Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

| \overline{A} | For the | 2018 cale | ndar year, or tax year beginning , 2018, and en | ding | | , 20 | | |
|--------------------|-------------|---------------------------------------|--|--------------------|----------------------------------|--------------------------------------|--|--|
| В | Check if | applicable | C Name of organization Britepaths, Inc. | | D Employer identification number | | | |
| \checkmark | Address | | Doing business as | | | 52-1596259 | | |
| | Name ch | • | Number and street (or P O box if mail is not delivered to street address) Room | /suite | E Telepho | ne number | | |
| | Initial ret | - | 3959 Pender Drive | 200 | 703-273-8829 | | | |
| | | m/terminated | | | | | | |
| $\bar{\Box}$ | Amende | | Fairfax, VA 22030 | | G Gross re | eceipts \$ 1,223,308 | | |
| $\bar{\Box}$ | | | F Name and address of principal officer | H(a) is this a o | | subordinates ² ☐ Yes ✓ No | | |
| | фрисац | - 1 | Ms. Lisa Whetzel, 3959 Pender Drive, Suite 200, Fairfax, VA 22030 | 7 '' | | s included? Yes No | | |
| _ | Tay ayar | npt status | ✓ 501(c)(3) | 7 | | a list (see instructions) | | |
| <u>'</u> | Website | | s://britepaths.org | ′ | exemption | , | | |
| ĸ | | | ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of for | | | of legal domicile VA | | |
| _ | art I | Summ | | 1303 | - III Olato | or logal dollmole VA | | |
| | 1 | | escribe the organization's mission or most significant activities. Briti | enaths Inc. pro | vides our | Fairfay County | | |
| as | ' | - | | | | ••••• | | |
| Governance | | area neig | hbors in need with short-term safety-net services and empowers them to | work toward is | ong-term | seir-sumciency. | | |
| Ē | | Ob I. 4b | | al af | OE0/ -4 | .ta.t .a.a.t. | | |
| ove | | | is box D if the organization discontinued its operations or dispose | o of more than | 1 1 | | | |
| Ğ | 3 | | of voting members of the governing body (Part VI, line 1a) | | 3 | 18 | | |
| Š | 4 | | of independent voting members of the governing body (Part VI, line 1 | (מו | | 18 | | |
| įŧį | i . | | nber of individuals employed in calendar year 2018 (Part V, line 2a) | | 5 | 26 | | |
| Activities | | | nber of volunteers (estimate if necessary) | | 6 | 934 | | |
| ⋖ | 1 | | elated business revenue from Part VIII, column (C), line 12 | | 7a | 0 | | |
| | <u>b</u> | Net unre | ated business taxable income from Form 990-T, line 38 | | 7b_ | 0 | | |
| | | | | Prior Ye | ear ——— | Current Year | | |
| <u>o</u> | 8 | | tions and grants (Part VIII, line 1h) | | 1,014,774 | 1,200,701 | | |
| en | 9 | Program | service revenue (Part VIII, line 2g) | | 0 | 0 | | |
| Revenue | 10 | Investme | ent income (Part VIII, column (A), lines 3, 4, and 7d) | 101 | 72 | | | |
| _ | 11 | Other rev | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 | 0 | | |
| | 12 | Total reve | enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,014,875 | 1,200,773 | | |
| | 13 | Grants a | nd similar amounts paid (Part IX, column (A), lines 1-3) | | 316,965 | 355,085 | | |
| | 14 | Benefits | paid to or for members (Part IX, column (A), line 4) | | 0 | 0 | | |
| g | 15 | Salaries, | other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 512,426 | 689,303 | | |
| Expenses | 16a | Profession | onal fundraising fees (Part IX, column (A), line 11e) | | 0 | 0 | | |
| ĝ | b | Total fun | draising expenses (Part IX, column (D), line 25) ▶ 116,623 | | | | | |
| ũ | 17 | | penses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 143,377 | 186,999 | | |
| | 18 | | penses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 972,768 | | | |
| | 19 | · · · · · · · · · · · · · · · · · · · | less expenses. Subtract line 18 from line 12 | `. | 42,107 | (30,614) | | |
| es o | | | RECEIVED | Beginning of Cu | rrent Year | End of Year | | |
| sets or | 20 | Total ass | ets (Part X, line 16) | tryc | 484,053 | 501,331 | | |
| Net Ass Fund Ba | 21 | Total liab | wilities (Part X, line 26) | | 36,938 | | | |
| 훒 | 22 | Net asse | ts or fund balances. Subtract line 21 from line 20 | | 447,115 | 416,501 | | |
| | art II | | ture Block | · | | | | |
| Un | der penal | | ry, I declare that I have examined this eturn, widing a companying schedules and st | alements, and to t | he best of r | rry knowledge and belief, it is | | |
| tru | e, correct | t, and compl | ete Declaration of preparer (other than officer) is based or all information of which prep | arer has any know | edge | • | | |
| | _ | R | S:Yush | | 5/7 | 12019 | | |
| Sig | ın | Sign | ature of officer | Da | ite | | | |
| He | | 17 | SALMAN YUSAF, DIRECTOR BRITIEPHIE, IN | C | | | | |
| | | Type | or print name and title | | | | | |
| | | <u> </u> | pe preparer's name Pregarer's signature 0. | Date | T ₀ , | PTIN | | |
| Pa | , | = _ | Re D n March | 4-28-2019 | Check [| ╀ ". | | |
| | epare | ! —— | | | | P01387337 _ | | |
| Us | e Oฏ | Y Firm's n | | | n's EIN ▶ | 702 472 4502 | | |
| | | Firm's a | ddress > 9010 Stoneleigh Court, Fairfax, VA 22031 | Pho | one no | 703-472-1503 | | |
| ivia | у тпе-т | so discus | s this return with the preparer shown above? (see instructions) . | <u></u> | <u> </u> | ✓ Yes 🗌 No | | |



| ronn 990 | |
|----------|--|
| Part I | |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | Britepaths, Inc. provides our Fairfax County area neighbors in need with short-term safety-net services |
| | and empowers them to work toward long-term self-sufficiency. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | f "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? |
| | f "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe he total expenses, and revenue, if any, for each program service reported |
| 4a | Code:) (Expenses \$ 198,348 including grants of \$ 775) (Revenue \$ 0) |
| | inancial Empowerment Center - The Financial Empowerment Center provides free financial education and resources through |
| | one-on-one consultations and classes/workshops. Education and access to resources are provided through one-on-one financial |
| | counseling where clients receive their credit report, assistance with budget or debt reduction, tax preparation/consultation, |
| | small business consultations, workforce development, and consumer legal advice. In addition, the program offers |
| | classes/workshops in different locations. 1,341 clients were served during 2018. |
| | |
| | |
| | |
| | |
| | |
| | |
| 4b | Code:) (Expenses \$ 206,062 including grants of \$ 170,711) (Revenue \$ 0) |
| 7.0 | Seasonal Programs - The program matches families in need, who are referred by social workers, to sponsors who provide the |
| | amilies with holiday food and gifts for Thanksgiving and the December holidays. Any families not matched to a sponsor are |
| | nailed gift cards which are donated or purchased from cash donations. 916 families were served during Thanksgiving and the |
| | December holidays. In addition, the Back to School segment of the program provides school supplies and backpacks to our partne |
| | schools which distribute them to their students who are recipients of free and reduced meals. 2,655 students were served during |
| | 2018 in the Back to School segment of the program. |
| | |
| | , |
| | |
| | |
| | |
| | 0.1 |
| | Code: (Expenses \$ 151,500 including grants of \$ 109,368) (Revenue \$ 0) |
| | Food Bridge Program - Britepaths coordinates a monthly food program by finding and matching a group of volunteers to a list |
| | of clients referred by government agencies. The volunteers typically pay for groceries and/or gift cards and deliver them directly to he clients. In addition, Britepaths maintains a food pantry in order to make emergency deliveries to families with urgent needs |
| | ne clients. In addition, Britepaths maintains a food panity in order to make emergency deliveries to families with urgent needs and provides vouchers to clients so they can purchase fresh produce from participating vendors at local farmers markets. |
| | During 2018, approximately 12 volunteer organizations participated in the program and assistance was provided to 617 individuals. |
| | The program also partners with area schools to provide healthy meals, drinks, and snacks over the weekend to children who |
| | are recipients of free and reduced school lunches. In 2018, Britepaths partnered with 17 schools and served 841 students. |
| | no real points of the data of the second sec |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe in Schedule O.) Expenses \$ 462,918 including grants of \$ 74,231) (Revenue \$ 0) |

| Part I | V 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 | 1 | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | ✓ | |
| 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 | | √ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | √ | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | ✓ |
| 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 | | ✓ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | ✓ |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9_ | | ✓ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | ✓ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | 1 | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | ✓ |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | ✓ |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | ✓ |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | ✓ | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | 1 |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | 1 | |
| b | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | ✓ |
| 13 14a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? | 13 14a | | √ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | / |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | 1 |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | ✓ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | 1 |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | 1 | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | 1 |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ✓ |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20b | ↓ | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | 1 |
| | | For | ո 99 0 | (2018) |

| Part | Checklist of Required Schedules (continued) | | | |
|-------------|--|-------------|---------------------|----------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | ✓ | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | ✓ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | ✓ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 2 5a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | ✓ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | ✓ |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | ✓ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part III | 27 | | ✓ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | ✓ |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | ✓ |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | ✓ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | ✓ | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 31 | | √ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | ✓ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | ✓ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | √ |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | · · |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | ✓ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | ✓_ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | ✓ | |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u>····</u> | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | 1 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and | <u> </u> | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | √ | |
| | | Forr | n 9 <mark>90</mark> | (2018) |

| Part | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|----------|--|------------|-----|----------|
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 26 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | ✓ | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | _ | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | ✓ |
| b | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | ✓ |
| ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ✓ |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | ✓ | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | ✓ | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | 1 |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | ✓ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | ļ., |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | Ļ |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| 40- | against amounts due or received from them.) | 40- | | لـــــا |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . [12b] | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 12- | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | 1 | 1 |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| _ | the organization is licensed to issue qualified health plans | | | |
| C 140 | Enter the amount of reserves on hand | 14- | | √ |
| 14a | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14a 14b | | * |
| _ b | taran da antara da a | 140 | -+ | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | 1 |
| | excess parachute payment(s) during the year? | 15 | | <u> </u> |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | |
| 10 | If "Yes," complete Form 4720, Schedule O. | -10 | | ¥ |
| | n res, complete roini 4720, schedule O. | | | |

| Part | VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, | | | |
|----------|--|----------|----------|--|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI | | | _ |
| Socti | on A. Governing Body and Management | <u> </u> | • • | |
| Secu | on A. doverning body and Management | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | _ | ĺ |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | If the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain in Schedule O. | | | 1 |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 18 | | | l |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | <u> </u> | <u> </u> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| - | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | / |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | √ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 6 | | 1 |
| 6 | Did the organization have members or stockholders? | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | ✓_ |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | ✓ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | ✓ | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | ✓ | <u> </u> |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. | 9_ | | 1 |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | ue Co | ode.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | - |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | \ | L., |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | ✓ | <u> </u> |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | ✓ | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 12c | 1 | |
| 42 | describe in Schedule O how this was done | 13 | ▼ | \vdash |
| 13 14 | Did the organization have a written document retention and destruction policy? | 14 | ▼ | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | ĺ |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | \ | |
| b | Other officers or key employees of the organization | 15b | ✓ | L |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | ✓ |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Secti | on C. Disclosure | | | |
| 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 (1024 or 1024-A if applicable), 990, and 990- | آ (Sec | tion | 501(c) |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year | | | y, and |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re | cords | | |
| | Ms. Cheryl Mitchell, 3959 Pender Drive, Suite 200, Fairfax, VA 22030. Telephone 703-273-8829. | | | |

| Daga | |
|------|--|
| | |

| Form | aan | (201 | R١ |
|------|-----|------|----|
| | | | |

| Part VII | Compensation of Officers, | Directors, | Trustees, | Key Employees | Highest | Compensated | Employe | es, 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 Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the Organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 neither the organization nor any related organization compensated any current officer, director, or trustee | | | | | | | | | | | |
|---|-------------------------------|--|-----------------------|--------------------------------|--------------|------------------------------|--------|-----------------|-----------------------|-----------------------------|----|
| | | | | | C) | | | | | - | _ |
| (A) | (B) | | | | ition | | | (D) | (E) | (F) | |
| Name and Title | (do not check more than one | | Reportable | Reportable | Estimated | | | | | | |
| | hours per | ours per officer and a director/trustee) | | compensation compensation from | | amount of | | | | | |
| • | week (list any hours for | 악 | Ins | 9 | ₩. | em Hi | Fo | from the | related organizations | other compensation | |
| | related | Individual trustee or director | i i | Officer | Key employee | ples | Former | organization | (W-2/1099-MISC) | from the | |
| | organizations below dotted | ct al | ion | | g | ee co | ~ | (W-2/1099-MISC) | | organization and related | |
| | line) | trus | 方 | | уее | mg | | | | organizations | |
| | | ee | Institutional trustee | | | Highest compensated employee | |] | | | |
| | | | • | | | EG. | | ļ. <u> </u> | | | _ |
| (1) David Sands | | | | | | | | | | | |
| President | 1 | 1 | | 1 | | | | ا ا | o | | 0 |
| (2) Karen Rasmussen | 1 | Ť | - | Ť | | | | | | | |
| Vice President | † | 1 | | 1 | | | | 1 0 | o | | 0 |
| (3) Courtney Nicholson | 1 | Ť | | Ť | | | | 1 | | | |
| Secretary | | 1 | | 1 | | | | 0 | o | | 0 |
| (4) Matthew Bosseler | 1 | | | <u> </u> | | | | <u>_</u> | | | |
| Treasurer (January to June) | | 1 | | 1 | | | | 0 | 0 | | 0 |
| (5) Julio Mazzarella | 1 | | | | | | | | | | _ |
| Treasurer (July to December) | · | 1 | | ✓ | | | | l o | o | | 0 |
| (6) Stacey Forbes | 1 | | | | | | | | | | _ |
| Director | | ✓ | | | | | | l | o | | 0 |
| (7) Joni Henderson | 1 | | | | | | | | | - | _ |
| <u>Director</u> | | \ | | | | | | 0 | 0 | | 0 |
| (8) Verda "Vee" Johnson | 1 | | | | | | | | | | _ |
| Director | | ✓ | | | | | | | 0 | | 0 |
| (9) Alan Krishnan | 1 | | | | | | | | | | |
| Director | | ✓ | | <u>L</u> | | | | 0 | 0 | · | 0 |
| (10) Mary Lareau | 1 | | | | | | | | | | |
| Director | | \ | | | | | | 0 | 0 | | 0 |
| (11) John McWilliams | 11 | | | | | | | | | | |
| Director | | ✓ | | | | | | 0 | o | | 0 |
| (12) Ed Moore | 1 | | | | | | | | | | |
| Director | | ✓ | | L. | | _ | | 0 | 0 | | _0 |
| (13) Catherine Read | 11 | | | | | | | | | | |
| Director | ļ | ✓ | | | | | | 0 | o | | _0 |
| (14) May Shallal | 11 | | | | | | | | [| | |
| | | \ | | | | | | _ 0 | 0 | | 0 |

| Part | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
|---------|---|-------------------|--------------------------------|-----------------------|---------|--------------|--|--------------|------------------|--------------------------|-----------|--------------------|-------------|-----------|
| | | | | | (0 | C) | | | | | | | | |
| (A) | | (B) | (4 | -4 -4 | | ition | | | (D) | (E) | | (F) | | |
| | Name and title | Average | | | | | than one of the state of the st | | Reportable | Reportable | Es | tımate | ed | |
| | | hours per | | | | | or/trust | | compensation | compensation from | | ount | | |
| | | week (list any | 95 | 5 | Q | Ž | 욕포 | ק | from the | related organizations | | other pensa | | |
| | | hours for related | dig | st l | Officer | Key employee | ghe | Former | organization | (W-2/1099-MISC) | 1 | om th | | |
| | | organizations | ecta | 흕 | ¥ | ğ | st c | ٩ | (W-2/1099-MISC) | , | | anızat | | |
| | | below dotted | ¥ | <u>na</u> | | ove. | m om | | | | | i relat ınızatı | | |
| | | line) | Individual trustee or director | Institutional trustee | | ď | Den | | | | U Gree | IIIZGU | OHS | |
| | | | | tee | | | Highest compensated employee | | 1 | | | | | |
| · | - | - | | | | - | _ a | _ | | | | — | | |
| (15) L | aura Soranno | 11 | , | | | | | | | | _ | | | _ |
| Directo | | | - | Ш | _ | | | | 0 | | P | | | 0 |
| (16) A | manda Vaccaro | 11 | | | | | | | | | | | | |
| Directo | | | ✓ | | | | | | 0 | | <u> </u> | | | 0 |
| (17) s | aurabh Verma | 11 | | | | | | | | | | | | |
| Directo | <u> </u> | | ✓ | Щ | | | | <u> </u> | 0 | (| <u> </u> | | | 0 |
| (18) s | arah White | 11 | | | | | | | | | | | | |
| Directo | | | ✓ | | | | | | 0 | | 0 | | | 0 |
| (19) | ave Wiemer | 11 | | | | | | | | | | | | |
| Directo | | | ✓ | | | | | | 0 | | 0 | | | 0 |
| (20) L | isa Whetzel | 35 | | | | | | | | | | | | |
| | ive Director | | | | ✓ | | | | 84,181 | | 0 | | 2, | 525 |
| (21) | | | | | | | | Γ | | | Ţ | | | |
| | *************************************** | | | | | | | | | | | | | |
| (22) | | | | | | l | | | | | | | | |
| 31 | | | 1 | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | | |
| 3=-72 | | | 1 | | | | | | | | | | | |
| (24) | | | t | | | | | | - | | 1 | | | |
| 35.7/ | | | 1 | | | | | | | | | | | |
| (25) | | | | \vdash | - | 1 | | | | | 1 | | | |
| 323/ | | | ł | | | | | | | | | | | |
| 1b | Sub-total | L | <u> </u> | | | | | └ | 84,181 | | 0 | | | 525 |
| | Total from continuation sheets to Part | VII Soctio | n A | • | • | • | | | 04,101 | | 1 | | | <u> </u> |
| c d | | | | | | | | | 04 101 | | 0 | | | |
| | | | | | | | | 2) | 84,181 | | <u> </u> | | | ,525 |
| 2 | Total number of individuals (including but | | 1 to tr | iose | HSI | tea | above | e) w | | ore man \$100,0 | 00 01 | | | |
| | reportable compensation from the organ | Zation | | | | | | | 0 | | | Ye | | No. |
| | | | | | | | | | | | | +' | 25 1 | 10 |
| 3 | Did the organization list any former of | | | | | | | | | | | - | | , |
| | employee on line 1a? If "Yes," complete | | | | | | | | | | | ₩ | | <u>/</u> |
| 4 | For any individual listed on line 1a, is the | | | | | | | | | | | 1 | | |
| | organization and related organizations | - | an \$ | 150, | 000 |)? [| f "Ye | s," | complete Sch | nedule J for su | | - | - - | <u> </u> |
| | ındıvıdual | | | | | | | | | | . 4 | ╄ | | <u>/</u> |
| 5 | Did any person listed on line 1a receive of | or accrue co | ompe | nsat | tıon | fro | m any | y un | related organiz | zation or individ | ual | - | _ _ | |
| | for services rendered to the organization | ? If "Yes," c | comp | lete | Sch | nedu | ıle J 1 | for s | such person | <u> </u> | . 5 | 丄 | | <u>/_</u> |
| Section | n B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest | compensat | ed in | dep | end | ent | contr | act | ors that receive | ed more than \$1 | 100,000 d | f | | |
| | compensation from the organization. Rep | ort compe | nsati | on fo | or th | ne c | alenc | lar y | year ending wit | h or within the | organızat | ion's | s tax | |
| | year. | | | - | | _ | | | | | | | | |
| | (A) | | | | | | | | (B) | | (0 | | | |
| | Name and business add | Iress | | | | | | l | Description of s | ervices | Comper | ısatıo | n | |
| None | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | Π | | | | | | |
| | | | | | | | | П | | | | | | |
| | Total number of independent contractor | ors (includii | na bi | ut n | ot | limıt | ed to | o th | nose listed ab | ove) who | | | | |
| _ | received more than \$100,000 of compens | | | | | | | | 0 | | | | | |
| | | | | | | | | | | | | $\overline{}$ | 90 (2) | |

| Part | VIII | Statement of Revenue | | | | |
|--|---------|--|----------------------|--|--|--|
| | | Check if Schedule O contains a response or note to | | | <u></u> | <u> </u> |
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts | 1a | Federated campaigns 1a 15,641 | | | | |
| Cortribu: ons, Gifts, Grants and Other Similar Amounts | ь | Membership dues 1b | . | | | |
| fts, | C | Fundraising events . 1c 48,688 | | | | |
| igi Sila | d | Related organizations 1d | | | | |
| Cortributions, Gifts, and Other Similar An | e | Government grants (contributions) 1e 294,791 All other contributions, gifts, grants, | | | | |
| žer Đer | | and similar amounts not included above 1f 841,581 | | | | ; |
| \$ 5 | g | Noncach contributions included in lines 1a 1f: \$ 179,956 | | | | |
| S E | h | Total. Add lines 1a–1f | 1,200,701 | | | |
| | | Business Code | | | | |
| ever | 2a | | | | | |
| e Ā | b | | | | | |
| Š | С | | | | | <u></u> - |
| Š | d | | | - | | |
| Program Service Revenue | e f | All other program service revenue | | | | |
| Pro | g | Total. Add lines 2a–2f | | | | |
| | 3 | Investment income (including dividends, interest, | | - | | |
| | | and other similar amounts) | 72 | | | 72 |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | | | | |
| | 5 | Royalties | | | | |
| | 6- | (i) Real (ii) Personal | 1 | | | |
| | 6a b | Gross rents Less: rental expenses | | | | |
| | C | Rental income or (loss) | | | | |
| | d | Net rental income or (loss) | | | | |
| | 7a | Gross amount from sales of (i) Securities (ii) Other | | | | |
| | | assets other than inventory | | | | |
| | b | Less. cost or other basis | | | | |
| | | and sales expenses . | | | | , |
| | C d | Gain or (loss) Net gain or (loss) | | | | |
| | u | Net gain or (loss) | | - | | |
| venue | 8a | Gross income from fundraising events (not including \$ 48,688 | | | | |
| Other Reve | | of contributions reported on line 1c). See Part IV, line 18 a | | | | |
| 8 | | Léss. direct expenses b 22,535 | | | | ļ |
| | | Net income or (loss) from fundraising events . Gross income from gaming activities Scc Part IV, line 19 | 0 | | | |
| | | Less: direct expenses b | | | | |
| | | Net income or (loss) from gaming activities | | | | |
| | | Gross sales of inventory, less | | | | |
| | | returns and allowances a | | | | |
| | b | Less. cost of goods sold b | | | | |
| | С | Net income or (loss) from sales of inventory ▶ | | | | |
| | | Miscellaneous Revenue Business Code | | | | |
| | 11a | | | | | <u> </u> |
| | b | | | | | |
| | c d | All other revenue | | | | |
| | e | Total. Add lines 11a-11d | | | | |
| | 12 | Total revenue See instructions | 1 200 772 | | | |

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). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (D) Fundraising (C) Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic individuals. See Part IV. line 22 . 355,085 355,085 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members . . 5 Compensation of current officers, directors, trustees, and key employees 17,172 87,168 61,715 8,281 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 541,018 325.545 155,448 60,025 Pension plan accruals and contributions (include R section 401(k) and 403(b) employer contributions) 13,510 13,510 q Other employee benefits 10 47,607 28,655 13,668 5,284 11 Fees for services (non-employees): Management а Legal b Accounting C 12,500 12,500 d Professional fundraising services. See Part IV, line 17 e Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 14,175 9,937 3,488 750 12 Advertising and promotion . . . 1,486 1,421 65 13 Office expenses 19,633 7,067 10,844 1,722 14 Information technology 21,684 5,860 15,325 499 15 Royalties 16 Occupancy 17,697 17,697 0 17 Travel . 5,485 4,353 341 **791** 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 3,067 161 2,465 441 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 28,479 0 28,479 0 23 Insurance 7,215 0 7,215 0 Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Postage and shipping а 5,168 1,299 2,858 1,011 Staff training and seminars b 6,960 1,676 5,284 0 Dues and subscriptions С 5,953 2,060 1,027 2,866 Allocation of indirect expenses d 0 (240,679)204,496 36,183 All other expenses 37,497 4,829 32,412 256 Total functional expenses. Add lines 1 through 24e 25 1,231,387 116,623 1,018,828 95,936 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)

| P | art X | Balance Sheet | | | | | |
|-----------------------------|----------|--|---------------|-------------------------|---------------------------------------|---------------|---------------------------------------|
| | | Check if Schedule O contains a response of | <u>r note</u> | to any line in this Par | tX <u></u> | | <u> </u> |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | | 277,993 | 1 | 320,244 |
| | 2 | Savings and temporary cash investments . | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 130,772 | 3 | 90,283 |
| | 4 | Accounts receivable, net | | | | 4 | · · · · · · · · · · · · · · · · · · · |
| | 5 | Loans and other receivables from current and | | | | | |
| | | trustees, key employees, and highest co | | | | | |
| | | Complete Part II of Schedule L | | [| | 5 | |
| | 6 | Loans and other receivables from other disqualified pers | | | | ĺ | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), at | | | | | |
| | | sponsoring organizations of section 501(c)(9) volume | | | | | <u></u> |
| Assets | _ | organizations (see instructions). Complete Part II of School | | ⊢ | | 6 | |
| Iss | 7 | Notes and loans receivable, net | | _ | | | <u>4,487</u> |
| • | 8 | Inventories for sale or use | | | 10,256 | | 9,216 |
| | 9 10a | Prepaid expenses and deferred charges Land, buildings, and equipment: cost or | 1 | , . <i></i> | 476 | 9 | 10,924 |
| | IVA | other basis Complete Part VI of Schedule D | 10a | 64.447 | | 1 | į |
| | b | • | 10b | | 31,456 | 100 | 42,845 |
| | 11 | Investments—publicly traded securities | | 21,002 | 31,430 | 11 | |
| | 12 | Investments—other securities. See Part IV, line | | | _ | 12 | · <u> </u> |
| | 13 | Investments—program-related See Part IV, line | | | | 13 | |
| | 14 | Intangible assets | | | 27,792 | 14 | 12,762 |
| | 15 | Other assets. See Part IV, line 11 | | | 2,346 | | 10,570 |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | _ | 484,053 | | 501,331 |
| | 17 | Accounts payable and accrued expenses | 29,438 | | 60,588 | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | 7,500 | 19 | 0 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| Liabilities | 22 | Loans and other payables to current and for | | | | | |
| E | | trustees, key employees highest compen disqualified persons. Complete Part II of Schedu | | employees, and | | <u> </u> | |
| Lia | 23 | • | | <u> </u> | | 22 | |
| _ | 24 | Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | · — | | + | |
| | 23 | parties, and other liabilities not included on lines | | | | | |
| | | of Schedule D | | | o | 25 | 24,242 |
| | 26 | Total liabilities. Add lines 17 through 25 | | _ <u></u> _ | 36,938 | | 84,830 |
| w | | Organizations that follow SFAS 117 (ASC 958 | | ck here ► 🕢 and | | | |
| Se | | complete lines 27 through 29, and lines 33 an | | _ | · | | |
| <u>la</u> | 27 | Unrestricted net assets | | | 412,115 | 27 | 386,501 |
| B | 28 | Temporarily restricted net assets | | <u> </u> | 35,000 | | 30,000 |
| ב | 29 | | | · · | | 29 | |
| Į. | | Organizations that do not follow SFAS 117 (ASC 9) complete lines 30 through 34. | 58), CN | eck nere ► □ and | | 1 | |
| Net Assets or Fund Balances | 30 | Capital stock or trust principal, or current funds | | - | · · · · · · · · · · · · · · · · · · · | 30 | |
| set | 31 | Paid-in or capital surplus, or land, building, or ed | | ent fund | | 31 | |
| As | 32 | Retained earnings, endowment, accumulated in | | | | 32 | |
| let | 33 | Total net assets or fund balances | | | 447,115 | | 416,501 |
| ~ | 34 | Total liabilities and net assets/fund balances . | | | 484.053 | | 501.331 |
| | | | - | | | | Form 990 (2018) |

| [≥] orm 9 | 90 (2018) | | | Pa | ige 12 |
|--------------------|--|----------|-------------|----------|---------------|
| -Par | -XI Reconciliation of Net Assets | | | | - |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 00,773 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 31,387 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 0,614) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 17,115 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9_ | Other changes in net assets or fund balances (explain in Schedule O) | _9_ | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | 41 | 16,501 |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | <u> </u> | | |
| | , | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | | | . 1 |
| | If the organization changed its method of accounting from a prior year or checked "Other," exp | olain in | | | 1 |
| | Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | ✓ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were comp | oled or | | | |
| | reviewed on a separate basis, consolidated basis, or both | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | J | | |
| þ | | | 2b | ✓_ | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audite | d on a | | | 1 |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | , | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent account | | 2c_ | / | <u> </u> |
| | If the organization changed either its oversight process or selection process during the tax year, ex | olaın ın | 1 | | |
| • | Schedule O. | | | | |
| 3а | 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?.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

| Briter | aths, | | | | | | | 96259 |
|-------------|-------------------|---|--|---|--|---------------------------------------|---|---|
| Par | | Reason for Public Cha | | | | | | ons. |
| 1 2 3 | □ A □ A □ A | zation is not a private founda church, convention of churc school described in section hospital or a cooperative ho | hes, or associati 170(b)(1)(A)(ii). spital service org | on of churches descri (Attach Schedule E (F ganization described i | ibed in s e orm 990 n sectio i | ection 17 or 990-E n 170(b)(1 | 0(b)(1)(A)(i). Z).) I)(A)(iii). | 07 |
| 4 | ho | medical research organizationspital's name, city, and state | e: | | | | | · · |
| 5 | | n organization operated for ection 170(b)(1)(A)(iv). (Com | | college or university | owned c | r operate | ed by a government | al unit described in |
| 6 7 | ✓ Aı | federal, state, or local govern n organization that normally escribed in section 170(b)(1) | receives a subs | tantial part of its sup | | | | n the general public |
| 8 | □ A | community trust described in | n section 170(b) | (1)(A)(vi). (Complete | Part II.) | | | |
| 9 | or ur | n agricultural research organi runiversity or a non-land-gra niversity: | nt college of agr | iculture (see instruction | ons). Ente | er the nan | ne, city, and state of | the college or |
| 10 | re sı | n organization that normally incepts from activities related upport from gross investment by the organization a | to its exempt fu t income and un | nctions—subject to c related business taxa | ertain exc ble incon | ceptions, ne (less si | and (2) no more that ection 511 tax) from | n 331/3% of its |
| 11 | ☐ Aı | n organization organized and | operated exclus | sively to test for public | c safety | See sect i | ion 509(a)(4). | |
| 12 | of | n organization organized and one or more publicly suppo heck the box in lines 12a thro | orted organizatio | ns described in sect i | ion 509(a |)(1) or se | ection 509(a)(2). Se | e section 509(a)(3). |
| а | | Type I. A supporting organithe supported organization supporting organization. Yes | (s) the power to | regularly appoint or e | lect a ma | yority of t | | |
| b | | Type II. A supporting organ control or management of organization(s). You must | the supporting o complete Part I | rganization vested in V, Sections A and C. | the same | persons | that control or man | age the supported |
| С | | Type III functionally integ its supported organization(| | | | | | ally integrated with, |
| d | | Type III non-functionally integrated that is not functionally integrequirement (see instruction | grated The orga | nization generally mu | st satisfy | a distribi | ition requirement an | |
| е | | Check this box if the organ functionally integrated, or 1 | | | | | | e II, Type III |
| f | | er the number of supported of | | | | | | · · [|
| 9 | | vide the following information | | | T | - | F | |
| | (i) Nar | me of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | listed in you | organization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| T-4-1 | | | | | | | | |

| Schedu | le A (Form 990 or 990-EZ) 2018 | | | | | _ | Page 2 |
|-------------------|---|-----------------|-----------------|----------------------|---------------|-----------------|---------------|
| Part | | | | | | | |
| | (Complete only if you checked th | | | | _ | • | llify under |
| | Part III. If the organization fails to | qualify unde | r the tests lis | ted below, pl | ease comple | te Part III.) | |
| | on A. Public Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | ļ | | l l | | | |
| | include any "unusual grants.") | 874,604 | 923,177 | 1,008,693 | 1,014,774 | 1,200,701 | 5,021,949 |
| 2 | Tax revenues levied for the | | | 1 | | | |
| | organization's benefit and either paid | | | | | | |
| _ | to or expended on its behalf | 0 | 0 | o | | | <u> </u> |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | |
| | <u>-</u> | 49,294 | 52,286 | 43,226 | 48,211 | 46,359 | 239,376 |
| 4 | Total. Add lines 1 through 3 | 923,898 | 975,463 | 1,051,919 | 1,062,985 | 1,247,060 | 5,261,325 |
| 5 | The portion of total contributions by | Ĭ | | ſ | ſ | | |
| | each person (other than a | | | | | | |
| | governmental unit or publicly supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the amount | 1 | | | | | |
| | shown on line 11, column (f) | ľ | | | ĺ | | 250,752 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 5,010,573 |
| | on B. Total Support | | | | | | 3,010,373 |
| | dar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 | Amounts from line 4 | 923,898 | 975,463 | 1,051,919 | 1,062,985 | 1,247,060 | 5,261,325 |
| 8 | Gross income from interest, dividends, | | | | , | 1 | |
| | payments received on securities loans, | | - | | | | |
| | rents, royalties, and income from | | | | | | |
| | sımılar sources | 351 | 370 | 290 | 101 | 72 | 1,184 |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the business | | | | | | |
| | is regularly carried on | 0 | 0 | 0 | 0 | 0 | |
| 10 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI) | 0 | 771 | 704 | 0 | 0 | 1,475 |
| 11 | Total support. Add lines 7 through 10 | | l | | | | 5,263,984 |
| 12 | Gross receipts from related activities, etc | | | | | 12 | 0 |
| 13 | First five years. If the Form 990 is for the | = | | | | | |
| <u>Casti</u> | organization, check this box and stop her on C. Computation of Public Suppor | | | · · · · · | | | |
| <u>3ecu</u> 14 | Public support percentage for 2018 (line 6 | | | 1 column (f) | | 14 | 25.0.9/ |
| 15 | Public support percentage for 2016 (line of Public support percentage from 2017 Sch | | | | , | 15 | 95.2 % |
| 16a | 331/3% support test—2018. If the organi | | | | | | 99.9 % |
| Ioa | box and stop here . The organization qual | | | | | | |
| b | 331/3% support test—2017. If the organization | • | • • • | • | | | |
| 5 | this box and stop here. The organization | | | | - | | ▶ □ |
| 17a | 10%-facts-and-circumstances test—20 | • | | - | | | line 14 is |
| ., a | 10% or more, and if the organization me | | | | | | |
| | Part VI how the organization meets the " | | | | | | |
| | organization | | | | | | ▶ □ |
| b | 10%-facts-and-circumstances test - 20 | 17. If the orga | nization did n | ot check a box | on line 13, 1 | 6a. 16b. or 17a | a. and line |

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 S | chedule for | r Organizat | tions Des | cribed in | Section 5 | 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.)

| | if the organization falls to quality | under the te | sis listed ben | Jw, piease co | Jilipiete i art | 11./ | |
|--------------|--|----------------|------------------|------------------|---|------------------|--|
| | on A. Public Support | r | | | , | | |
| | dar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) ≠Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| _ | received. (Do not include any "unusual grants.") | | | | | | <u></u> |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities | | | İ | | | |
| | 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 | | 1 | | 1 | | |
| - | 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 | _ | | | | 1 | | |
| 6 7a | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 | | | | | | |
| ia | 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 | | | | | | |
| | • | | | | | | |
| | Add lines 7a and 7b | | <u> </u> | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | ļ |
| <u> </u> | line 6) | | | | | <u>.</u> | <u> </u> |
| | on B. Total Support | | 1 11 2015 | 4) 00 10 | () | () 0010 | <u> </u> |
| | dar year (or fiscal year beginning in) | (a) 2014 | (b) ,2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | | / | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | ./ | | | | |
| | royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | <u> </u> | | | | |
| 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 of | | | | | | 1 . |
| | loss from the sale of capital assets | | | | | | <u> </u> |
| | (Explain in Part VI.) | | 1 | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | <u></u> |
| 14 | First five years. If the Form 990 is for the | | n's first, secon | d, third, fourth | , or fifth tax ye | ear as a section | on 501(c)(3) |
| | organization, check this box and stop he | re | | | <u> </u> | <u> </u> | ▶ _ |
| <u>Secti</u> | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2018 (line | | - | | | 15 | %_ |
| 16 | Public support percentage from 2017 Sci | | | <u> </u> | <u> </u> | 16 | % |
| _ | <u>on D. Computation of Investment In</u> | | | | | | |
| 17 | Investment income percentage for 2018 (| | | | mn (f)) | 17 | %_ |
| 18 | Investment income percentage from 2017 | | | | | 18 | <u>%</u> |
| 19a | 331/3% support tests - 2018. If the organ | | | | | | |
| | 17 is not prore than 331/3%, check this box | | _ | | | _ | |
| b | 331/3% support tests - 2017. If the organiz | | | | | | |
| | line 1/8 is not more than 331/3%, check this l | box and stop h | nere. The organi | zation qualifies | as a publicly si | upported organ | nization 🕨 🔲 |
| 20 | Private foundation. If the organization di | | | | | | |

Part IV Supporting Organizations

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

| Secti | 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)? It "Yes," describe in Part VI when and how the organization made the determination. | | - | • |
| 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. | 3b 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? | | | |
| 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 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 | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| С | 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 | | |
| 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 | | |

| _ | | | |
|----|---|---|---|
| Pa | a | e | ÷ |

| 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) | | | ļ |
| _ | below, the governing body of a supported organization? | 11a | | 1 |
| | A family member of a person described in (a) above? | 11b | ļ | ļ |
| | 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 | <u> </u> | <u> </u> |
| Secu | on B. Type I Supporting Organizations | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | 162 | NO |
| • | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | ł | ļ | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | ĺ | ĺ | |
| | 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, | | | |
| <u> </u> | supervised, or controlled the supporting organization. | 2 | | |
| Secti | on C. Type II Supporting Organizations | | 1,4 | 1 |
| 4 | Many a second of the company of the design o | | 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 | } | } | 1 |
| | the supported organization(s) | 1 | | |
| Secti | on D. All Type III Supporting Organizations | <u> </u> | l | 1 |
| | | | 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 | | | 1 |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | | |
| • | | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's |] | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | <u> </u> | |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | <u></u> _ | | |
| 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 | ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| sec in | struct | ions) |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | <u> </u> |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | <u></u> | | |
| U | 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 | | | l |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| 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 | jani | zations | |
|--|-------|--------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | | | |
| 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) |
| 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 | | |
| 7 Check here if the current year is the organization's first as a non-functional | y int | egrated Type III support | ing organization (see |
| instructions). | | | - , |

| Part | V Type III Non-Functionally Integrated 509(a)(3 |) Supporting Organi | zations (continued) | |
|--------------|--|-----------------------------|--|---|
| Sect | ion D-Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | <u> </u> |
| 2 | Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity | empt purposes of suppo | rted | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | <u> </u> | | |
| 8 | Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions. | h the organization is res | ponsive | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | on E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| _1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI) See instructions. | | | |
| _3 | Excess distributions carryover, if any, to 2018 | | | |
| a | From 2013 | | | |
| _ b | From 2014 | | | |
| | From 2015 . | | | |
| _ d | From 2016 | | | |
| <u>e</u> | From <u>2017</u> | | | |
| <u>f</u> | Total of lines 3a through e | | | |
| _ <u>g</u> | Applied to underdistributions of prior years | | | 1 |
| _ <u>h</u> | Applied to 2018 distributable amount | | | |
| <u>i</u> | Carryover from 2013 not applied (see instructions) | | | |
| _ <u>i</u> _ | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 1 | Distributions for 2018 from Section D, line 7. \$ | | | |
| _ a | Applied to underdistributions of prior years | | | |
| b_ | Applied to 2018 distributable amount | | · · · · · · · · · · · · · · · · · · · | |
| c | Remainder. Subtract lines 4a and 4b from 4. | · | | |
| 5 | Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | _ | |
| 6 | Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3 _j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2014 . | | | |
| b | Excess from 2015 | | - | |
| Ç | Excess from 2016 | | | |
| d | Excess from 2017 | | | |
| e | Excess from 2018 | | | |
| | | | | A (Farm 990 or 990 EZ) 2019 |

| Page 8 ne 17a or 17b; Part c; Part IV, Section n E, lines 1c, 2a, 2b, d Part V, Section E, | |
|--|--|
| | |
| | |
| 3 | |
| | |
| | |
| | |
| | |
| | |
| | |
| · | |
| . | |
| ••••• | |
| ····· | |
| | |
| | |
| | |
| | |
| · | |
| | |
| | |
| | |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

section 527

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations. Complete Parts I-A and B Do not complete Part I-C

Open to Public Inspection

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III. Name of organization **Employer identification number** Britepaths, Inc. 52-1596259 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . ▶ 3 Yes If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No □No 4a Was a correction made? Yes b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? . . . 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing 5 organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV (a) Name (c) EIN (d) Amount paid from (b) Address (e) Amount of political filing organization's contributions received and funds If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-(1) (2)(3)(4)(5) (6)

| Pa | ne | 2 |
|----|----|---|
| | | |

| JULIE | dule C (i Cili | 1 330 01 330-22/2010 | | | | | , age = |
|-------|-----------------|--|---------------------------------------|--|--------------------|-----------------------|----------------|
| Pa | rt II-A | Complete if the organizatio section 501(h)). | n is exempt ı | under section 5 | 01(c)(3) and file | d Form 5768 (ele | ction under |
| A | Check ► | if the filing organization belon address, EIN, expenses, and | • | | | liated group membe | er's name, |
| В | Check ▶ | If the filing organization check | ed box A and | "limited control" p | rovisions apply. | | |
| | | Limits on Lobb | | | | (a) Filing | (b) Affiliated |
| | | (The term "expenditures" m | eans amounts | paid or incurred | .) | organization's totals | group totals |
| 1 | a Total l | obbying expenditures to influence | public opinion | (grass roots lobby | yıng) | | |
| | | obbying expenditures to influence | | | | | |
| | c Total l | obbying expenditures (add lines 1 | a and 1b) . | | | | |
| | | exempt purpose expenditures | | | | | _ |
| | | exempt purpose expenditures (add | lines 1c and 1 | d) | | | |
| | | ing nontaxable amount. Enter | | | | | |
| | If the a | mount on line 1e, column (a) or (b) is | The lobbying | nontaxable amour | nt is: | | |
| | Not ove | er \$500,000 | 20% of the ar | nount on line 1e | | | |
| | Over \$5 | 00,000 but not over \$1,000,000 | \$100,000 plus | 15% of the excess | over \$500,000. | | |
| | Over \$1 | ,000,000 but not over \$1,500,000 | \$175,000 plus | 10% of the excess | over \$1,000,000 | | |
| | Over \$1 | ,500,000 but not over \$17,000,000 | \$225,000 plus | 5% of the excess of | over \$1,500,000 | | |
| | | 7,000,000 | \$1,000,000. | | | | |
| | g Grassi | oots nontaxable amount (enter 25 | 6% of line 1f) | | • • | | |
| | | ict line 1g from line 1a. If zero or le | | | | | |
| | | ict line 1f from line 1c. If zero or le | • | | | | |
| | | e is an amount other than zero ng section 4911 tax for this year' | | | d the organization | |]Yes ☐ No |
| | (Som | ne organizations that made a se | ction 501(h) el | Period Under Secential Received Have ection do not have ructions for lines | e to complete all | of the five column | s below. |
| | | Lobbying | Expenditures | During 4-Year A | veraging Period | 1 | |
| | Cale | endar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 2 | a Lobby | ing nontaxable amount | | | | | |
| | | ing ceiling amount of line 2a, column (e)) | | | | | |
| | c Total I | obbying expenditures | | | | | |
| | d Grassi | roots nontaxable amount | | | | | |
| | | roots ceiling amount of line 2d, column (e)) | · · · · · · · · · · · · · · · · · · · | | | | |
| | f Grass | roots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2018

| | (election under section 501(h)). or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed | | a) (b) | | (b) | |
|----------|--|----------|-----------|----------|----------|-----------|
| | ription of the lobbying activity. | Yes | No | Α | moun | t |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. | | | | | |
| а | Volunteers? | 1 | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | 1 | | | | |
| С | Media advertisements? | | ✓ | | | |
| d | Mailings to members, legislators, or the public? | ✓ | | | | 571 |
| е | Publications, or published or broadcast statements? | ✓ | | | | 0 |
| f | Grants to other organizations for lobbying purposes? | | 1 | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | 1 | | | | 571 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | ✓ | | | | 572 |
| į | Other activities? | - | ✓ | | | 4 744 |
| j | Total. Add lines 1c through 1i | | <u></u> | | | 1,714 |
| 2a | If "Yes," enter the amount of any tax incurred under section 4912 | | . | | | |
| b | If "Yes," enter the amount of any tax incurred by organization managers under section 4912. | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| | III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) | ;)(5), | or se | ction | | |
| | 501(c)(6). | | | | | |
| | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | ļ | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | <u> </u> | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | | | | <u> </u> | L |
| rait | III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes." |)R (b) | Parl | i III-A | line | 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). | s of | | | | |
| а | Current year | | 2a | | | |
| Ь | Carryover from last year | | 2b | | | |
| C | Total | • | 2c 3 | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of | | - | | | |
| 4 | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobble and political expenditure next year? | ying | 4 | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | | |
| Par | | | | L | | |
| Provid | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated greenstructions); and Part II-B, line 1. Also, complete this part for any additional information. | oup lis | t); Pa | rt II-A, | lines ' | l and |
| Part 1 | 1-B, line 1 (detailed description of lobbying activities) | | | | | |
| | | | | | | |
| 0.! | Wet with elected officials in order to educate and influence them. | | · | | | |
| <u> </u> | Facilitated a client speaking at a state legislative committee hearing. | | · | | | |
| <u> </u> | Norked with the Fairfax County Alliance for Human Services in advocating for the Fairfax County Board of | f Supe | erviso | rs to m | aıntair |) |
| f | unds allocated to human services in the Fairfax County budget. | | - | | | · |
| | | | | | | |

| chedule C (Form 990 or 990-EZ) 2018 Page 4 | | | | | | | | |
|---|--------------------------------------|---|--|--|--|--|--|--|
| | Supplemental Information (continued) | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | ••••• | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | ••••• | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | ••••••••••••••••••••••••••••••••••••••• | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | • | | | | | | |
| | | _ | | | | | | |
| · | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

| Britepa | ths, Inc. | | 52-1596259 |
|---------|---|---|---|
| Par | Organizations Maintaining Donor Adv | | |
| | Complete if the organization answered | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) . | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor | | |
| | funds are the organization's property, subject to the | | |
| 6 | Did the organization inform all grantees, donors, a | and donor advisors in writing that grain | nt funds can be used |
| | only for charitable purposes and not for the bene | | |
| D | | <u> </u> | · · · · · · · Yes · No |
| Par | | "Vee" on Form 000 Port IV line 7 | |
| | Complete if the organization answered | | |
| 1 | Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea | | f a historically important land area |
| | Protection of natural habitat | | f a certified historic structure |
| | - | ☐ Freservation o | a certified historic structure |
| 2 | Preservation of open space Complete lines 2a through 2d if the organization h | eld a qualified conservation contribution | on in the form of a conservation |
| ~ | easement on the last day of the tax year. | eld a qualified conscivation contribute | Held at the End of the Tax Year |
| а | | | . 2a |
| b | Total acreage restricted by conservation easemen | | |
| C | Number of conservation easements on a certified | | |
| d | Number of conservation easements included in | | |
| | historic structure listed in the National Register . | | |
| 3 | Number of conservation easements modified, tran | | |
| | tax year ▶ | , | - |
| 4 | Number of states where property subject to conse | ervation easement is located | |
| 5 | Does the organization have a written policy re | garding the periodic monitoring, ins | spection, handling of |
| | violations, and enforcement of the conservation ea | asements it holds? | · · · · · 🗌 Yes 🗌 No |
| 6 | Staff and volunteer hours devoted to monitoring, inspe | cting, handling of violations, and enforcin | ig conservation easements during the year |
| | > | | |
| 7 | Amount of expenses incurred in monitoring, inspection | ng, handling of violations, and enforcing | conservation easements during the year |
| | ▶ \$ | | |
| 8 | Does each conservation easement reported on line | e 2(d) above satisfy the requirements of | |
| | and section 170(h)(4)(B)(ii)? | • • • • • • • • • | Yes No |
| 9 | In Part XIII, describe how the organization reports | conservation easements in its revenue | e and expense statement, and |
| | balance sheet, and include, if applicable, the text | | nancial statements that describes the |
| D | organization's accounting for conservation easem Organizations Maintaining Collection | | Other Similar Assets |
| Part | Complete if the organization answered | | |
| | If the organization elected, as permitted under SF | | |
| ıa | works of art, historical treasures, or other simila | | |
| | public service, provide, in Part XIII, the text of the | | |
| b | If the organization elected, as permitted under S | | |
| D | works of art, historical treasures, or other simila | r assets held for public exhibition, ed | ducation, or research in furtherance o |
| | public service, provide the following amounts relati | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | • | > \$ |
| | (ii) Assets included in Form 990, Part X | | > \$ |
| 2 | If the organization received or held works of art | , historical treasures, or other similar | r assets for financial gain, provide the |
| _ | following amounts required to be reported under S | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| b | Assets included in Form 990, Part X | | _ |

| Page | 2 |
|------|---|
| | |

| ⁻ Part | | | | | | | | | |
|--------|---|---------------------------|-----------|------------|-------------------------|----------------|------------------------|---------------------|---------------|
| 3 | Using the organization's acquisition, accollection items (check all that apply): | ccession, and oth | ner recoi | ds, chec | k any of th | e follow | ing that are a | significant | use of its |
| а | ☐ Public exhibition | | d | ☐ Loan | or exchang | e progr | ams | | |
| b | ☐ Scholarly research | | е | Other | r | | | | |
| С | ☐ Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization XIII. | on's collections a | nd expla | un how t | hey further | the org | anızatıon's exe | mpt purpo | se in Part |
| 5 | During the year, did the organization s assets to be sold to raise funds rather the | | | | | | | | s 🗌 No |
| Part | | | - | | | - | | | |
| | Complete if the organization a 990, Part X, line 21. | | | | | | | | Form |
| | Is the organization an agent, trustee, or included on Form 990, Part X? | | | | | | | _ | s 🗌 No |
| b | If "Yes," explain the arrangement in Par | t XIII and comple | te the fo | llowing to | able: | _ | | | |
| | | | | | | | + | Amount | |
| C | Beginning balance | | | | | 1c | | | |
| d | Additions during the year | | | | | 1d | + | | |
| е | Distributions during the year | | | | | 1e | + | · | |
| f | Ending balance | | • | | | 1f | | | |
| 2a | Did the organization include an amount | | | | | | | | |
| | If "Yes," explain the arrangement in Par | t XIII. Check here | of the ex | planatio | n has been | provide | d on Part XIII . | · · · | |
| Par | | | | - 000 [| 5 4 1 V / 1 | 40 | | | |
| | Complete if the organization a | | | | (c) Two year | | (d) Three was been | to Court | ears back |
| 4 - | <u> </u> | (a) Current year | (b) Pric | or year | (c) Two year | S Dack | (d) Three years bac | (e) Four | ears back |
| 1a | Beginning of year balance | | _ | | | | | | · |
| b | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | · | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | | |
| f | Administrative expenses | | | | | | · | <u> </u> | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the | | | e (line 1g | ı, column (a |)) held a | as: | | |
| а | Board designated or quasi-endowment | > | _% | | | | | | |
| b | Permanent endowment > | % | | | | | | | |
| C | Temporarily restricted endowment ▶ | % | | | | | | | |
| | The percentages on lines 2a, 2b, and 2d | | | | | | | | |
| 3a | Are there endowment funds not in the | possession of the | e organi | zation tha | at are held | and adı | ministered for t | he | |
| | organization by: | | | | | | | | es No |
| | (i) unrelated organizations | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | • | | 3a(ii) | |
| þ | If "Yes" on line 3a(ii), are the related org | | | | | | | 3b | |
| . 4 | Describe in Part XIII the intended uses of | | n's endo | wment f | unds. | | | | |
| Part | | | _ | | | | | | |
| | Complete if the organization a | | | m 990, F | Part IV, line | <u> 11a. S</u> | See Form 990 | <u>, Part X, lı</u> | <u>ne 10.</u> |
| | Description of property | (a) Cost or oth (investme | | | or other basis ther) | | Accumulated preciation | (d) Book | value |
| 1a | Land | | | | | | | | |
| þ | Buildings | | | | | | | | |
| C | Leasehold improvements | | | | 2,166 | | 108 | | 2,058 |
| d | Equipment | | | | 62,281 | | 21,494 | | 40,787 |
| e | Other | | | | | | | | |
| Total. | Add lines 1a through 1e. (Column (d) mu | ıst equal Form 99 | 0, Part) | (, columr | i (B), line 10 | c.) . | ▶ | | 42,845 |

| Part VII | Complete if the organization answ | vered "Yes" on For | m 99 | 0. Part IV. lin | e 11b. See Form | 990. Part X. line 12. |
|-------------------|--|--------------------------|--------------|------------------|-----------------------|---|
| | (a) Description of security or category (including name of security) | | | b) Book value | (c) Met | hod of valuation -of-year market value |
| (1) Financial | derivatives | | - | | | |
| (2) Closely-I | neld equity interests | | | | | |
| | | | | | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | _ | | | |
| (F) | | | | | | |
| (G) | | | | | | |
| (H) | | | | | | |
| Total. (Column (| b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | | | | |
| Part VIII | Investments-Program Related | • | | | | · · · · · · · · · · · · · · · · · · · |
| | Complete if the organization answ | ered "Yes" on For | m 99 | 0, Part IV, lin | e 11c. See Form | 990, Part X, line 13. |
| | (a) Description of investment | | (b |) Book value | | hod of valuation -of-year market value |
| (1) | | | | | | <u> </u> |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | <u> </u> | | | | |
| (9) | | | | | | |
| Total. (Column (i | b) must equal Form 990, Part X, col (B) line 13) | | | | | |
| Part IX | Other Assets. | | | · <u>-</u> | | |
| | Complete if the organization answ | rered "Yes" on For | m 99 | 0, Part IV, lin | e 11d. See Form | 990, Part X, line 15. |
| | (a) | Description | | | | (b) Book value |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | <u> </u> | | |
| _(4) | | | | | | |
| (5) | | | | <u> </u> | | |
| _(6) | | | | | <u> </u> | |
| (7) | | | | | | |
| | | | | | | |
| (9) | | | | | | |
| | mn (b) must equal Form 990, Part X, co | I. (B) line 15.) | <u>· · </u> | <u></u> | <u> </u> ▶ | |
| Part X | Other Liabilities. | | | | | |
| | Complete if the organization answ | ered "Yes" on For | m 99 | 0, Part IV, lin | e 11e or 11f. See | e Form 990, Part X, |
| | line 25. | | | | | |
| 1. | (a) Description of liability | (b) Book value | | | | |
| (1) Federal in | | | | | | |
| | rent payable | 1 | 7,477 | | | |
| (3) Deposit | payable | | 6,765 | | | |
| (4) | | - - | | | | |
| (5) | | | _ | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| | b) must equal Form 990, Part X, col. (B) line 25.) ▶ | | 4,242 | | | |
| 2. Liability for | uncertain tax positions In Part XIII, provid | e the text of the footno | ote to | the organizatior | n's financial stateme | nts that reports the |

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| Pari | | | | Return. | |
|--------|---|------------|---------------------------------------|---------------|------------|
| | Complete if the organization answered "Yes" on Form 990, | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 1,444,990 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| þ | Donated services and use of facilities | | 244,217 | | |
| ¢ | Recoveries of prior year grants | - | | | • |
| q | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | 244,217 |
| 3 | Subtract line 2e from line 1 | 1 11 | | 3 | 1,200,773 |
| 4 | Amounts Included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | ļ | |
| ь | Other (Describe in Part XIII.) | 4b | | - | |
| Č. | | | | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | 5 | 1,200,773 |
| Part | Reconciliation of Expenses per Audited Financial State | | | r Keturn | l . |
| | Complete if the organization answered "Yes" on Form 990, | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,475,604 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | ا ۔ما | | | |
| a | Donated services and use of facilities | 2a | 244,217 | | |
| b | Prior year adjustments | 2b | | | • |
| C | Other losses | 2c | | . (| |
| d | Other (Describe in Part XIII.) | | | | |
| e | Add lines 2a through 2d | | | 2e | 244,217 |
| 3 4 | Subtract line 2e from line 1 | i . | | 3 | 1,231,387 |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1. | 10 | | | |
| a b | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | | | ' | |
| _ | Add lines 4a and 4b | | · · · · · | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iii | | | 5 | 1,231,387 |
| | XIII Supplemental Information. | 10 10.7 . | · · · · · · · · · · · · · · · · · · · | | 1,231,307 |
| | le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar t XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this par | t to provi | de any additional in | formation. | · |
| | | | ••••• | | |
| | | | | | · |
| | | | ••••• | | |
| | | | | | |
| | | • | | | |
| | | | | · | |
| | | ••••• | | · | |
| | | | | | |
| | | | | · | |
| | | | | | |

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

| | Revenue Service | > (| 30 to www.irs.gov/ | Form990 for i | nstructions a | nd the latest informa | | Inspection |
|---------------|---|-------------------|---------------------------------------|---------------|--|-----------------------------------|---|---|
| | of the organization | | | | | | Employer identif | |
| Briter Par | oaths, Inc. Fundraisi | na Activities | Complete if th | e organiza | ation answ | vered "Yes" on | 52 Form 990, Part IV | 2-1596259 . line 17. |
| | | | ot required to | | | reied ies ein | 1 01111 000, 1 411 14 | , |
| 1 | Indicate whether | the organizatio | n raised funds t | hrough any | of the follo | owing activities. C | Check all that apply. | |
| а | Mail solicitation | ons | | e 🗀 | | on of non-goverr | _ | |
| b | _ | email solicitatio | | f | | on of governmen | | |
| -C | | | | g∟ | J Special f | fundraising event | S | |
| d | | | | | | | | |
| 2a | or key employees | s listed in Form | 990, Part VII) or | entity in co | onnection v | with professional | icers, directors, trus fundraising services | s? 🗌 Yes 🗌 No |
| b | If "Yes," list the compensated at | | | | draisers) pi | ırsuant to agreen | nents under which t | he fundraiser is to be |
| | (i) Name and address or entity (fundra | | (ii) Activity | custody o | draiser have r control of outlons? | (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 | | | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | - - | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| | | | | | | | | |
| Fota l | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| 3 | List all states in registration or lic | | nization is regis | tered or lic | ensed to s | olicit contribution | ns or has been noti | fied it is exempt fron |
| | - | | | | | | · | ••••• |
| | | | | | | | | ••••••• |
| · | | | | | ••••• | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | •••• | | | |
| | | | | · | | | | |
| | | | | | | | | |

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue | 1 | ! | (a) Event #1 Gathering - A.L. (event type) | (b) Event #2 Gathering - Wine | (c) Other events | (d) Total events (add col (a) through |
|-----------------|----------------|--|--|--------------------------------|--------------------------|--|
| Revenue | 1 | | | | | |
| Revenue | 1 | | (event type) | | | col (c)) |
| Revenue | 1 | | | (event type) | (total number) | |
| | | Gross receipts | 51,597 | 19,626 | | 71,223 |
| | 2 | Less: Contributions . | 32,421 | 16,440 | | 48,861 |
| | 3 | Gross income (line 1 minus line 2) | 19,176 | 3,186 | | |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| Exp | 7 | Food and beverages | | - | | |
| Direc | 8 | Entertainment | | | | - |
| | 9 | Other direct expenses . | 19,176 | 3,186 | | 22,362 |
| | 10 11 | Direct expense summary Ad Net income summary Subtra | | | | 22,362 |
| Par | rt III | Gaming. Complete if the \$15,000 on Form 990-E2 | e organization answe | ered "Yes" on Form 9 | 90, Part IV, line 19, o | or reported more than |
| _o | | | | (b) Pull tabs/instant | (a) Other commun | (d) Total gaming (add |
| Revenue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col (a) through col (c)) |
| ě | | | | | | |
| 끅 | 1 | Gross revenue | · <u>-</u> - | | | |
| ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Jirect | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | 1 | | |
| | 6 | Volunteer labor | ☐ Yes % ☐ No | ☐ Yes % · | ☐ Yes% ☐ No | |
| | 7 | Direct expense summary. Ad | d lines 2 through 5 in co | olumn (d) | • | |
| | 8 | Net gaming income summary | y. Subtract line 7 from li | ne 1, column (d) | | |
| 9 i | a Ist b If" | nter the state(s) in which the or the organization licensed to co "No," explain. | onduct gaming activities | n each of these states | ? | |
| 10a | | ere any of the organization's g "Yes," explain | aming licenses revoked | , suspended, or termina | ted during the tax year' | ? . Yes No |

| Schedu | ule G (Form 990 or 990-EZ) 2018 | | Page 3 |
|---------|--|--------------|--------|
| 11 | Does the organization conduct gaming activities with nonmembers? | ☐ Yes | ☐ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | _ | □ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| а | The organization's facility | | _% |
| b | An outside facility | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name ► | | |
| | Address ▶ | | |
| 15a | Done the eventuation have a postweet with a third point, from when the eventuation vectors against | | |
| 100 | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | ☐ Yes | □ No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the | [] 163 | □ 140 |
| D | amount of gaming revenue retained by the third party \$ and the | | |
| С | If "Yes," enter name and address of the third party: | | |
| · | in res, enter name and address of the third party. | | |
| | Name ▶ | | |
| | Address ▶ | | |
| 16 | Gaming manager information: | | |
| | Name ▶ | - | |
| | Gaming manager compensation ▶ \$ | | |
| | Description of services provided ▶ | | |
| | □ Director/officer □ Employee □ Independent contractor | | |
| 17 | Mandatory distributions: | | |
| ., a | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| a | retain the state gaming license? | ☐ Yes | □ No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or | | |
| _ | spent in the organization's own exempt activities during the tax year ▶ \$ | | |
| Part | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

► Attach to Form 990.

2018

OMB No 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2018) Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, °N □ (h) Purpose of grant or assistance Employer identification number ✓ Yes 52-1596259 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of non- (book, FMV, appraisal, cash assistance other) . ▶ Go to www.irs.gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. . . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section For Paperwork Reduction Act Notice, see the Instructions for Form 990. the selection criteria used to award the grants or assistance? (if applicable) General Information on Grants and Assistance (B) 1 (a) Name and address of organization or government Name of the organization Britepaths, Inc. Part I Part II **₹** 5 Ξ ල 9 <u>6</u> (12) ଷ <u>Q</u> Ε 8

Cat. No 50055P

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

| | Part III can be duplicated II additional space is needed. | space is lieeded | _ | | | |
|---------|---|--------------------------|--------------------------|----------------------------------|--|---------------------------------------|
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| 1 Finar | 1 Financial assistance | 671 | 63,258 | 636 | 636 FMV | auto repair service |
| 2 Food | 2 Food Bridge Program | 1,458 | 0 | 109,368 FMV | | groceries and gift cards |
| 3 Seas | 3 Seasonal Programs | 3,571 | 0 | 170,711 FMV | FMV | gift cards, school supplies, meals |
| 4 Othe | 4 Other programs | 2,167 | 3,323 | 7,789FMV | FMV | gift cards and supplies |
| ro. | | | | | | |
| 9 | | | | | | |
| 7 | | | | | | |
| Part IV | Supplemental Information. Provide the informat | the information r | equired in Part I, lin | e 2; Part III, column | tion required in Part I, line 2; Part III, column (b); and any other additional information. | onal information. |

Schedule I (Form 990), part 1, line 2 - Most of the recipients of Britepaths grants are referred to the organization by Fairfax County, Virginia social services agencies. These agencies determine a client's eligibility for Britepaths' programs prior to referral. Britepaths maintains a client database, which contains information for grant awards.

Schedule I (Form 990) (2018)

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

Britepaths, Inc. 52-1596259 Part I Types of Property (c) (d) (b) (a) Noncash contribution Method of determining Number of contributions or Check if amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art 2 Art-Historical treasures . . . 3 Art-Fractional interests . . . 4 Books and publications . . 5 Clothing and household goods Cars and other vehicles 6 7 Boats and planes . . 8 Intellectual property 9 Securities-Publicly traded . . 10 Securities-Closely held stock . Securities -- Partnership, LLC, 11 or trust interests 12 Securities-Miscellaneous . . Qualified conservation 13 contribution-Historic structures Qualified conservation 14 contribution - Other Real estate-Residential . . 15 16 Real estate - Commercial . 17 Real estate—Other Collectibles 18 ✓ 19 Food inventory 39,212 fair market value per pound 22,798 pounds 20 Drugs and medical supplies . . . 21 Taxidermy 22 Historical artifacts . . . Scientific specimens 23 24 Archeological artifacts . . . 25 Other ► (gift cards) 27,495 face value of gift cards 65 contributions Other ► (school items; other) 26 113,249 fair market value 195 contributions Other ► (_____) 27 28 Other ► (Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a J **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 ✓ 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

describe in Part II.

Schedule M (Form 990) 2018 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

20**18**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or 990-EZ.

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

| Britepaths, Inc. | 52-1596259 |
|--|--|
| *************************************** | |
| Form 990, Part III, Line 4d (Other program services) - Other program services include: | |
| o Financial Literacy - The program provides trained volunteers to educate clients in basic house | sehold budgeting and |
| understanding credit. Education is provided through one-on-on and small group counseling | g and classes/workshops. |
| o Project BRIDGE - The program, which is for selected clients, draws upon the resources of all | l of Britepaths' programs and the |
| community to develop a comprehensive plan for each client and provide services tailored to | each client's specific needs. |
| o Community Education - Britepaths provides information about its activities to the communit | y and referring agents and fosters |
| relationships with donors through several mediums, including the organization's website, so | ocial media, print materials, |
| display boards, and newsletters. | |
| o Financial Assistance Program - Britepaths enlists and coordinates volunteers to evaluate rec | quests from referring government |
| agencies for emergency financial assistance grants. Britepaths pays financial assistance gr | ants to pay rent, utilities, medical and |
| other emergency expenses, including auto repair. | |
| o Workforce Development Program - Britepaths matches a professional volunteer mentor with | a client to improve job seeking skills. |
| Workshops are conducted on topics including resume writing and interviewing. Small stiper | nds are awarded to eligible clients for |
| Job training. | |
| o Advocacy program - Board members and staff advocate for Board-selected issues in order to | o create an environment where |
| Britepaths' clients can achieve long-term self-sufficiency. | |
| o Naomi Project - The progam matches high-risk pregnant or newly parenting women with train | ned mentors who are |
| committed to promoting healthy pregnancies and healthy babies. | |
| | |
| Form 990, Part VI, Line 11b - Britepaths' 2018 form 990 is prepared by an independent certified public | |
| reviewed by Britepaths' Finance Manager, Treasurer, and Executive Director. It is then presented to | the Board of Directors for comments. |
| The Treasurer then approves form 990 and it is submitted to the IRS. | |
| | |
| | |

| Name of the organization | Employer identification number |
|---|--|
| Britepaths, Inc. | 52-1596259 |
| | |
| Form 990, Part VI, Line 12c - The Executive Director and President of the Board monitor complia | nce with the conflict of interest |
| | nce with the collination interest |
| policy, which requires all interested persons to file a disclosure statement at least annually. | |
| | |
| Form 990, Part VI, Line 15a and 15b - On an annual basis, an ad hoc committee comprised of Bo | ard members reviews the |
| Executive Director's performance against predetermined goals. The committee also reviews cor | nparable compensation information of |
| other not-for-profit organizations of similar size. The committee recommends a salary for the Ex | |
| , | ecuave Director to the entire board, |
| for approval. Britepaths currently does not have any key employees. | |
| | |
| Form 990, Part VI, Line 19 - Britepaths' financial statements are made available to the public on i | ts website. Britepaths' |
| governing documents and conflict of interest policy are available to the public upon request. | |
| | |
| | |
| ······································ | |
| | ······································ |
| | |
| | · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| • | |
| | |
| | |
| | |
| | • |
| | |