			** PUBLIC DISCLOSURE COPY *		
00		00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Forn	'nУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (15) 2022	
Department of the Treasury		of the Treesury	Do not enter social security numbers on this form as it may		Open to Public
Intern	al Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the lates		Inspection
<u>A</u> F	or th	e 2022 calenda	ar year, or tax year beginning ${\tt APR} \ 1$, $\ {\tt 2022}$ and ending	MAR 31, 2023	
В С ар	heck if oplicab	le: C Name of	organization	D Employer identified	cation number
	Addre	ge PATH	FOUNDATION, INC.		
	Name] chang Initial	ge Doing bu	usiness as	58-19496	96
]returr]Final	Number	and street (or P.O. box if mail is not delivered to street address) Room/su OX 14327	ite E Telephone numbe 404-875-	
	Jreturr termi ated	0_	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	9,344,935.
	Amer returr	ided ATTA	NTA, GA 30324	H(a) Is this a group re	
	Appli tion		nd address of principal officer: GRETA DEMAYO	for subordinates	
	pend		AS C ABOVE	H(b) Are all subordinates ir	
ΙТ	ax-ex	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If "No," attach a	list. See instructions
	lebs		FOUNDATION.ORG	H(c) Group exemptio	
		f organization:	X Corporation Trust Association Other L Y	ear of formation: 1991	A State of legal domicile: GA
Pa	rt I	Summary			
ø	1		e the organization's mission or most significant activities: PLANNING		
Activities & Governance			GHOUT METRO A		
erné	2	Check this bo			
Š	3		ing members of the governing body (Part VI, line 1a)		20
∞ ∞	4		ependent voting members of the governing body (Part VI, line 1b)		<u>20</u> 5
ies	5		of individuals employed in calendar year 2022 (Part V, line 2a)		0
ti	6		of volunteers (estimate if necessary)		0.
۴			business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11		0.
-	U	Net unrelated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	6,848,566.	2,058,261.
Revenue	9		ce revenue (Part VIII, line 2g)	2,571,641.	7,266,402.
evel 1	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	36,733.	20,272.
ř	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,456,940.	9,344,935.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	1,303,208.	1,300,275.
nse	16a	Professional fu	Indraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b	Total fundraisi	Indraising fees (Part IX, column (A), line 11e)		
Ш	17	-	es (Part IX, column (A), lines 11a-11d, 11f-24e)	9,258,764.	7,797,668.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,561,972.	9,097,943.
	19	Revenue less	expenses. Subtract line 18 from line 12	-1,105,032.	246,992.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
sset. 3alai	20	Total assets (F		7,941,143.	8,740,556.
et A: nd E	21		(Part X, line 26)	1,029,006.	1,672,764.
ĔĔ	22 rt II	Net assets or t	iund balances. Subtract line 21 from line 20	6,912,137.	7,067,792.
r a	rt II	Signature			

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	Signature of officer			Date				
-	GRETA DEMAYO, EXECUTIVE DI	IRECTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	NATHAN LUMMUS		08/07	/23 self-employed	P02049603			
Preparer	Firm's name MARSHALL JONES			Firm's EIN 83-	2175462			
Use Only	Firm's address 3097 E. SHADOWLAW	N AVE NE						
	ATLANTA, GA 30305			Phone no. (404) 231-2001			
May the IF	Aay the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							
S	SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION							

Form	1990 (2022) PATH FOUNDATION, INC.	58-1949696	Page 2
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 ST	YSTEM THROUGH	
	METRO ATLANTA AND HELPING OTHER GEORGIA CITIES ADVANCE	FRAIL	
	DEVELOPMENT.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		Yes	XNo
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
~		Yes	VN
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	′Yes [A 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, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, and	b
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$3,031,131. including grants of \$) (Rev		
	THE ORGANIZATION HAS PARTNERED TO MASTER PLAN AND DEVELO	<u> </u>	
	THE CITY OF ATLANTA, MANY CITIES AND COUNTIES IN METRO 2	ATLANTA AND TH	E
	STATE OF GEORGIA. THE ORGANIZATION HAS PLANNED TRAIL ST	YSTEMS FOR OUR	
	PARTNERS AND ASSISTED WITH IMPLEMENTATION OF TRAIL SEGM	ENTS.	
4b	(Code:) (Expenses \$5, 457, 050. including grants of \$) (Rev)
	THE ORGANIZATION HAS ENTERED INTO PUBLIC-PRIVATE PARTNER		IE
	CITY OF ATLANTA, MANY CITIES AND COUNTIES IN METRO ATLAN		
		1991, THE	
	ORGANIZATION HAS ASSISTED IN THE BUILDING OF OVER 310 M	ILES OF TRAILS	•
-			
4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue\$)
<u> </u>			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses8,488,181.		

Form	aan	(2022)
FUIII	990	(2022)

 Form 990 (2022)
 PATH FOUNDATION, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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
10	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
~	as applicable.			
d	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 23	
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	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			<u> </u>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			<u>-</u> -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			- v
00 -	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
о 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
<u>~ </u>	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x

Form 990 (2022)

Form 990 (2022)	PATH	FOUNDAT	lon,	T
Part IV	Checklist of	Required	Schedules	(continued	J)

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			
		24a		x
b	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
U		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?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 4 0		
254		25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	258		- 23
D	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	0.51		x
	Schedule L, Part I	25b		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			
27				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>			
28				
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X 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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	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 15			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

	m 990 (2022) PATH FOUNDATION, INC. 58-1949696				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
_			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5				
		01	v		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	x	
За ь	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b			
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" <i>to line 3b, provide an explanation on Schedule O</i>	30			
чa	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х	
h	If "Yes," enter the name of the foreign country	та			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6a		Х	
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		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		X	
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	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.	00			
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b			
10	Section 501(c)(7) organizations. Enter:	30			
а	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:				
а	Gross income from members or shareholders				
b	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			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
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				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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			v	
	excess parachute payment(s) during the year?	15		X	
16	If "Yes," see the instructions and file Form 4720, Schedule N.	46		Х	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			
17	It "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
17	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes." complete Form 6069.	17			

Form	990	(2022)
	000	

PATH FOUNDATION, INC.

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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, p	

Check if Schedule O contains a response or note to any line in this Part VI	
Check if Schedule O contains a response of 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	20			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2	х	
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
	6 Did the organization have members or stockholders?					
	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?					x
b	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 yea			1.0		
a	The governing body?		Ũ	8a	х	
h	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
9				9		x
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O					- 23
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
b		•		10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body		o filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Deloi				
				12a	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			120	л	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		10-	х	
40	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	~	
15	Did the process for determining compensation of the following persons include a review and approva	i by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	Х	
	The organization's CEO, Executive Director, or top management official			15a		
b	Other officers or key employees of the organization			15b	Х	
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		11			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen					v
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
<u> </u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <u>GA</u>	1.00-	- //			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-1 (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, an	d finano	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 boo	ks and	d records			
	<u>GRETA DEMAYO - 4048757284</u>					
	1601 W. PEACHTREE ST., ATLANTA, GA 30309					

Form 990	(2022)
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Part VII	Со	mpensation of Officers,	Directors,	Trustees,	Key Employees,	Highest Compen	sated
	Em	ployees, and Independe	ent Contra	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 (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	Irecto	r/trus [:]	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	-	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) GRETA DEMAYO	40.00				-		4			
EXECUTIVE DIRECTOR				x				369,088.	Ο.	0.
(2) PETE PELLEGRINI	40.00									
CONSTRUCTION MANAGER						Х		278,536.	0.	0.
(3) EDWIN E. MCBRAYER	20.00									
EXECUTIVE ADVISOR				Х				175,967.	0.	0.
(4) JONATHAN MCCAIG	40.00									
PLANNING & CONSTRUCTION						X		157,941.	0.	0.
(5) CHARLES SHUFELDT	2.00									
BOARD CHAIRMAN		Х		Х				0.	0.	0.
(6) ALEX TAYLOR	2.00									
BOARD MEMBER/VICE CHAIRMAN		Х		Х				0.	0.	0.
(7) JENNIFER DORIAN	2.00									
BOARD MEMBER/SECRETARY		Х		X				0.	0.	0.
(8) HARRY L. ANDERSON	2.00									
BOARD MEMBER/TREASURER		Х		Х				0.	0.	0.
(9) B. HARVEY HILL, JR.	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JAMIE HOCKIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) WILLIAM C. FOWLER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) CIANNAT HOWETT	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) SARAH K. KENNEDY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) JAMES C. KENNEDY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) SCOTT KITCHENS	2.00									
BOARD MEMBER		х						0.	0.	0.
(16) E. CODY LAIRD, JR.	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(17) STEPHEN LANIER	2.00									_
BOARD MEMBER		Х						0.	0.	0.

Form	990	(2022))
	000		

Part VII Section A. Officers, Direc	tors, Trustees, Key Emp	oloy	ees, a	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average	Average Position						Reportable	Reportable			mate	d
	hours per	box	, unless	sper	son i	s both	n an	compensation	compensatio		amo	ount o	of
	week	offic	cer and	a dii	recto	r/trus [.]	tee)	from	from related	ı	0	ther	
	(list any	ector						the	organizations		compe		
	hours for	or dir	e			ated		organization	(W-2/1099-MIS	;C/		m the	
	related	Istee	truste		æ	pensi		(W-2/1099-MISC/	1099-NEC)		orgar		
	organizations below	ual tru	ional		ploye	t com ee		1099-NEC)			and		
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	Zatio	JIS
(18) JOHN W SOMERHALDER II	2.00	-	<u> </u>	8	¥	포히	F						
BOARD MEMBER	2.00	х						0.		0.			0.
(19) C. AUSTIN STEPHENS	2.00							0.					••
BOARD MEMBER	2.00	х						0.		0.			0.
(20) RICHARD TYLER	2.00									~			<u> </u>
BOARD MEMBER	2.00	х						0.		0.			0.
(21) TREE MCGLOWN	2.00									~			<u> </u>
BOARD MEMBER	2.00	х						0.		0.			0.
(22) LYLE ROSS	2.00									~			<u> </u>
BOARD MEMBER	2.00	x						0.		0.			0.
(23) LAUREN WILSON	2.00									~			<u> </u>
BOARD MEMBER	2.00	х						0.		0.			0.
(24) STEPHANIE STEPHENS	2.00												
BOARD MEMBER		х						0.		0.			0.
1b Subtotal								981,532.		0.			0.
c Total from continuation sheets	to Part VII. Section A						•	0.		0.			0.
d Total (add lines 1b and 1c)								981,532.		0.			0.
2 Total number of individuals (inclu								-	000 of reportable				•••
compensation from the organizat	-	000	notod	ao	010	,	010						4
											١	/es	No
3 Did the organization list any form	ner officer, director, truste	e. k	ev en	nola	ove	e. or	hia	hest compensated empl	ovee on	ſ			
line 1a? If "Yes," complete Sched			•	-	-		-		-		3		Х
4 For any individual listed on line 1													
and related organizations greater											4	x	
5 Did any person listed on line 1a r										·····			
rendered to the organization? If	•				-		nace				5		Х
Section B. Independent Contractors		201	<u> </u>	шp	1013								
1 Complete this table for your five l	highest compensated ind	epe	ndent	t co	ontra	actor	rs th	nat received more than \$	100.000 of comp	ensat	ion fron	n	
the organization. Report compen	•	•							•				
	(A)			,				(B)			(C)		
Name and	business address	NC	ONE					Description of s	ervices	С	ompens		ו
												_	
2 Total number of independent cor	ntractors (including but no	ot lin	nited ⁻	to t	hos	e lis	ted	above) who received mo	ore than				

						TI	ON, INC.			58-1949	696 Pa	<u>ge</u> 9
Ра	rt V	/111										
			Check if Schedule O	conta	ins a respo	nse	or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -	der
t t	1	а	Federated campaigns		1a							
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b							
An O			Fundraising events					-				
ilar İlar			Related organizations					4				
Sins,			Government grants (contr					-				
her		T	All other contributions, gifts, similar amounts not included			2.	058,261.					
l Ot I Ot		g					00072020					
Cor		-	Total. Add lines 1a-1f					2,058,261.				
							Business Code					
e	2	а	TRAIL CONSULT	INC	J INCO	M	541300	7,266,402.	7,266,402.			
ervi		b										
n Sc		С										
Program Service Revenue		d										
Proj		e f	All other program service	rovor								
_			Total. Add lines 2a-2f					7,266,402.				
	3		Investment income (inclue									
								20,272.			20,27	2.
	4		Income from investment of	of tax-	exempt bo	nd p	roceeds					
	5		Royalties	· · · · · · · · · · · · · · · · · · ·								
					(i) Real		(ii) Personal	-				
	6	a ⊾	Gross rents	6a 6b				-				
			Less: rental expenses Rental income or (loss)	60 60				-				
			Net rental income or (loss				·····					
	7		Gross amount from sales of	Í	(i) Securit	ies	(ii) Other					
			assets other than inventory	7a				-				
		b	Less: cost or other basis									
venue			and sales expenses	7b				-				
Reve			Gain or (loss) Net gain or (loss)	7c								
er H	8		Gross income from fundraisi			<u> </u>						
Other	-		including \$	•	•							
			contributions reported on									
			Part IV, line 18			8a		4				
			Less: direct expenses			8b						
			Net income or (loss) from				I					
	9	а	Gross income from gamin Part IV, line 19			9a						
		b	Less: direct expenses			9b						
			Net income or (loss) from			s						
	10	а	Gross sales of inventory,	less r	eturns							
			and allowances			10a		-				
			Less: cost of goods sold			10b						
	-	С	Net income or (loss) from	sales	or invento	ry	Business Code					
sne	11	а					Submess Code					
scellaneo Revenue		b										
ella: evel		с										
Miscellaneous Revenue			All other revenue									
			Total. Add lines 11a-11d					0 244 025	7 066 400		0.0.05	10
	12		Total revenue. See instruction	ons				9,344,935.	11,200,402.	0.	20,27	2.

25

26

e All other expenses

Total functional expenses. Add lines 1 through 24e

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)

	n 990 (2022) PATH FOUNDAT rt IX Statement of Functional Expense			58-19	49696 Page 10
	ion 501(c)(3) and 501(c)(4) organizations must comp		r organizations must con	nplete column (A)	
0000	Check if Schedule O contains a respon				
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 191 661	995 10 <i>6</i>	200 160	
~	trustees, and key employees	1,184,664.	885,196.	299,468.	
6	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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		42 027	14 020	
9	Other employee benefits	58,667.	43,837.	14,830.	
10	Payroll taxes	56,944.	43,424.	13,520.	
11	Fees for services (nonemployees):	CC 014	420	201	CF 104
а	Management	66,014.	439.	381.	65,194.
b	Legal				
С	J				
d	, , , , , , , , , , , , , , , , , , , ,				
-	Professional fundraising services. See Part IV, line 17	10 602		10 602	
f	Investment management fees	18,683.		18,683.	
g		25 505			
	column (A), amount, list line 11g expenses on Sch 0.)	35,585.		<u>35,585.</u> 14,304.	
	Advertising and promotion	14,304.		28,797.	
13	Office expenses	28,797.		28,191.	
14	Information technology				
15	Royalties				
16		16 500	1 / 1 / 0	2 4 5 0	
17	Travel	16,590.	14,140.	2,450.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	8,319.		8,319.	
22	Depreciation, depletion, and amortization	134,822.	82,130.	52,692.	
23 24	Insurance Other expenses. Itemize expenses not covered	137,022.	02,130.	54,094.	
24	above. (List miscellaneous expenses no 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	7,382,054.	7,382,054.		
b	TECHNOLOGY	42,163.	, ,	42,163.	
c	TRAIL MAINTENANCE	36,961.	36,961.		
d	TELEPHONE	6,296.		6,296.	
		7 0 9 0		7 0 9 0	

7,080.

8,488,181.

9,097,943.

65,194.

7,080.

544,568.

TH	FOUNDATION,	INC.

Check if Schedule Q contains a response or note to any line in this Part X (A) Beginning of year (B) I Cach - non-interest-bearing I Cach - non-interest-bearing I Cach - non-interest-bearing I Cach - non-interest-bearing I Cach - non-interest-bearing I Cach - non-interest-bearing I Cach - non-interest-bearing I Cach - non-interest-bearing I Cach - non-interest-bearing I Cach - non-interest-bearing I Cach - non-interest-bearing I Cach - non-interest-bearing I Cach - non-interest-bearing Substant - non-interest-bearing <th c<="" th=""><th>Fai</th><th>· A</th><th>Dalarice Sheet</th><th></th><th></th><th></th><th></th><th></th></th>	<th>Fai</th> <th>· A</th> <th>Dalarice Sheet</th> <th></th> <th></th> <th></th> <th></th> <th></th>	Fai	· A	Dalarice Sheet					
Beginning of year End of year 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 5, 992, 779. 2 5, 115, 832. 3 Prodges and grants receivable, net 906, 418. 3 2, 745, 879. 4 Accounts receivable, net 906, 418. 3 2, 745, 879. 5 Loans and other receivables from any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivable, net 7 7 10a and section 4958()(1)), and persons described in section 8958()(3)(8) 6 6 10a and other receivable, net 7 7 10a and section 4958()(1), and persons described in section 4958()(3)(8) 6 6 10a and section 4958()(1), and persons described in section 4958()(3)(8) 8 9 10a 154, 7322. b b b sess commutated depreciation 10a 154, 732. 10a 154, 732. 10a 144, 100. 16, 6, 830.			Check if Schedule O contains a response or note	e to any lir	ne in this Part X				
1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 5,992,779,2 2,5,115,832. 3 Projects and grants receivable, net 906,418.3 2,745,879. 4 Accounts receivable, net 906,418.3 2,745,879. 4 Accounts receivables from drup of uney ourrent or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (sc defined under section 49580(1%), and persons described in section 49580(23(8)) 6 7 Notes and Cash receivable, net 7 8 9 Prepaid expenses and deterred obrages 54,356.9 34,914. 10a 154,732. 8 54,356.9 34,914. 11 Investments - other secretistics. Cont other tasks. Complete Part V of Schedule D 103,7,902.2 21,600.10c 16,830.1 11 Investments - other secretistics. See Part IV, line 11 20,659.11 8 7,941,143.1 16 16 Total assets. Add lines 1 through 15 finust equal line 33) 7,941,143.1 16 8,740,5556. 17 Account payable and acrucund expenses 991,753.11						(A) Beginning of year		(B) End of year	
generation 5.992,779.2 2.5.115,832. 3 Pledges and grants receivable, net 906,418.3 2.745,879.4 4 Accounts receivable, net 906,418.3 2.745,879.4 5 Loans and other receivables from more disquilied persons (as defined 4 6 Loans and other receivables from other disquilied persons (as defined 5 6 Loans and other receivables from other disquilied persons (as defined 6 01 and other receivable from other disquilied persons (as defined 6 02 and other receivable, fret 7 7 Notes and loans receivable, fret 7 10 and ther receivable, fret 15 11 Investimetant progenerizatit		1	Cash - non-interest-bearing				1	-	
generation 906,418. 3 2,745,879. 4 Accounts receivable, net 4 4 5 Lans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of raming member of any of these persons 5 6 Lans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(8) 6 7 Notes and loans receivable, net 7 9 Preparit expenses and deferred charges 54,356. 9 34,914. 10a 154,732. 8 7 8 7 10a 154,732. 9 16,830. 16,830. 16,830. 11 Investments - other societies. See Part IV, line 11 20,655. 12 10a 154,732. 16 16,830. 12 Investments - other societies. See Part IV, line 11 20,655. 12 11 16,62,764. 14 16 26,764. 16 27,255. 10,0000. 21 22 22 22 22 22 22 22 22 22 <			•			5,992,779.		5,115,832.	
generation 4 5 Loans and other receivables from any current or former officer, director, trustese, key amployee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958)((1)), and persons described in section 4958(c)(3)(6) 7 7 Notes and loans receivable, net 7 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 154, 732. 10b Liss, accumulated depreciation 10a 154, 732. 11 Investments- publicly traded securities 945, 331. 18 27, 101. 12 Investments- publicly traded securities 945, 331. 18 27, 101. 13 Investments- publicly traded securities 941, 732. 14 14 Intargible assets 11 120, 6559. 12 15 10a 156. 14 16 16 Totatis assets. Adv II (must equal line 33) 7, 941, 143. 16 8, 740, 556. 17 Accounts payable and accrued expenses 991, 753. 17 1, 662, 764.								2,745,879.	
S Loars and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons S 6 Loars and other receivables from other disqualified persons (as defined under section 458(r)(3)(B) 6 7 Notes and loans receivable, net 8 9 Prepaid expenses and deferred charges 54,356.9 34,914. 10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 100 137,902. 21,600. 16,830. 11 Investments - publicly traded securities. 945,331.11 827,101. 18 12 Investments - program-related. See Part IV, line 11 13 14 14 13 Investments - program-related. See Part IV, line 11 13 16 8,740,556. 17 Accounts payable and accrued expenses 991,753.17 1,662,764. 18 18 Defered revenue 37,255.19 10,000. 20 21 Lears and other payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or fany mether ding artiles 20 <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>, <u>, , , , , , , , , , , , , , , , , , </u></th></t<>								, <u>, , , , , , , , , , , , , , , , , , </u>	
Tuste, key emptoye, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Lass and other receivables from other disqualified persons (as defined under section 4958(ft)(1), and persons described in section 4958(fc)(3)(B) 6 7 Notes and loans receivable, net 8 9 Prepaid expenses and deferred charges 54, 356. 9 34, 914. 10a Land, buildings, and equipment cost or other basis. Complete Part V of Schedule D 10a 154, 732. 11 Investments - publicly traded securities 2 9 445, 331. 11 827, 101. 12 Investments - organizations that of the depreciation 10a 17 Notes the securities. See Part IV, line 11 10a 13 13 Investments - organizations that of the depreciation 10a 14 10a 10a 10a 10a 14 10a 10a 10a 10a									
get controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualiled persons (as Gefined under section 4586(C)3(B) 7 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 54,356. 9 10a Land, buildings, and equipment: cost or other 10a 154,732. 10b 137,902. 21,600. 106,830. 11 Investments - conscurities, See Part IV, line 11 20,659. 12 12 Investments - conscurities, See Part IV, line 11 13 14 13 Investments - conscurities, See Part IV, line 11 14 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 7,941,143. 16 8,740,556. 17 Accounts payable and accrued expenses 991,753. 17 1,662,764. 19 Deferred revenue 37,253. 19 10,000. 24 Escrow or custocial account labilities. 22 23 22 Loans an		-							
Set Use Set Set Set Set Set Set Set Set Set Se							5		
gggg under section 4958(r)(1), and persons described in section 4958(r)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 7 9 Prepaid expenses and deferred charges 54,356. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10a 154,732. 11 Investments - publicly traded securities 945,331. 11 827,101. 12 Investments - program-related. See Part IV, line 11 20,659. 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intragible assets 144 15 16 Total sassets. Add lines 1 through 15 (must equal line 33) 7,941,143. 16 8,740,556. 17 Accounts payables and accrued expenses 991,753. 17 1,662,764. 19 Deferred revenue 37,253. 19 10,000. 21 Escrow or custodial account of pay of these persons 22 22 22 Escrow or custodial account of formor officer, director, trustee, key employce, creat		6							
generation 7 Notes and loans receivable, net 7 9 Prepaid expenses and deferred charges 54,356. 9 34,914. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 154,732. 10b 127,902. 21,600. 10c 16,830. 11 Investments - publicly traded securities 945,331. 11 827,101. 13 12 Investments - publicly traded securities 945,331. 11 827,101. 13 13 Investments - publicly traded securities 945,331. 11 827,101. 13 14 Intragible assets 14 14 14 14 15 Other assets. See Part IV, line 11 15 15 17 Accounts payable and accrued expenses 991,753. 17 1,662,764. 16 Total assets. Add lines 1 through 15 (must equal line 33) 7,941,143. 16 8,740,556. 17 Accounts payable and accrued expenses 991,753. 17 1,662,764. 18 Grants payable tonany othese payable ton t							6		
B Inventories for sale or use 8 9 Prepaid expenses and defered charges 54,356.9 34,914. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 154,732. b Less: accumutated depreciation 10b 137,902. 21,600. 10c 16,830. 11 Investments - publicly traded securities 945,331. 11 827,101. 12 Investments - program-related. See Part IV, line 11 13 11 11 11 16 7,941,143. 16 8,740,556. 17 Accounts payable and accrued expenses 991,753. 17 1,662,764. 18 18 Deferred revenue 37,253. 19 10,000. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 23 20 22 Leans and other payable to unrelated third parties 23 24 23 24 23 Secured motes and loans payable to unrelated third parties 23 24 24 24 24	s	7			Г		7		
3 Freque expenses and operative trajes 0	set	8					8		
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Form 990 (2022)		33	Total liabilities and net assets/fund balances			7,941,143.	33	8,740,556.	

8,740,556. Form **990** (2022)

PA Form 990 (2022) Part X Balance Sheet

Form	990	(2022
101111	330	

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Form	990 (2022) PATH FOUNDATION, INC.	58-194	9696	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,344		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,097		
3	Revenue less expenses. Subtract line 2 from line 1	3	246		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,912		
5	Net unrealized gains (losses) on investments	5	-91	.,33	<u>37.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,067	' , 79	92.
Pa	rt XII Financial Statements and Reporting				
	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 Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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

4947(a)(1) nonexempt	charita	ble	trust
Attach to Form 990 o	r Form	990)-EZ.

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

2022
Open to Public Inspection

OMB No. 1545-0047

Nan	ne of	f tr	ne organization						Employer	identification number	٢
				FOUNDATIO						8-1949696	
Pa	rt I		Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The	oraa	niz	zation is not a private found	ation because it is: (F	For lines 1 through 12. c	heck only o	one box.)				
1		-	A church, convention of ch					()(A)(i).			
2		-	A school described in secti								
-		-					/L\/4\/A\/;;				
3		-	A hospital or a cooperative						() Easter	the been it all a memory	
4		_	A medical research organize	ation operated in cor	njunction with a nospital	described	in sectio	n 170(b)(1)(A)	(III). Enter	the hospital's name,	
		-	city, and state:								
5] .	An organization operated for		lege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in	
		_	section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6]	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X]	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	public described in	
	section 170(b)(1)(A)(vi). (Complete Part II.)										
8											
9		-	An agricultural research org				ed in conii	inction with a	land-grant	college	
·	L		or university or a non-land-g								
			university:	grant concept of agrice			lame, ony		the conege		
40		-	-	II		aut 6					_
10			An organization that norma						-	•	
			activities related to its exem							-	
			income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.	
		-	See section 509(a)(2). (Cor								
11		. L	An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).			
12] .	An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	ne functio	ns of, or to ca	rry out the	purposes of one or	
			more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	5 09(a)(2) .	See section &	5 09(a)(3). (Check the box on	
			lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.		
а] Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving	
			the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	pporting	
			organization. You must o								
b			Type II. A supporting org	-		ion with its	s supporte	ed organizatio	h(s), by hav	rina	
~			control or management o	-				-		-	
			organization(s). You mus								
	Г		1			in connoct	ion with a	and functional	lu into avoto	d with	
С			Type III functionally inte						ly integrate	a with,	
_			its supported organization	.,.,	•		-				
d			Type III non-functionally						-		
			that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	quirement and	an attentiv	veness	
	_		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .			
е			Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III		
			functionally integrated, or	Type III non-functior	nally integrated supportin	ng organiza	ation.				
f	En	iter	r the number of supported o	organizations							
g	Pr	ovi	ide the following informatior	about the supporte	d organization(s).						
		(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	-	(vi) Amount of other	
			organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	1
Tota	al										_

<u>.</u>				-		E0 10/	0606
Sche Pa			ATION, INC		(1)(1)(A)(iy) and		9696 Page 2
ı a	(Complete only if you checked	-		•			•
	fails to qualify under the tests				r lailed to quality d		organization
Sec	tion A. Public Support	nerea sereni, prea		,			
	idar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and		(6) 2010	(0) 2020	(4) 2021		
	membership fees received. (Do not						
	include any "unusual grants.")	9372777.	16655318.	5878570.	6848566.	2091581.	40846812.
	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	9372777.	16655318.	5878570.	6848566.	2091581.	40846812.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						40846812.
	tion B. Total Support	[1		r	1	T
	idar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	9372777.	16655318.	5878570.	6848566.	2091581.	40846812.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	41,379.	44,034.	18,806.	16,074.	17 200	137,615.
	and income from similar sources	41,379.	44,034.	10,000.	10,074.	17,322.	137,015.
-	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	100.					100.
11	Total support. Add lines 7 through 10						40984527.
	Gross receipts from related activities,	etc. (see instruction	ns)			12 11	,930,560.
	First 5 years. If the Form 990 is for th						
	organization, check this box and stor						
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I			olumn (f))		14	99.66 %
	Public support percentage from 2021					15	99.61 %
	33 1/3% support test - 2022. If the c					ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			

17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization _....L b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

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Part	Sup	po

Schedule A (Form 990) 2022

PATH FOUNDATION, INC.

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.) ation

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (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-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support		[
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•					·
80	check this box and stop here	o Support Do	aantaaa				
	•			(f)		45	0/
	Public support percentage for 2022 (I			.,,		15 16	<u> </u>
<u>16</u> Ser	Public support percentage from 2021 ction D. Computation of Invest						%
	•			no 12 oolumn (f))		17	04
	Investment income percentage for 20					17	<u> </u>
18	Investment income percentage from 33 1/3% support tests - 2022. If the			on line 1/ and line			
195							
L	more than 33 1/3%, check this box ar						
Ľ	33 1/3% support tests - 2021. If the						
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in did hot check a	DUX UN III 10 14, 198	a, ur i su, check th	IS DUX AND SEE INST		····· ·

PATH FOUNDATION, INC.

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Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

Part IV	Supportin	g Organizatio	1S (conti	nued
Schedule A	(Form 990) 20	22 PA	тн го	UND

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No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization for the supported organization of the support of the organization of the</i>			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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,

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

supervise	a. or controlled	Ine supporting	i organization.
Section C. T	ype II Supp	orting Org	anizations

Yes 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

Section D	. All Type III	Supporting	Organizations

		Yes	s 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 on line 2, above, 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	

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No

	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	on 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		
Sect	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

	(Form 990)	
Part V	Type III	Non-Fur

1

PATH FOUNDATION, INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

_	dule A (Form 990) 2022 PATH FOUNDATIO	ON, INC.		58	<u>3-1949696 ра</u>
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	<u>ied)</u>	
	ion D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount	Γ		10	
ect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	is	(iii) Distributable Amount for 202
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	than zero, <i>explain in</i> Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	PATH FOUNDATI	ON, INC.	58-1949	9696 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	nation. Provide the expla 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, ines 2 and 3; Part IV, Sectio	nations required by Part II, 9b, 9c, 11a, 11b, and 11c; n E, lines 1c, 2a, 2b, 3a, ar	line 10; Part II, line 17a or 17b; Part III, lin Part IV, Section B, lines 1 and 2; Part IV, d 3b; Part V, line 1; Part V, Section B, lin te this part for any additional information.	ne 12; Section C, e 1e; Part V,

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Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

58-1949696

Department of the	Treasury
Internal Revenue Se	ervice

(Form 990)

Schedule B

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 not 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), 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.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

Name of organization

Page **2** Employer identification number

58-1949696

PATH FOUNDATION, INC.

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1		\$ <u>1,000,000.</u>	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		\$ <u>300,000.</u>	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				
3		\$50,000.	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				
4		- \$\$50,000.	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				
5		- \$\$50,000.	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				
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization

Page 3

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 Pal	rt il il 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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Schedule B (Form 990) (2

Name of o	organization	Employer identification number					
PATH 1	FOUNDATION, INC.			58-1949696			
Part III		through (e) and the following line haritable, etc., contributions of \$1,000	entry For organizations) that total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
		(e) Transfer of	gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of	transferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Do	escription of how gift is held			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	ITAIISIETEE S Haine, auuress, ai	<u></u>					
()))							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Do	escription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of	transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
	(e) Transfer of gift						
·	Transferee's name, address, ar	nd ZIP + 4	Relationship of	transferor to transferee			

		0	- L Financial Otatana anta			MB No. 154	15-00/7	
	HEDULE D		al Financial Statements					
(Forr	n 990)		nization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					
	ment of the Treasury	A	Attach to Form 990.		Open to Public Inspection			
-	I Revenue Service e of the organization		0 for instructions and the latest information.	Em	ployer ide			
Nam	e of the organization	PATH FOUNDATION, I	NC.	,		19496		
Pa	rt I Organiza		d Funds or Other Similar Funds or A	cour	nts. Com	plete if the	Э	
	organizatio	n answered "Yes" on Form 990, Part IV, lir	ne 6.					
				(b) Fur	nds and oth	ner accour	nts	
1		nd of year						
2		f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5	5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?							
~					∟	Yes	└── No	
6	•		dvisors in writing that grant funds can be used c or donor advisor, or for any other purpose confer					
	impermissible priva		in donor advisor, or for any other purpose comen	•		Yes	No	
Pa			ganization answered "Yes" on Form 990, Part IV	line 7.	·····			
1		servation easements held by the organizati						
-		n of land for public use (for example, recrea		orically	important	land area		
		of natural habitat	Preservation of a cert	-	-			
	Preservation	n of open space						
2		• •	fied conservation contribution in the form of a co	nserva	tion easen	nent on the	e last	
	day of the tax year	r.			Held at th	e End of the	Tax Year	
а	Total number of co	onservation easements		2a				
b				2b				
с	Number of conserv	vation easements on a certified historic str	ucture included in (a)	2c				
d		vation easements included in (c) acquired a						
	historic structure li	isted in the National Register		2d				
3	Number of conserv	vation easements modified, transferred, re	leased, extinguished, or terminated by the organ	ization	during the	tax		
	year							
4		where property subject to conservation eas						
5	-	tion have a written policy regarding the per				Vee		
6	,	forcement of the conservation easements in the bours devoted to monitoring inspecting	holds? handling of violations, and enforcing conservation			Yes	No No	
6	Stall and voluntee	a nours devoted to morntoning, inspecting,	rianding of violations, and emorcing conservation	n ease		ing the ye	ar	
7	Amount of expens		lling of violations, and enforcing conservation ea	semen	ts durina tl	ne vear		
•	Amount of expens			oomon	to during t	ie year		
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(B)	(i)				
				.,		Yes	No No	
9			on easements in its revenue and expense statem					
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements th	at desc	cribes the			
		ounting for conservation easements.						
Pa		•	f Art, Historical Treasures, or Other S	imila	r Assets	.		
	Complete if	f the organization answered "Yes" on Form	1 990, Part IV, line 8.					
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bal	ance sl	heet works			
		· · ·	olic exhibition, education, or research in furthera	nce of I	public			
_	· •		ncial statements that describes these items.					
b								
		· · · · · · · · · · · ·	e exhibition, education, or research in furtherance	e of pul	blic service) ,		
	•	ing amounts relating to these items:			¢			
					ф			
•	. ,		agurage or other similar aposts for financial asin		Ф			
2	•		asures, or other similar assets for financial gain,	provide	÷			
~	•	unts required to be reported under FASB A	0		¢			
d h	Assets included in				\$			
L L					U			

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Sche		JNDATION,						58-19			.ge 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, or	Other	Simila	r Assets	(continu	ued)	
3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the	following that	make sig	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			change progra						
b	Scholarly research	e	• 🗌 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how the	ey further tl	ne organizatio	n's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	-				-		
D -	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	on answered "	Yes" on I	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Parl										
1a	Is the organization an agent, trustee, custodia		•						٦.,		
	on Form 990, Part X?							L	Yes		No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:								Amount		
									Amount		
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
T Oo	Ending balance Did the organization include an amount on Fo								Yes		Ne
	If "Yes," explain the arrangement in Part XIII.							L			No
Par											
		(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears h	back
10	Beginning of year balance	(, content year	() -	iiei jeui	(0)	o suon ((,	ouro puon	(0) ! 001	,	
h	Contributions										
c c	Net investment earnings, gains, and losses										
d d	Grants or scholarships										
e	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1a	. column (a)) held as:						
а	Board designated or quasi-endowment		%	, in the second s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
b	Permanent endowment	%									
с	Term endowment 9	6									
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	lld equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organiza	ation that	t are held a	nd administer	ed for the	e		_		
	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 organizat	ions listed as requir	red on Sc	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990	D, Part IV,	, line 11a. S	See Form 990,	Part X, I	ine 10.				
	Description of property	(a) Cost or c basis (investr		.,	t or other (other)	• •	cumulate	ed	(d) Book	value)
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			15	54,732.	1	.37,9	02.	16	,83	80.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must ec	ual Form 990, Part	<u>X, colum</u>	n (B), line 1	0c.)					,83	
								Cabadula	D (E	0001	~~~~

Schedule D (Form 990) 2022

Part VII	Investments -	Other Sec	urities	
Schedule D	(Form 990) 2022	PATH	FOUNDATION,	INC

a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" of	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 er	d-of-vear market value
	(2) 2001 1000		
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a)	Description		5.
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) part X Other Liabilities.	Description		
(9) (al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) (art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line (art X Other Liabilities. Complete if the organization answered "Yes" (a)	Description		5.
(9) (al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) (art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line (art X Other Liabilities. Complete if the organization answered "Yes" (a) (a) Description of liability	Description		5.
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		5.
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) (a) Description of liability (1) Federal income taxes (2)	Description		5.
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) (a) Description of liability (1) Federal income taxes (2) (3)	Description		5.
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		5.
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Part X Other Liabilities. Complete if the organization answered "Yes" (a) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		5.
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		5.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

Sche	dule D (Form 990) 2022 PATH FOUNDATION, INC.			58-3	1949696 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per Re		
	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	9,253,598.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-91,337.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-91,337.
3	Subtract line 2e from line 1			3	9,344,935.
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 4a and 4b		4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,344,935.		
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per l	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	9,097,943.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2 c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	9,097,943.
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	9,097,943.
Pa	t XIII Supplemental Information.				

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 XI, 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:

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.

PART X, LINE 2:

THE ORGANIZATION ONLY RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX

POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IF THE TAX POSITION

IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON AN EXAMINATION, BASED ON THE

TECHNICAL MERITS OF THE POSITION. MANAGEMENT HAS ANALYZED TAX POSITIONS

TAKEN FOR FILINGS WITH THE INTERNAL REVENUE SERVICE AND ALL STATE

Schedule D ((Form 990) 202	2	PATI	H FOUN	DATION,	INC.				5	58-194	9696	Page 5
Part XIII	Supplemen	ntal Infori	mation	(continued	d)								
JURISD	ICTIONS	WHERE	THE	ORGAN	IZATION	OPER	ATES.	MANA	GEMENT	BELI	EVES	THAT	
INCOME	TAX FII	ING PC	SITI	ONS W	OULD BE	SUST	AINED	UPON	EXAMI	NATIC	ON AND	DOES	
NOT AN	FICIPATE	THAT	ANY	ADJUS	FMENTS	WOULD	RESUL	JT IN	А МАТ	ERIAI	ADVE	RSE	
EFFECT	ON THE	ORGANI	ZATI	ONS F	INANCIA	L CON	DITION	I, RE	SULTS	OF OI	PERATI	ONS O	R
CASH FI	LOWS. AC	CORDIN	IGLY,	THE (ORGANIZ.	ATION	HAS N	IOT R	ECORDE	D ANY	RESE	RVES,	
OR RELA	ATED ACC	RUALS	FOR	INTERI	EST AND	PENA	TIES	FOR	UNCERT	AIN 1	INCOME	TAX	
POSITI	ONS AT M	IARCH 3	31, 2	023.									

CHEDULE J	Compensation Information	1	OMB No. 154	5-0047		
Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		202))		
Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			2022			
epartment of the Treasury	Attach to Form 990.		Open to F			
ternal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	<u> </u>	Inspect			
lame of the organizatio		Employer id		number		
Part I Question	PATH FOUNDATION, INC. s Regarding Compensation	28-12	949696			
	s Regarding Compensation					
		200	Y	<u>es No</u>		
	ate box(es) if the organization provided any of the following to or for a person listed on Form s	990,				
	line 1a. Complete Part III to provide any relevant information regarding these items.					
First-class or o						
Travel for com	panions Payments for business use of personal res cation and gross-up payments I Health or social club dues or initiation fees					
	spending account Personal services (such as maid, chauffeu	r, chei)				
•	on line 1a are checked, did the organization follow a written policy regarding payment or		46			
	provision of all of the expenses described above? If "No," complete Part III to explain		1b			
•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
) Indianta udaiala ifa						
	ny, of the following the organization used to establish the compensation of the organization's					
	ector. Check all that apply. Do not check any boxes for methods used by a related organization	n to				
· · · ·	ation of the CEO/Executive Director, but explain in Part III.					
X Compensation						
	compensation consultant					
Form 990 of c	ther organizations [X] Approval by the board or compensation co	ommittee				
	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
organization or a re	•			37		
	e payment or change-of-control payment?			<u>X</u>		
	eive payment from a supplemental nonqualified retirement plan?			<u>X</u>		
	eive payment from an equity-based compensation arrangement?		4c	<u> </u>		
If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	า				
contingent on the r						
				X		
b Any related organiz			. <u>5</u> b	X		
	or 5b, describe in Part III.					
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	า				
contingent on the r	•					
b Any related organiz			6b	X		
	or 6b, describe in Part III.					
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	nes 5 and 6? If "Yes," describe in Part III		. 7	X		
B Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	e				
initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8	X		
9 If "Yes" on line 8, c	id the organization also follow the rebuttable presumption procedure described in					
	n 53.4958-6(c)?		9	1		

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-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GRETA DEMAYO	(i)	256,250.	112,838.	0.	0.	0.	369,088.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PETE PELLEGRINI	(i)	215,833.	62,703.	0.	0.	0.	278,536.	0.
CONSTRUCTION MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EDWIN E. MCBRAYER	(i)	150,000.	25,967.	0.	0.	0.	175,967.	0.
EXECUTIVE ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JONATHAN MCCAIG	(i)	148,526.	9,415.	0.	0.	0.	157,941.	0.
PLANNING & CONSTRUCTION	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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) 2022

SCHEDULE O (Form 990) 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



PATH FOUNDATION, INC.

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE STATE OF GEORGIA.

FORM 990, PART I,

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

SARAH KENNEDY AND JAMES KENNEDY ARE MARRIED.

STEPHANIE STEPHENS AND C. AUSTIN STEPHENS 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.

PART X, LINE 32

PATH'S CAPITAL CAMPAIGNS FUND MULTIPLE YEARS OF TRAIL DESIGN AND

CONSTRUCTION. NON-PROFIT ACCOUNTING RECORDS THE TOTAL REVENUES FROM THE

Schedule O (Form 990) 2022	Page 2
Name of the organization PATH FOUNDATION, INC.	Employer identification number 58-1949696
CAMPAIGN DURING THE YEAR FUNDS ARE RECEIVED. HOWEVER, THE	EXPENSES ARE
RECORDED IN THE YEAR OF THE ACTUAL EXPENSES. AS A RESULT,	THE FORM 990
WILL PRESENT A SIGNIFICANT PROFIT IN YEARS CAMPAIGN FUNDS	ARE COLLECTED
AND THEN LATER LOSSES IN THE YEARS CAMPAIGN FUNDED TRAIL E	XPENSES ARE
INCURRED.	
FORM 990, PART XII, LINE 2 C	
BOARD REVIEWS THE AUDIT.	