Department of the Treasury

Internal Revenue Service

# Return of Organization Exempt From Income Tax 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.



Α	For th	e 2018 calendar year, or tax year beginning $ { m APR} 1, 2018$ and $e$	ending M	AR 31, 2019					
B	Check if applicat	le: C Name of organization		D Employer identifie	cation number				
	Addr chan	PATH FOUNDATION, INC.							
	Namo Namo	ge Doing business as	58-1	949696					
	Initia	Number and street (or P.U. box if mail is not delivered to street address)	E Telephone number						
	Final returi	1601 W PEACHTREE STREET		404-	875-7284				
_	termi ated Amer	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	9,987,886.				
	returi Appli tion	AIDANIA, GA 50509		H(a) Is this a group re					
	tion pend	<sup>ca-</sup> F Name and address of principal officer: EDWIN E. MCBRAYER PO BOX 14327, ATLANTA, GA 30324		for subordinates					
<u> </u>		tempt status: $X$ 501(c)(3) $\Box$ 501(c)( ) $\triangleleft$ (insert no.) $\Box$ 4947(a)(1) o	or 527	H(b) Are all subordinates in	list. (see instructions)				
		ite: PATHFOUNDATION.ORG		H(c) Group exemption					
		f organization: X Corporation Trust Association Other	L Year		State of legal domicile: GA				
	art I	Summary			•				
	1	Briefly describe the organization's mission or most significant activities: DESIG	GNING	AND BUILDIN	G A BICYCLE				
anc		AND PEDESTRIAN TRAIL SYSTEM THROUGH METRO	) ATLA	NTA AND HEL	PING OTHER				
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as					
Š	3			16					
<u>ه</u>	4	Number of independent voting members of the governing body (Part VI, line 1b) $\_$		16					
ties	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5					
tivit	6	Total number of volunteers (estimate if necessary)			0.				
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.					
		Net unrelated business taxable income from Form 990-T, line 38	<u></u>		Current Year				
	8	Contributions and grants (Part VIII, line 1h)		7,264,832.	9,285,125.				
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	646,699.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		56,443.	41,379.				
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,321,275.	9,987,886.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		933,037.	1,307,380.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
БХр		Total fundraising expenses (Part IX, column (D), line 25) 118, 36		11,341,260.	7,713,357.				
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,341,200. 12,274,297.	9,020,737.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-4,953,022.	967,149.				
or	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year				
Fund Balance	20	Total assets (Part X, line 16)		9,940,336.	11,867,611.				
Ass J Ba	21	Total liabilities (Part X, line 26)		84,318.	1,024,031.				
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		9,856,018.	10,843,580.				
P	art II	Signature Block		-					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer       Date         EDWIN E. MCBRAYER, EXECUTIVE DIRECTOR         Type or print name and title											
Paid	Print/Type preparer's name NATHAN LUMMUS	Preparer's signature Date 0 9 / 2	0/19									
Preparer	Firm's name <b>MARSHALL</b> , JONES		Firm's EIN 58-1589807									
Use Only	Firm's address 26 LENOX POINTE	NE										
	ATLANTA, GA 3032	24-3169	Phone no. (404) 231-2001									
May the II	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No									
	832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)											

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2018) PATH FOUNDATION, INC.	58-1949696 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: DESIGNING AND BUILDING A BICYCLE AND PEDESTRIAN TRAIL	
	METRO ATLANTA AND HELPING OTHER GEORGIA CITIES ADVANCE	E TRAIL
	DEVELOPMENT.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	
	revenue, if any, for each program service reported.	
4a		evenue \$ 646,699.
	THE ORGANIZATION DEVELOPS TRAIL MASTER PLANS FOR LOCAL	
		S ACCOMPLISHED
	INCLUDE 270 MILES OF TRAILS CONSTRUCTED IN GEORGIA AND	
	MASTER PLANS DEVELOPED TO ENCOURAGE TRAIL CONSTRUCTION	IN CITIES
	OUTSIDE OF ATLANTA	
4b	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$ )
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$ )
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 8,295,561.	- 000 (00.10

Form	990	(201)	8)

 Form 990 (2018)
 PATH FOUNDATION, INC.

 Part IV
 Checklist of Required Schedules

1 4	oneokist of nequired conclutes			
	r		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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	Schedule D, Part III	8		X
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?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
		11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
<b>b</b>	Schedule D, Parts XI and XII	12a	Λ	
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		х
12		12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a		14a		- 23
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			
		146		х
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		- 21
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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17		10		
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? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	.,		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13		19		х
20-2	complete Schedule G, Part III	19 20a		X
		20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_00		
		21		х

- Form 990 (2018)
   PATH
   FOUNDATION,
   I

   Part IV
   Checklist of Required Schedules (continued)
   PATH FOUNDATION, INC.

			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		x
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	Х	
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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.14		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		X
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	27		x
28	of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		- 23
20	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 57		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b>			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	x	
		1c	- <u></u>	1

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Pa	Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)											
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 5		v									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х									
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)											
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?											
	<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation in Schedule O											
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a										
a	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).											
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x								
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 5c										
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00										
ou	any contributions that were not tax deductible as charitable contributions?	6a		x								
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		х								
	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		Х								
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d											
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										
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.											
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a										
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter:											
	Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b											
11	Section 501(c)(12) organizations. Enter:											
	Gross income from members or shareholders 11a											
	Gross income from other sources (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.											
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.											
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 13b											
с	Enter the amount of reserves on hand 13c											
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X								
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or											
	excess parachute payment(s) during the year?	15		X								
	If "Yes," see instructions and file Form 4720, Schedule N.			v								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X								
	If "Yes," complete Form 4720, Schedule O.											

Form **990** (2018)

### PATH FOUNDATION, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16											
	If there are material differences in voting rights among members of the governing body, or if the governing	1										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16											
2												
	officer, director, trustee, or key employee?											
3												
	of officers, directors, or trustees, or key employees to a management company or other person?											
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		X								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X								
6	Did the organization have members or stockholders?	6		X								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
	more members of the governing body?	7a		x								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
	persons other than the governing body?	7b		x								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
	The governing body?	8a	Х									
h	Each committee with authority to act on behalf of the governing body?	8b	Х									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0										
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
			Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		X								
	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	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a										
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
-	in Schedule O how this was done	12c	х									
13	Did the organization have a written whistleblower policy?	13	Х									
14	Did the organization have a written document retention and destruction policy?	14	Х									
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official	15a	х									
	Other officers or key employees of the organization	15b	Х									
~	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		х								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
	exempt status with respect to such arrangements?	16b										
Sec	tion C. Disclosure	10.0										
17	List the states with which a copy of this Form 990 is required to be filed ►GA											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3	s only	availa	able								
	for public inspection. Indicate how you made these available. Check all that apply.	y										
	X       Own website       Another's website       X       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 interest policy, and	d finan	cial									
	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's books and records											
20	BETH MARKS - 4048757284											
	1601 W. PEACHTREE ST., ATLANTA, GA 30309											

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Emp	oloyees,	Highest	Compens	sated
	Employees, and Independe	ent Contrac	ctors					

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (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.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	, unle	unless person is both an er and a director/trustee)				compensation	compensation	amount of
	week		cer ar	nd a d	recto	or/trus	itee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al tru:		yee	npe		(		and related
	below	/id ual	Institutional trustee	er	Key employee	lest co	ner			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) ALEX TAYLOR	2.00									
BOARD MEMBER/VICE CHAIRMAN		Х						0.	0.	0.
(2) CAROL MULDAWER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(3) C. AUSTIN STEPHENS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(4) CODY LAIRD	2.00									
BOARD MEMBER		Х						0.	0.	0.
(5) SARAH K. KENNEDY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) JAMES C. KENNEDY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) WARREN Y. JOBE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) SAMUEL G. FRIEDMAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) W. DOUG ELLIS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JENNIFER DORIAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) SAMUEL BACOTE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) HARRY L. ANDERSON	2.00									
BOARD MEMBER/TREASURER		Х		Х				0.	0.	0.
(13) CHARLES SHUFELDT	2.00									
BOARD CHAIRMAN		Х		Х				0.	0.	0.
(14) HARVEY HILL	2.00									
BOARD MEMBER		Х		Х				0.	0.	0.
(15) WILLIAM C. FOWLER	4.00									-
BOARD MEMBER		Х		Х				0.	0.	0.
(16) BRIAN COSGRAY	2.00									
BOARD MEMBER/SECRETARY		Х						0.	0.	0.
(17) EDWIN E. MCBRAYER	60.00								_	-
EXECUTIVE DIRECTOR				Х				682,308.	0.	0.

Form 990 (2018) PATH FOU	NDATION	, ]	INC	2.					58-19	496	696	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees			ghes	t C	Compensated Employe	es (continued)				
(A) Name and title	(C) Position (do not check more than one					ne	<b>(D)</b> Reportable	<b>(E)</b> Reportable		Es	(F) timate	ed	
	hours per week	box	, unle	ss per	rson i	is both r/trust	an	compensation	compensation	וו		nount	of
	(list any	ctor						from the	from related organizations	,		other pensa	ation
	hours for	ndividual trustee or director				ted		organization	(W-2/1099-MIS			om th	
	related organizations	ustee o	trustee		æ	pensa		(W-2/1099-MISC)			•	anizat	
	below	dual tri	tional		ƙey employee	st com yee	<u> </u>					d relat anizati	
	line)	Individ	Institutional t	Officer	Key en	Highest compensated employee	Former				e.ge		
(18) JONATHAN MCCAIG	40.00												
PLANNING & CONSTRUCTION						Х		197,290.		0.			0.
(19) PETE PELLEGRINI	40.00												•
CONSTRUCTION MANAGER						Х		249,352.		0.			0.
										$\rightarrow$			
										$\rightarrow$			
										-			
										$ \rightarrow $			
										$\rightarrow$			
1b Sub-total							•	1,128,950.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)							•	1,128,950.		0.			0.
2 Total number of individuals (including but r							o r	eceived more than \$100	,000 of reportable	 >			
compensation from the organization													3
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer			·					0	1 3				37
line 1a? If "Yes," complete Schedule J for s										····	3		X
4 For any individual listed on line 1a, is the s	•		•					•	J. J			х	
<ul><li>and related organizations greater than \$15</li><li>5 Did any person listed on line 1a receive or</li></ul>											4	Λ	
rendered to the organization? If "Yes," con					-			-		- 1	5		x
Section B. Independent Contractors				r							-		
1 Complete this table for your five highest co	ompensated inc	depe	ende	ent c	ontr	acto	rs t	that received more than	\$100,000 of com	pensa	ation f	rom	
the organization. Report compensation for	the calendar y	ear e	endi	ng w	/ith	or wi	thir	n the organization's tax	/ear.				
(A)								(B)		~	(C		
	address						_	Description of s	ervices		ompei	nsatio	n
LEWALLEN CONSTRUCTION CO 151 BELLS FERRY LN, MARI	ፍጣጣአ ሮፖ	\ -	200	הה				CONSTRUCTION		2	01	1 2	55.
ASTRA GROUP, INC	BIIA, Gr	1 .	500	100	,		ſ	CONSTRUCTION			, 94	4,4	55.
1611 PERRY BLVD NW, ATLA	NTA. GA	30	)31	8				CONSTRUCTION		1	. 68	7.8	01.
KAIZEN COLLABORATIVE, LL					IS	SLE					/ • •	.,.	
CIRCLE NE, ATLANTA, GA 3	-							CONSTRUCTION		1	,47	0,3	91.
CAPITAL SIGNS, INC.							į	ARCHITECTURE	AND				
5380 WEBB PKWY NW, LILBU			)44	1				DESIGN			33	9,4	13.
NORTH GEORGIA LAND SERVI	-		7 4					LANDSCAPE			~-	<u> </u>	
1825 BOLTON CIR, NORCROS							_	CONTRACTORS			25	υ,4	70.
2 Total number of independent contractors (	-	ot lii	nite	d to	_	se lis 5	tec	above) who received m	lore than				
\$100,000 of compensation from the organ	ization 🗩				-	,							

Form	n 990 (	(2018) PATH	FOUNDATI	ON, INC.			58-1949	696 Page 9
Pa	rt VII	Statement of Reven	ue					
		Check if Schedule O conta	ains a response	or note to any li			(0)	
					(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
iran oun		Membership dues						
s, G Amo		Fundraising events						
Sift lar /		Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributi						
rion r S	f	All other contributions, gifts, grant	s, and					
ibu <sup>-</sup>		similar amounts not included abov	/e 1f 9,	285,125.				
d Or	g	Noncash contributions included in lines	1a-1f: \$					
aŭ	h	Total. Add lines 1a-1f		î.	9,285,125.			
				Business Code				
ice.	2 a	MASTER PLAN INC	OME	541300	646,699.	646,699.		
le ri	b							
n S ent	С							
Rev	d							
Program Service Revenue	е							
ш.		All other program service rever			646,699.			
		Total. Add lines 2a-2f			040,099.			
	3	Investment income (including			41,379.			41,379.
		other similar amounts) Income from investment of tax			41,575.			41,379.
	4 5							
	5	Royalties	(i) Real	(ii) Personal				
	6.2	Gross rents		(II) Personal	-			
		Less: rental expenses			-			
		Rental income or (loss)			-			
		Net rental income or (loss)		└►				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	()	(				
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)			]			
	d	Net gain or (loss)		►				
e	8 a	Gross income from fundraising	g events (not					
enu		including \$	of					
Sev		contributions reported on line	1c). See					
Other Revenue		Part IV, line 18	аа		-			
0ŧ		Less: direct expenses			-			
		Net income or (loss) from fund	-	····· ►				
	9 a	Gross income from gaming ac						
		Part IV, line 19			-			
		Less: direct expenses						
		Net income or (loss) from gam		····· <b>•</b>				
	10 a	Gross sales of inventory, less and allowances						
	h	Less: cost of goods sold			-			
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a	ENDOWMENT INCOM		900099	14,583.	14,583.		
	b			900099	100.	100.		
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d		►	14,683.			
	12	Total revenue. See instructions			9,987,886.	661,382.	0.	41,379.

Form 990 (	2018)	PATH	FOUNDATI
Part IX	Statement of	of Function	al Expenses

PATH FOUNDATION, INC.

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 to tinclude amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,252,951.	824,299.	428,652.	
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
10	Payroll taxes	54,429.	31,341.	23,088.	
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	13,854.		13,854.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	16,136.		16,136.	
12	Advertising and promotion	5,403.		5,403.	
13	Office expenses	2,597.		2,597.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	11,187.	9,535.	1,652.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	00 010			
22	Depreciation, depletion, and amortization	20,219.	C1 440	20,219.	
23		102,319.	61,449.	40,870.	
24	Other expenses. Itemize expenses not covered 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 0.)				
а	TRAIL CONSTRUCTION COST	7,025,471.	7,025,471.		
b	TRAIL MAINTENANCE	241,574.	241,574.		
	CONSULTING	122,205.	1,891.	1,946.	118,368
-	BAD DEBTS	100,001.	100,001.	,	
	All other expenses	52,391.	-	52,391.	
25	Total functional expenses. Add lines 1 through 24e	9,020,737.	8,295,561.	606,808.	118,368
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

### PATH FOUNDATION, INC.

58-1949696 Page 11

Loans and other receivables from other disqual section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	former officers, directors, sated employees. Complete lified persons (as defined under n 4958(c)(3)(B), and contributing ction 501(c)(9) voluntary ). Complete Part II of Sch L  10a 142,153. 10b 83,467.	(A) Beginning of year 2,532,720. 5,523,618. 	1 2 3 4 5 5 6 7 8 9 9	(B) End of year 4,304,513. 5,727,742. 14,532.
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and f trustees, key employees, and highest compense Part II of Schedule L Loans and other receivables from other disqual section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	Former officers, directors, sated employees. Complete lified persons (as defined under n 4958(c)(3)(B), and contributing otion 501(c)(9) voluntary ). Complete Part II of Sch L  10a 142,153. 10b 83,467.	5,523,618.	2 3 4 5 5 6 7 8 9 9	5,727,742.
Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and f trustees, key employees, and highest compens Part II of Schedule L Loans and other receivables from other disqual section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	former officers, directors, sated employees. Complete lified persons (as defined under n 4958(c)(3)(B), and contributing ction 501(c)(9) voluntary ). Complete Part II of Sch L 10a 142,153. 10b 83,467.	5,523,618.	3 4 5 6 7 8 9	5,727,742.
Accounts receivable, net	Former officers, directors, sated employees. Complete lified persons (as defined under n 4958(c)(3)(B), and contributing ction 501(c)(9) voluntary ). Complete Part II of Sch L 10a 142,153. 10b 83,467.	16,486.	4 5 6 7 8 9	14,532.
Loans and other receivables from current and f trustees, key employees, and highest compens Part II of Schedule L Loans and other receivables from other disqual section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	Former officers, directors, sated employees. Complete lified persons (as defined under n 4958(c)(3)(B), and contributing ction 501(c)(9) voluntary ). Complete Part II of Sch L 10a 142,153. 10b 83,467.	78,905.	5 6 7 8 9	
trustees, key employees, and highest compens Part II of Schedule L Loans and other receivables from other disqual section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	sated employees. Complete lified persons (as defined under n 4958(c)(3)(B), and contributing ction 501(c)(9) voluntary ). Complete Part II of Sch L 10a 142,153. 10b 83,467.	78,905.	6 7 8 9	
Part II of Schedule L Loans and other receivables from other disqual section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	lified persons (as defined under n 4958(c)(3)(B), and contributing ction 501(c)(9) voluntary ). Complete Part II of Sch L 10a $142, 153.$ 10b $83, 467.$	78,905.	6 7 8 9	
Loans and other receivables from other disqual section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	lified persons (as defined under n 4958(c)(3)(B), and contributing stion 501(c)(9) voluntary ). Complete Part II of Sch L 10a $142, 153.$ 10b $83, 467.$	78,905.	6 7 8 9	
section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	n 4958(c)(3)(B), and contributing ction 501(c)(9) voluntary ). Complete Part II of Sch L 10a 142,153. 10b 83,467.	78,905.	7 8 9	
employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	stion 501(c)(9) voluntary         ). Complete Part II of Sch L         10a         142,153.         10b         83,467.	78,905.	7 8 9	
employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	). Complete Part II of Sch L 10a 142,153. 10b 83,467.	78,905.	7 8 9	
Notes and loans receivable, net	10a         142,153.           10b         83,467.           11         11	78,905.	7 8 9	
Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	10a         142,153.           10b         83,467.	78,905.	8 9	
Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	10a         142,153.           10b         83,467.	78,905.	9	
Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	10a         142,153.           10b         83,467.	78,905.		
basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	10b         83,467.           11		10c	
Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	10b         83,467.           11		10c	
Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	11		10c	
Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	11	1,788,607.		58,686.
Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	11		11	1,762,138.
Investments - program-related. See Part IV, line	F		12	
	11		13	
	Intangible assets			
Other assets. See Part IV, line 11		15		
Total assets. Add lines 1 through 15 (must equ		9,940,336.	16	11,867,611.
Accounts payable and accrued expenses	84,318.	17	278,789.	
Grants payable		18		
Deferred revenue			19	745,242.
Tax-exempt bond liabilities			20	
Escrow or custodial account liability. Complete			21	
Loans and other payables to current and forme				
key employees, highest compensated employe	es, and disqualified persons.			
			22	
			23	
	F		24	
parties, and other liabilities not included on line	s 17-24). Complete Part X of			
Schedule D			25	
Total liabilities. Add lines 17 through 25		84,318.	26	1,024,031.
Organizations that follow SFAS 117 (ASC 95	8), check here ► X and			
complete lines 27 through 29, and lines 33 a	nd 34.			
Unrestricted net assets			27	5,429,921.
		5,855,962.	28	5,413,659.
			29	
and complete lines 30 through 34.				
	6		30	
			31	
	F		32	
Paid-in or capital surplus, or land, building, or e		0 0 5 6 0 1 0	33	10,843,580.
Paid-in or capital surplus, or land, building, or en Retained earnings, endowment, accumulated ir				
	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, pr parties, and other liabilities not included on line Schedule D <b>Total liabilities.</b> Add lines 17 through 25 <b>Organizations that follow SFAS 117 (ASC 95 complete lines 27 through 29, and lines 33 a</b> Unrestricted net assets Temporarily restricted net assets <b>Organizations that do not follow SFAS 117 (<i>A</i> <b>and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or e</b>	Total liabilities. Add lines 17 through 25         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.         Unrestricted net assets         Temporarily restricted net assets         Permanently restricted net assets         Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □         and complete lines 30 through 34.         Capital stock or trust principal, or current funds         Paid-in or capital surplus, or land, building, or equipment fund         Retained earnings, endowment, accumulated income, or other funds	Secured mortgages and notes payable to unrelated third parties	Secured mortgages and notes payable to unrelated third parties       23         Unsecured notes and loans payable to unrelated third parties       24         Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of       25         Schedule D       25         Total liabilities. Add lines 17 through 25       84, 318.       26         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       4, 000, 056.       27         Temporarily restricted net assets       5, 855, 962.       28         Permanently restricted net assets       29         Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □       30         Paid-in or capital surplus, or land, building, or equipment fund       31         Retained earnings, endowment, accumulated income, or other funds       32

Form 990 (2018)

# Part X Balance Sheet

Form	aan	(201	R
FUIII	990	(201	o

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total revenue (must equal Part VII, column (A), line 12)       2         2       Total expenses (must equal Part IX, column (A), line 25)       2         3       967, 149.         4       9, 856, 018.         5       20, 413.         6       7         1       9, 856, 018.         5       20, 413.         6       7         1       9, 856, 018.         5       20, 413.         6       7         1       10, 843, 580.         7       8         9       0.         10       10, 843, 580.         9       0.         11       Accounting method used to prepare the Form 990:       Cash         12       Accounting method used to prepare the Form 990:       Cash         13       Accounting method used to prepare the form 990:       Cash         14       4counting method used to prepare the form 990:       Cash         14       Accounting method used to prepare the form 990:       Cash         14       Yees       No		1990 (2018) PATH FOUNDATION, INC.	58-19	949696	Pag	ge <b>12</b>
1       Total revenue (must equal Part VII, column (A), line 12)       1       9,987,886.         2       Total expenses (must equal Part IX, column (A), line 25)       2       9,020,737.         3       Revenue less expenses. Subtract line 2 from line 1       3       967,149.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       9,856,018.         5       20,413.       6       6       6         7       Investment expenses       6       7       7         8       Prior period adjustments       8       9       0.       0         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.       0	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       9,020,737.         3       Revenue less expenses. Subtract line 2 from line 1       3       967,149.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       9,856.018.         5       Net unrealized gains (losses) on investments       5       20,413.         6       0onated services and use of facilities       7         7       neverses       7         8       9       0.         9       0.       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       843,580.         Part XII       Financial Statements and Reporting       X       X         11       Accounting method used to prepare the Form 990:       Cash       X hccrual       Other," explain in Schedule 0.         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0.       2a       X         14       Accounting method used to prepare the Form 990:       Cash       A hccrual       Other       2a       X         14       Yes       No       Separate basis       Cononsolidated basis:       Both con		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       9,020,737.         3       Revenue less expenses. Subtract line 2 from line 1       3       967,149.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       9,856.018.         5       Net unrealized gains (losses) on investments       5       20,413.         6       0onated services and use of facilities       7         7       neverses       7         8       9       0.         9       0.       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       843,580.         Part XII       Financial Statements and Reporting       X       X         11       Accounting method used to prepare the Form 990:       Cash       X hccrual       Other," explain in Schedule 0.         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0.       2a       X         14       Accounting method used to prepare the Form 990:       Cash       A hccrual       Other       2a       X         14       Yes       No       Separate basis       Cononsolidated basis:       Both con						
3       Revenue less expenses. Subtract line 2 from line 1       3       967, 149.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       9, 835 €, 018.         5       Net unrealized gains (losses) on investments       5       20, 413.         6       7       7         7       8       7         8       9       0.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       10, 843, 580.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule C contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis       Consolidated basis       2b       X	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
3       967,149.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       9,856,018.         5       220,413.       5       220,413.         6	2	Total expenses (must equal Part IX, column (A), line 25)	2			
4       9,856,018.         5       9,856,018.         5       9,856,018.         5       20,413.         6       6         7       6         7       7         8       7         9       0.         10       Net assets or fund balances of fund balances (explain in Schedule 0)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8))       10, 843, 580.         Part XII       Financial Statements and Reporting       10, 843, 580.         Check if Schedule C contains a response or note to any line in this Part XII       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       H* ever, the organization's financial statements compiled or reviewed by an independent accountant?       Yes       No         11       Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       Separate basis       Zb       X         11       "Yes," to heck a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:       <	3		3			
6       Donated services and use of facilities       6       7         7       Investment expenses       7       8         8       Prior period adjustments       9       0.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       10, 843, 580.         Part XIII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Donoididated basis.       Dot       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       Do       X       Za       X         If "Yes," c	4		4			
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 10, 843, 580.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII   1 Accounting method used to prepare the Form 990:   1 Accounting from a prior year or checked "Other," explain in Schedule O.   2a Were the organization s' financial statements compiled or reviewed by an independent accountant?   1 fryes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   b Were the organization's financial statements and selection of an independent accountant?   1 Accounting the very or compiliation of its financial statements and selection of an independent accountant?   1 Mere the organization statements and selection of an independent accountant?   1 Mere the organization statements and selection of an independent accountant?   1 X   2 X   1 If "Yes," oheck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   1 Separate basis   2 Donsolidated basis   2 Mere the organization sti financial statements and selection of an indepen	5	Net unrealized gains (losses) on investments	5	20	),4	13.
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       10, 843, 580.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other	6		6			
9 Other changes in net assets or fund balances (explain in Schedule O)   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))   10 10, 843, 580.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organizatio	7	Investment expenses	7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       10, 843, 580.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Account of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         1       Mere the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X         If "Yes," the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," to line 2a or 2b, does the o	8	Prior period adjustments	8			
column (B))       10       10,843,580.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       Description of the year were audited on a separate basis       Description of the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         B       If"	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
Part XIII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         I       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Consolidation changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits aset forth in the Si			10	10,843	3,5	80.
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       If       If       If       If       Accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         1f       "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         If       "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2c       X         If       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolid		Check if Schedule O contains a response or note to any line in this Part XII				X
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or compilation of its financial statements and selection of an independent accountant? Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated basis Both consolidated basis as set forth in the Single Audit Act and OMB Circular A-133? Diff					Yes	No
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit or audits? If the organization did not 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	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis is in the period of		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       If "Zec       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       If a sa 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?       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       If we have a control audits	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>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?</li> <li>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</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       X       Image: Consolidated basis, or both:       Image: Consolidated basis       Image: Consolid						
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image:		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both:       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       3a       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? 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       4b	b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? 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						
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. <b>3a</b> 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>b</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 <b>3b</b>		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 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	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         Act and OMB Circular A-133?       3a       X         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		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
Act and OMB Circular A-133?       3a       X         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		If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits.         or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Act and OMB Circular A-133?		3a		X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

	2018					
	Open to Public Inspection					
r	r identification number					

OMB No. 1545-0047

		of the Treasury nue Service			Attach to Form 990 or F //Form990 for instruction			nformation.	Open to Public Inspection		
Nam	e of t	the organizati							Employer	identification number	
		-	PATH	FOUNDATIO	N, INC.				5	8-1949696	
Part I Reason for Public Charity Status (All organizations must complete this part.) See instruction						IS.					
The o	organ	nization is not a	a private found	lation because it is:	(For lines 1 through 12, c	heck only	one box.)				
1		A church, co	nvention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	on 170(b)(	1)(A)(i).			
2					Attach Schedule E (Forn						
3					anization described in <b>s</b> e			ii).			
4		•	•		njunction with a hospital			•	(iii). Enter	the hospital's name.	
		city, and stat			,				~ /	, ,	
5		-		or the benefit of a co	llege or university owned	d or opera	ted bv a d	overnmental	unit descrik	bed in	
				Complete Part II.)	5 ,		, ,				
6					nental unit described in	section 17	70(b)(1)(A)	(v).			
	Х				intial part of its support f				the general	public described in	
				omplete Part II.)					J	P	
8					(1)(A)(vi). (Complete Par	t II.)					
9					in section 170(b)(1)(A)(		ed in coniu	unction with a	a land-orant	college	
		-		-	culture (see instructions).		-		-	-	
		university:		9.4				,,			
10			on that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons member	ship fees a	nd gross receipts from	
					ct to certain exceptions,						
					(less section 511 tax) fr						
				mplete Part III.)			0000 0090		rgamzation		
11				• •	ively to test for public sa	fety See	section 50	)9(a)(4).			
12		-	-	-	ively for the benefit of, to	-			arry out the	purposes of one or	
					ed in section 509(a)(1) o						
			• •	•	of supporting organizatio						
а					supervised, or controlled					, aivina	
u					gularly appoint or elect a						
				complete Part IV, Se		amajonty				apporting	
b					d or controlled in connec	tion with it	ts sunnart	ed organizati	on(s) by ha	vina	
				-	anization vested in the s			-		-	
			-	t complete Part IV,		and perso			age the sup	poned	
с		¬ -		-	g organization operated	in connec	tion with	and function:	ally integrat	ed with	
v					b). You must complete I				any integration	sa with,	
d		- ··	0		porting organization oper	-		-	orted organi	zation(s)	
u	·				zation generally must sat				-		
					nplete Part IV, Sections					TVCHC55	
е		- ·			written determination fro						
C			•		nally integrated support				s ii, Type iii		
f	Ente	er the number				ing organi	201011.				
				n about the supporte	ad organization(s)						
		(i) Name of supp	<u> </u>	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount c	f monetary	(vi) Amount of other	
		organization	ı		(described on lines 1-10	Yes	ing document? No	support (see i	nstructions)	support (see instructions)	
					above (see instructions))						
				l							

## Schedule A (Form 990 or 990-EZ) 2018 PATH FOUNDATION, INC.

Part II

58-1949696 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12,507,658.	18,818,973.	17,183,477.	7,260,964.	9,372,777.	65,143,849.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	12,507,658.	18,818,973.	17,183,477.	7,260,964.	9,372,777.	65,143,849.
5	•	, , -	, , -	, , -	, , -	, , -	, , .
Ŭ	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
~	column (f)						CE 142 040
	Public support. Subtract line 5 from line 4.						65,143,849.
	ction B. Total Support		(1)		( n ee ) -		
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	12,507,658.	18,818,973.	17,183,477.	7,260,964.	9,372,777.	65,143,849.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	40.010	16 606	<b>34 554</b>	48 440	44 9 7 9	010 480
	and income from similar sources $\dots$	42,210.	46,696.	34,751.	47,443.	41,379.	212,479.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,259.	56,977.	53,577.	12,868.	100.	124,781.
11	Total support. Add lines 7 through 10						65,481,109.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	646,699.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.48 %
	Public support percentage from 2017					15	99.47 %
	33 1/3% support test - 2018. If the c					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2017. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
h	10% -facts-and-circumstances test	-		• • • • •	-		
~	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
10	i male ioundation. It the organizatio			a, 100, 17a, 01 170			J 🔽 🗖

Schedule A (Form 990 or 990-EZ) 2018

## Schedule A (Form 990 or 990-EZ) 2018 PATH FOUNDATION, INC.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Sec</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	incon under contion 512						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5							
5	The value of services or facilities						
	furnished by a governmental unit to						
•	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received						
u	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1		1	1	
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)		1				
	First five years. If the Form 990 is for	the organization'	l s first second this	l d fourth or fifth t	I av vear as a section	$\frac{1}{10000000000000000000000000000000000$	I zation
	check this box and stop here	•			2		
500	ction C. Computation of Publ		rcontago				
	-			a a lu usa (f))		45	0/
	Public support percentage for 2018 (I					15	%
	Public support percentage from 2017					16	%
	tion D. Computation of Inves		•	(0)		l .= l	
	Investment income percentage for 20		•			17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2018. If the						17 is not
	more than 33 1/3%, check this box a						▶∟
b	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶∟

Yes No

### 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.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
0-		
3a		
3b		
3c		
4a		
14		
4b		
4c		
5a		
5b		
50 50		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	).		
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>		,	
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see ins	truction	ŕ – I	
2	Activities Test. <b>Answer (a) and (b) below.</b>		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 <b>Part VI identify</b>			
	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		
h		Zd		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> <i>the</i>			
	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.	20		
з а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b		54		
~	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

# Schedule A (Form 990 or 990 EZ) 2018 PATH FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
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-function		ed Type III supporting or	nanization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
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.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		Г	
Sect	ion 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	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 <b>Part VI.</b> 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 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
-	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

or 990-PF)

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

58-	-19	49	696

Internal Revenue Service
Name of the organization

Organization type (check one):

### PATH FOUNDATION, INC.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization

Employer identification number

PATH FOUNDATION, INC.

58-1949696

	100000000000000000000000000000000000000
Part I	Contributors (see instructions).

tributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>    1</u>	CITY OF NEWNAN 25 LAGRANGE STREET NEWNAN, GA 30263	\$473,645.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY		Person X
	1340 TENTH STREET	\$229,168.	Payroll Noncash (Complete Part II for
	COLUMBUS, GA 31901		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JAMES M COX FOUNDATION		Person X
	6205 PEACHTREE DUNWOODY RD	\$ 6,000,000.	Payroll Noncash
	DUNWOODY, GA 30328		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CITY OF LAGRANGE		Person X
	200 RIDLEY AVENUE	\$263,994.	Payroll Noncash
	LAGRANGE, GA 30240		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CITY OF ATLANTA		Person X
	55 TRINITY AVENUE, SW SUITE 4350	\$2,249,037.	Payroll Noncash
	ATLANTA, GA 30303		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

58-1949696

PATH FOUNDATION, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Use duplicate copies of Pa	art if if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		   \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of or	rganization			Employer identification number
PATH 1	FOUNDATION, INC.			58-1949696
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional	through (e) and the following line e haritable, etc., contributions of \$1,000 o	ntry For organizations	that total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of g	ift	
-	Transferee's name, address, an	Id ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of g	ift	
-	Transferee's name, address, an	Id ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of g	 	
-	Transferee's name, address, an			insferor to transferee
(a) No. from	(L) D		(1) Data	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of g	 ift	
-	Transferee's name, address, an	ld ZIP + 4	Relationship of tra	Insferor to transferee

SCHEDULE D (Form 990)       Supplemental Financial Statements         Department of the Treasury Internal Revenue Service       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.         Department of the Treasury Internal Revenue Service       Attach to Form 990.			0, 2b.	OMB No. 154
Name of the organization				Employer identification
	PATH FOUNDATION, I	NC.		58-194969
Part I Organizati	ons Maintaining Donor Advise	d Funds or Other Similar Fund	ls or A	ccounts.Complete if the
organization a	nswered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(	b) Funds and other account
<b>1</b> Total number at end	of year			

#### (b) Funds and other accounts 2 Aggregate value of contributions to (during year) **3** Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Yes No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 No \_\_\_ Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and 9 include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ **b** Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

Schedule D (Form 990) 2018



Employer identification number 58-1949696

Sche	dule D (Form 990) 2018 PATH FO	UNDATION,	INC.			58-19	49696 <sub>F</sub>	Page <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, Historical 1	reasures, or	<sup>r</sup> Other S	Similar Asset	<b>ts</b> (continued,	)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of th	e following that	are a signif	ficant use of its o	collection iter	ns
	(check all that apply):							
а	Public exhibition	d	Loan or e	change program	ns			
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further	the organizatior	n's exempt	purpose in Part	XIII.	
5	During the year, did the organization solicit o	or receive donations	of art, historical tre	easures, or other	similar ass	sets		_
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organizat	ion answered "Y	'es" on For	m 990, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod						. –	_
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		г			
					ŀ		Amount	
	Beginning balance					1c		
	Additions during the year					1d		
e	Distributions during the year					1e		
t	Ending balance					1f		
	Did the organization include an amount on F						Yes _	
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i						L	
1 41		(a) Current year	(b) Prior year			Three years back	(a) Four year	e hack
10	Reginning of year balance	(a) Current year	(b) Flior year		Dack (U)	THEE YEATS DACK	(e) i oui yeai	5 Dauk
la b	Beginning of year balance							
0	Contributions Net investment earnings, gains, and losses							
с А	Grants or scholarships							
	Other expenditures for facilities							
C	and programs							
f	Administrative expenses							
a	End of year balance							
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1a, column	(a)) held as:				
a	Board designated or quasi-endowment		%					
	Permanent endowment	%						
	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held	and administere	ed for the a	organization		
	by:						Yes	No
	(i) unrelated organizations						3a(i) X	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Schedule F	1?			3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a	See Form 990,	Part X, line	10.		
	Description of property	<b>(a)</b> Cost or o basis (investr		st or other s (other)	(c) Accur deprec		(d) Book val	ue
1a	Land							
b	Buildings							
	Leasehold improvements							
d	Equipment		1	42,153.	8:	3,467.	58,6	<b>b86</b> .
	Other							
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10c.)	<u></u>	►	58,6	<b>b86</b> .

Schedule D (Form 990) 2018

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		

(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	

### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	<b>(b)</b> Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pa	t XI Reconciliation of Revenue per Audited Financial Stater	nents With	Revenue per R	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	10,008,299.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	20,413.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	20,413.
3	Subtract line 2e from line 1			3	9,987,886.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,987,886.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		n Expenses per	Retu	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	9,020,737.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments	<b>2</b> b			
С	Other losses	2c			
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	9,020,737.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		·····	5	9,020,737.
Pa	rt XIII Supplemental Information.				

PATH FOUNDATION, INC.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

Schedule D (Form 990) 2018

THE ENDOWMENT FUND IS HELD BY THE COMMUNITY FOUNDATION FOR GREATER

ATLANTA, INC., WHICH DISTRIBUTES THE NET INCOME EARNED IN THE ENDOWMENT

FUND TO THE PATH FOUNDATION FOR THE PURPOSE OF MAINTAINING THE TRAILS

ESTABLISHED IN METROPOLITAN ATLANTA OR ELSEWHERE IN GEORGIA.

58-1949696 Page 4

SC	HEDULE J	Compensation Information	OMB No. 1	545-00	47	
	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		2018			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20	10	J	
Depa	rtment of the Treasury	Attach to Form 990.	Open to		ic	
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspe			
Nam	ne of the organization		nployer identificatio		mber	
De	wt L Ouestiens Des	PATH FOUNDATION, INC.	58-194969	6		
Pa	rt I Questions Reg	garding Compensation	1			
4-				Yes	No	
та		ex(es) if the organization provided any of the following to or for a person listed on Form 990	Ο,			
		a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter	, j				
	Travel for companion		ence			
		and gross-up payments Baraged convicts (such as mold chauffour of the second convicts)	ab of)			
	Discretionary spendir	ing account Personal services (such as maid, chauffeur, cl	cher)			
h	If any of the bayes on line	1 are checked, did the organization follow a written policy regarding payment or				
D	-	a 1a are checked, did the organization follow a written policy regarding payment or on of all of the expenses described above? If "No," complete Part III to explain	1b			
2		ire substantiation prior to reimbursing or allowing expenses incurred by all directors,				
2	•	luding the CEO/Executive Director, regarding the items checked on line 1a?	2			
3	Indicate which if any of the	he following the filing organization used to establish the compensation of the organization	n's			
-		Check all that apply. Do not check any boxes for methods used by a related organization t				
		of the CEO/Executive Director, but explain in Part III.				
	X Compensation comm					
	Independent comper					
	Form 990 of other org		mittee			
		, , , , , , , , , , , , , , , , ,				
4	During the year, did any p	erson listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related o	organization:				
а	Receive a severance payn	ment or change-of-control payment?	4a		Х	
b	Participate in, or receive p	payment from, a supplemental nonqualified retirement plan?	4b		X	
с	Participate in, or receive p	payment from, an equity-based compensation arrangement?	4c		X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
		01(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Forn	m 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenue	es of:				
а	The organization?		5a		X	
b	Any related organization?	·	5b		X	
	If "Yes" on line 5a or 5b, d					
6		m 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earn	5			37	
а	The organization?		6a		X	
b			6b		X	
_	If "Yes" on line 6a or 6b, d					
7		m 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v	
_		and 6? If "Yes," describe in Part III	7		X	
8	•	ed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v	
~		described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			X	
9		organization also follow the rebuttable presumption procedure described in				
		958-6(c)?			L	
LHA	For Paperwork Reduction	on Act Notice, see the Instructions for Form 990.	Schedule J (Forn	n <b>990</b> )	2018 (	

Schedule J (Form 990) 2018

### 58-1949696

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and (D) Nontaxable		(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) EDWIN E. MCBRAYER	(i)	258,333.	123,975.	300,000.	0.	0.	682,308.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.	
(2) JONATHAN MCCAIG	(i)	145,000.	52,290.	0.	0.	0.			
PLANNING & CONSTRUCTION	(ii)	0.	0.	0.	0.	0.		0.	
(3) PETE PELLEGRINI	(i)	176,667.	72,685.	0.	0.	0.		0.	
CONSTRUCTION MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number 58 - 1949696

PATH FOUNDATION, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GEORGIA CITIES ADVANCE TRAIL DEVELOPMENT.

FORM 990, PART VI, SECTION A, LINE 2:

SARAH KENNEDY AND JAMES KENNEDY ARE MARRIED.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE ORGANIZATIONS BOARD CHAIRMAN AND TREASURER.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER AND STAFF MEMBER HAS THE DUTY TO PLACE THE INTEREST OF THE ORGANIZATION FOREMOST IN ANY DEALINGS ON BEHALF OF THE ORGANIZATION AND HAS A RESPONSIBILITY TO COMPLY WITH THIS POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE SALARY OF THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST.

FORM 990, PART XII, LINE 2C:

BOARD REVIEWS THE AUDIT.