			1		
					}
		}			
		<u></u>			
		<u> </u>	<u></u>	<b>▶</b> 3a	
b	Approved for future payment				
NONE					
	•				
	•				
		1			
			1		
	Total		l	<b>&gt;</b> 3h	
	1 (1) (2)			- 2h	

		VI-A Analysis of Income-Producing Ac			Fuel weather +	on E10 E10 E11	
Ente	r gro	oss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	∤ (e)	
			(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	Related or exempt function income (See instructions)
1		gram service revenue:			-		
	a	<u>N/A</u>					
	b						
	٦ C						
	d					-	
	e	<del></del>	<del></del>	_			
		E					
_	g	Fees and contracts from government agencies					<del></del>
2		mbership dues and assessments					
3		erest on savings and temporary cash investments idends and interest from securities	<b></b>				
4							
5		t rental income or (loss) from real estate:  Debt-financed property				<del>-</del>	
_		Not debt-financed property					
6 7		ner investment income			<del> </del>		-
8		n or (loss) from sales of assets other than inventory				·	
9		t income or (loss) from special events			1		
10		oss profit or (loss) from sales of inventory		_			
11		ner revenue: a					
• •	b						
	c						
	d						
12	<b>e</b> Su	ototal. Add columns (b), (d), and (e)				·	
	Su	ototal. Add columns (b), (d), and (e)				13	0
13	Su To	ototal. Add columns (b), (d), and (e)				13	
<b>13</b> (See	Su To	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculation  VI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa	Su To	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa	Sul To Wo rt X	tal. Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calculation  VI-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	 ns.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa	Sul To Wo rt X	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculation  VI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes		
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Part 2	XVII			Trans	fers To and Tra	nsactio	ns and f	Relationsh	ips With	Noncha	ritable	9	
	Did the		ganizations	ectly e	ngage in any of the	e followin	g with an	other organ	nization de	escribed		Yes	No
	ın sect				ection 501(c)(3) org								
	_		porting foundate	tion to	a noncharitable ex	empt ord	anızatıon	of <sup>.</sup>					ı
		sh	_								1a(1)		1
		her assets .									1a(2)		<b>-</b>
		transactions:									<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>		
			a noncharitab	le exen	npt organization						1b(1)		1
					ole exempt organiz						1b(2)		<b>-</b>
					assets						1b(3)		1
											1b(4)		<del></del>
	• •		•							•	1b(5)		<del>-</del>
		_			p or fundraising so					• •	1b(6)	-	· /
					s, other assets, or						1c		<u> </u>
					" complete the fo						-	air m	<u> </u>
					es given by the re								
					ment, show in colu								
(a) Line		) Amount involved			iritable exempt organiza			ption of transfe					
		y ranioant involved	(O) Harris o				(4) 5000.		To, trancaotti		- arra	- gonne	
N/A	<del>`                                    </del>								<del></del>				
	-			<del></del> -						<del></del> -			
			<del> </del>		·								
					- <del></del>								
				_									
					·· <u>·</u> ··								
			<u> </u>										
												_	
2a	Is the	foundation dire	ectly or indirec	tly affil	liated with, or rela	ted to, o	ne or mo	re tax-exem	pt organiz	zations			
	descri	bed in section (	501(c) of the C	ode (ot	her than section 5	01(c)(3)) c	r in sectio	on 527? .		· · [	] Yes	$\checkmark$	No
b	If "Yes	s," complete the	e following sch	edule.									
		(a) Name of organ	nization		(b) Type of o	rganızatıon			(c) Descripti	on of relation	nship		
N/A													
			<u> </u>										
			<u>-</u>						-				
											`		
	Under	penalties of perjury, I	declare that I have	examined	this return, including acc	ompanying s	chedutes and	statements, and	to the best of	of my knowled	ige and b	elief, it	is true,
Sign	correc	t, and complete. Decl	laration of preparer (	other thar	taxpayer) is based on all	information	of which prep	arer has any kno	wledge	May the If	RS discus	ss this	return
Here		MIL	50		11/15/201	7 Tr	easurer			with the p	reparer s	shown	below
		ture of officer or tru	stee		Date	Title	<u> </u>		<del>,</del>	(see instru	ctions)? [	_]Yes	∐No
<u></u>	<del>' - </del>	Print/Type preparer			Preparer's signature			Date			PTIN		
Paid										ck [ if [ employed]			
Prepa		Firm's name ▶			<del></del>			<u> </u>	Firm's EIN	_ <u></u>			——
Use (								· · · · · · · · · · · · · · · · · · ·		-			
		inn a address	irm's address Phone no							000	- DE		

#### Schedule B

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

#### Schedule of Contributors

OMB No. 1545-0047

**Employer identification number** 

81-4701764

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

RentPath Gives Back Foundation, Inc. Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

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

Name of organization

Employer identification number

RentPath Gives Back Foundation, Inc. 81-4701764 Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. Part I .(a) (b) (d) (c) Total contributions Type of contribution No. Name, address, and ZIP + 4 Marc Lefar Person 2 **Pavroll** П 950 E Paces Ferry Rd. NE, Suite 2600 10,000 Noncash (Complete Part II for Atlanta, GA 30326 noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Kım Payne Person  $\square$ Pavrol! П 950 E Paces Ferry Rd. NE, Suite 2600 5,000 Noncash (Complete Part II for Atlanta, GA 30326 noncash contributions.) (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person  $\Box$ **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** П Noncash (Complete Part II for noncash contributions.)

Name of organization
RentPath Gives Back Foundation, Inc.

Employer identification number 81-4701764

art II ' No	ncash Property (See instructions). Use duplicate of	opies of Part II if additional spa	ce is needed.
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
No. om urt I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
No. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name or or RentPath G	ganization ives Back Foundation, Inc	•		81-4701764
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the the following line entry. For organizations	year from any one completing Part III, e	ontributor. Complete the the total of exclusion of the total of exclusions.	d in section 501(c)(7), (8), or te columns (a) through (e) and usively religious, charitable, etc.,
	contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional		tion once. See instru	uctions.) > \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) [	Description of how gift is held
		(e) Transfer of g	jift	
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) C	Description of how gift is held
Part I				
		(e) Transfer of g	jift	
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) E	Description of how gift is held
Part I				
<u></u>		(e) Transfer of g	ift	
	Transferee's name, address, and ZIF		Relationship of t	transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) C	Description of how gift is held
-	T	(e) Transfer of g		
	Transferee's name, address, and ZIF		Relationship of t	ransferor to transferee

STATEMENT 1 – Part I, Line 23 - Other Expenses		
•		
Bank Fees	\$35	
TOTAL – LINE 23, OTHER EXPENSES	\$35	

### STATEMENT 2 - Part VII-A, Line 10 - Substantial Contributors

Marc Lefar

950 East Paces Ferry Rd. NE

**Suite 2600** 

Atlanta, GA 30326

Kım Payne

950 East Paces Ferry Rd. NE

Suite 2600

Atlanta, GA 30326

## STATEMENT 3 – Part VIII, Line 1 - Information about Officers and Directors

_				
(a) Name and Address	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Marc Lefar 950 East Paces Ferry Rd. NE Suite 2600 Atlanta, GA 30326	Director and President 5 hrs/wk	\$0.00	\$0.00	\$0.00
Michael R Shaw 950 East Paces Ferry Rd. NE Suite 2600 Atlanta, GA 30326	Director and Treasurer 5 hrs/wk	\$0.00	\$0.00	\$0.00
Sameer Asher 950 East Paces Ferry Rd. NE Suite 2600 Atlanta, GA 30326	Director and Secretary 2 hrs/wk	\$0.00	\$0.00	\$0 00
Nishant Phadnis 950 East Paces Ferry Rd. NE Suite 2600 Atlanta, GA 30326	Director and Asst. Secretary 2 hrs/wk	\$0.00	\$0.00	\$0.00
Rabia Jalil 950 East Paces Ferry Rd. NE Suite 2600 Atlanta, GA 30326	Vice President 25 hrs/wk	\$0.00	\$0.00	\$0.00

# STATEMENT 4 - Part X, Line 6 for short period return 12/15/2016-12/31/2016

Days in short period return	17
Days in 2016	366
Short period ratio	4.64%
Line 6 - minimum investment return % for full year returns	5.00%
Line 6 - mınımum investment return % for short period 12/15/2016-12/31/2016	0.23%
Line 5 Net value of noncharitable-use assets	26,102
Line 6 - Minimum investment return for short period 12/15/2016-12/31/2016	61