			** PUBLIC DISCLOSURE COPY *		-	OMB No. 1545-0047
For	_ Q	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (4)			
FUI		50	Do not enter social security numbers on this form as it ma		-	
Depa Interr	rtment	of the Treasury enue Service	 Go to www.irs.gov/Form990 for instructions and the late 			Open to Public Inspection
				JUN 30		
B c	heck if	C Name of	organization	D Emp	loyer identificat	tion number
	Addr	ess DATH	WAY CARING FOR CHILDREN			
	_chan Name chan	e	usiness as	22	8-7244648	3
	Initia				hone number	
	 Final returr	1895	DRESSLER ROAD NW A			-0083
	termi ated	n-	own, state or province, country, and ZIP or foreign postal code	G Gross	receipts \$	6,127,658.
	Amer		ON, OH 44718	H(a) Is t	his a group retu	rn
	Appli tion		nd address of principal officer: WENDY TRACY	for	subordinates?	Yes X No
	pend	SAME .	AS C ABOVE		all subordinates inclu	ded? Yes No
		empt status:				t. See instructions
			PATHWAYCFC.ORG		pup exemption r	
	orm o art l	of organization: [Summary	X Corporation Trust Association Other ► L Y	'ear of formatio	n: 19/3 MS	State of legal domicile: OH
	1	-	e the organization's mission or most significant activities: WE EMPOW		DDEN AND	EAMTLTEC
8	1		IZE THE POSSIBILITIES OF THEIR LIVES			/ FAMILIES
Jan	2		x ► if the organization discontinued its operations or disposed of m	ore than 25%	of its not assot	
Governance	3		ing members of the governing body (Part VI, line 1a)		1.1	23
ŝ	4		ependent voting members of the governing body (Part VI, line 1b)			23
ა ა	5		of individuals employed in calendar year 2021 (Part V, line 2a)			102
/itie	6		of volunteers (estimate if necessary)			98
Activities &	7 a	Total unrelated	d business revenue from Part VIII, column (C), line 12		_	0.
<u>م</u>	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior		Current Year
ē	8		and grants (Part VIII, line 1h)		53,545.	1,113,789.
ent	9	U U	ce revenue (Part VIII, line 2g)	5,35	<u>96,597.</u>	4,844,739.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	1 7	<u>1,735.</u> 74,093.	<u> </u>
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		35,970.	6,051,893.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)	/,43	0.	0,051,095.
	13 14		to or for members (Part IX, column (A), line 4)		0.	0.
	40	-	compensation, employee benefits (Part IX, column (A), line 4)	3.29	8,324.	3,472,784.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
ben	b		ng expenses (Part IX, column (D), line 25) 272, 121.			
ы	17		es (Part IX, column (A), lines 11a 11d, 11f-24e)	3,03	38,673.	2,412,688.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,33	36,997.	5,885,472.
	19	Revenue less	expenses. Subtract line 18 from line 12	1,09	973.	166,421.
OL SEC				Beginning of		End of Year
sets	20	Total assets (F	Part X, line 16)		5,860.	2,524,429.
Net Assets or	21		(Part X, line 26)		54,313.	401,895.
_		Net assets or	fund balances. Subtract line 21 from line 20	1,99	91,547.	2,122,534.
	art II	•		iomonte conti	the best of much	outodoo and half-filt-
			declare that I have examined this return, including accompanying schedules and stat		-	iowieage and belief, it is
true	corre	ci, and complete.	Declaration of preparer (other than officer) is based on all information of which prepa	arer nas any kn	owieage.	

Sign	Signature of officer	Date	
Here	WENDY TRACY, EXECUTIVE	DIRECTOR	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	JENNIFER COLEMAN	JENNIFER COLEMAN	03/29/23 self-employed P00743188
Preparer	Firm's name 🕒 CLIFTONLARSONALL	EN LLP	Firm's EIN ▶ 41-0746749
Use Only	Firm's address 🖕 4334 MUNSON STRE	ET, SUITE 200	
	CANTON, OH 44718		Phone no. (330) 497-2000
May the II	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

	990 (2021) PATHWAY CARING FOR CHILDREN	23-7244648	Page
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
	Briefly describe the organization's mission: OUR MISSION IS TO HELP CHILDREN AND FAMILIES REALIZE THE		БG
			60
	OF THEIR LIVES THROUGH FOSTER CARE, ADOPTION, AND MENTAL		
	SERVE OVER 1300 CHILDREN AND FAMILIES IN 14 NORTHEAST OF	TO COUNTIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNC
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XN
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	• •	nd
	revenue, if any, for each program service reported.	,	
	(Code:) (Expenses \$ 2,147,600. including grants of \$) (Reve	nue\$ 2,332,	633.
	"PATHWAY CARING FOR CHILDREN'S HIGHLY TRAINED AND COMMIT		
	RECRUIT, TRAIN, AND SUPPORT FAMILY AND TREATMENT FOSTER		
	STARK, CUYAHOGA, SUMMIT, CARROLL, COLUMBIANA, MEDINA, PO		
		LY RECEIVE O	VER
	100 REFERRALS A MONTH FOR CHILDREN WHO NEED PLACED IN A		
	TO ABUSE, NEGLECT, BECAUSE OF FAMILY DISRUPTION, AND/OR		
	EMOTIONAL AND BEHAVIORAL PROBLEMS. DUE TO THE ADDICTION		
	ARE RECEIVING REFERRALS FOR INFANTS, OFTEN BORN INTO CAP		
	SIBLING GROUPS. OUR DEVOTED STAFF CAREFULLY MATCH CHILI		
			<u>רי</u> ש
	WITH FAMILIES WHO WILL CARE FOR AND SUPPORT THEM FOR AS		
	WE PLACED A TOTAL OF 59 CHILDREN IN THE LAST FISCAL YEAR		
	TOTAL OF 150 CHILDREN IN OUR FOSTER NETWORK. RESPITE FOS		
4b	(Code:) (Expenses \$ 2,162,365. including grants of \$) (Reve		
	PATHWAY CARING FOR CHILDREN'S MENTAL HEALTH SERVICES ARE		
	OUR SKILLED AND DEDICATED TRAUMA COMPETENT THERAPISTS AN		
	MANAGERS. SERVICES ARE AVAILABLE THROUGHOUT NE OHIO WITH		
		DE FAMILY	
	CENTERED AND STRENGTHS-BASED TREATMENT FOCUSED ON BUILDI		
	FACTORS AND HEALTHY RELATIONSHIPS. PATHWAY OFFERS INDIVI		
	AND GROUP THERAPY AS WELL AS CASE MANAGEMENT IN OUTPATIE	•	ND
	COMMUNITY SETTINGS TO ADDRESS EMOTIONAL AND MENTAL HEALT		
	PATHWAY EMPLOYS VARIOUS EVIDENCED BASED TREATMENT MODALI		
	TBRI, TF-CBT, DBT, EMDR, CBT-SP, ETC., WHILE MAINTAINING		
	SOCIO-CULTURAL VALUES, PERSONAL GOALS, LIFESTYLE CHOICES		X
	FAMILY INTERACTIONS. PATHWAY PROMOTES THE FREEDOM OF CHO		
	(Code:) (Expenses \$359,365. including grants of \$) (Reve		369.
	PATHWAY CARING FOR CHILDREN STAFF AND LIAISONS PROVIDE S		
	AVAILABLE THROUGH BRIDGES, A POST-EMANCIPATION SUPPORT F		10
	THAT EXTENDS HOUSING AND OTHER SUPPORTIVE SERVICES TO FO		
	YOUTH. THESE YOUNG ADULTS ARE ELIGIBLE TO APPLY AND PART		HE
	AGE OF 18, UNTIL THEY REACH THE AGE OF 21. OUR GOAL IS 7		
	SUPPORT AND SUSTAINABLE INDEPENDENCE TO THESE YOUNG MEN	AND WOMEN.	
4d	Other program services (Describe on Schedule O.)	00 1 60	
	(Expenses \$ 166,001. including grants of \$) (Revenue \$	82,163.)	
	Total program service expenses 4,835,331.		
4e		C	
	12-09-21 SEE SCHEDULE O FOR CONTINUATION (90 (202

990 (2021)
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Form 990 (2021) PATHWAY CARING FOR CHILDREN
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	X	
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		_X_
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_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
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?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	x	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u>_</u>	
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,			
2	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	x	
h	Part VI	11a		
D.		11b		х
c	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> 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		х
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	1.10		
	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	x	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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			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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to 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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
Ŭ	"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		Х
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		Х
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 31			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		
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Form	990 (2021) PATHWAY CARING FOR CHILDREN	23-7244	648	Р	_{age} 5
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	102			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	(FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiz				
	any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gi				
	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 prov	vided to the payor?	7a		X
			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require				
	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
	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 11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	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			14a		X
	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				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		1
	If "Yes," complete Form 6069.				
132005	<u>6</u>	·	Form	990	(2021)

Form	990	(2021)
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PATHWAY CARING FOR CHILDREN

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

Section A. Governing Body and Management

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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, processes, or changes on Schedule O. See instructions.

iu	Enter the number of voting members of the governing body at the end of the tax year	1a	23			
	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	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
2	affinant disease and the second s			2	х	
3	Did the organization delegate control over management duties customarily performed by or under the			<u> </u>	23	
3				3		x
				4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's asso					X
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			_		
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders,	or			
_	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		37	
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue Code	<u>.)</u>			
					Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affili	ates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filin	g the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es." descrik	be			
	on Schedule O how this was done	,		12c	Х	
3	Did the organization have a written whistleblower policy?			13	Х	
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, ,				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a				
6a	- a sie eigen Later in voor in oonstaate access to, or participate in a joint vontare or oinfiliar arrangen	a		16a		x
6a						
	taxable entity during the year?					
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its particij				
	taxable entity during the year? 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	e its particij zation's	oation			
b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi exempt status with respect to such arrangements?	e its particij zation's	oation	16b		
b eC	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi exempt status with respect to such arrangements? tion C. Disclosure	e its particij zation's	oation			
b ec 7	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi- exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>OH</u>	e its particiļ zation's	pation	16b	availat	
b ec 7	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi- exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>OH</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	e its particiļ zation's	pation	16b	availal	ble
b ec 7	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi- exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply.	e its particij zation's d 990-T (se	ction 501(c)(3)s	16b	availal	ble
b ec 7 8	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain)	e its particij zation's d 990-T (se on Schedu	ction 501(c)(3)s	16b only)		ble
b ec 7 8	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, contract of the state of the stat	e its particij zation's d 990-T (se on Schedu	ction 501(c)(3)s	16b only)		ble
b 6 ec 17 18	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.	e its particij zation's d 990-T (se on Schedu nflict of inte	ction 501(c)(3)s <i>le O)</i> rest policy, and	16b only)		ble
b ec 7 8	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	e its particij zation's d 990-T (se on Schedu nflict of inte	ction 501(c)(3)s <i>le O)</i> rest policy, and	16b only)		ble
b ec 7 8	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizement status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain) Other (explain) Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo GEOFF STROEMPLE	e its particij zation's d 990-T (se on Schedu nflict of inte	ction 501(c)(3)s <i>le O)</i> rest policy, and	16b only)		ble
ь ес 7 8 9 0	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	e its particij zation's d 990-T (se on Schedu nflict of inte	ction 501(c)(3)s <i>le O)</i> rest policy, and	16b only) financ		

X

Yes No

Form	990	(2021)
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		_		-					-
	Dart VII	^	mnonestia	a of Officare	Directore	Truetooe	Key Employees,	Highoet	Companestad
	Faitvii	00	mpensatio	I UI UIIICEIS	Directors,	i i i usiees,	Rey Employees,	nignest	Compensaleu
L			-	-	-	-	• • • •	•	•
		Em		ad Indonand	ont Contra	otore			
			ipioyees, a	nd Independ	entounta				

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, 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.

		l	. neur			1001	out			(E)
(A)	(B)		I	(C Posi	ز) ition			(D)	(E) Bapartabla	(F)
Name and title	Average hours per		not ch	neck r	more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week		cer an					from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	r direc				eq		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ll trus	nal tr		loyee	duo		1099-NEC)		and related
	below	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) WENDY TRACY	line)	Inc	lns L	0ff	Ke	en <u>H</u> i	For			
EXECUTIVE DIRECTOR	40.00			х				92,191.	0.	6,689.
(2) LUKE VINCER	2.00			^				92,191.	0.	0,009.
DIRECTOR	2.00	х						0.	0.	0.
(3) DIANE SCHULTZ	2.00	л						0.	0.	0.
PRESIDENT	2.00	х		х				0.	0.	0.
(4) JENNIFER MCNEMAR	2.00									
TREASURER		х		х				0.	0.	0.
(5) KIMBERLY BRICKER	2.00									
DIRECTOR		х						0.	0.	0.
(6) KYLE BROWN	2.00									
DIRECTOR		Х						0.	0.	0.
(7) GREG GOEHRING	2.00									
DIRECTOR		Х						0.	0.	0.
(8) KARL HENLEY	2.00									
DIRECTOR		Х						0.	0.	0.
(9) KYLE JOHNSON	2.00									
DIRECTOR		Х						0.	0.	0.
(10) SARAH LAMBOS	2.00									
DIRECTOR		Х						0.	0.	0.
(11) AUTOMN LOWE	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(12) ANDY MOOCK	2.00	37							0	
DIRECTOR (13) ANDREA PERRY	2.00	Х						0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(14) RENEE POWELL	2.00	Λ						0.	0.	<u> </u>
DIRECTOR	2.00	х						0.	0.	0.
(15) PATRICK RENNER	2.00	1						0.	0.	0.
VICE PRESIDENT	2.00	х		х				0.	0.	0.
(16) GERHARD SCHMIDT	2.00									
DIRECTOR	2.00	х						0.	0.	0.
(17) FAITH SHEAFFER-POLEN	2.00									
DIRECTOR		х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

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Form 990 (2021) PATHWAY CARING FOR CHILDREN 23-7244									44	548	F	Page 8	
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per	box	not cl , unles	Pos heck ss per	more rson i	than d is both	an	(D) Reportable compensation	(E) Reportable compensatior	n		(F) stimat mount	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee a	Officer D	Key employee	Highest compensated	Former (a	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)		f org an	other npensa rom th ganiza id rela anizat	ation ne tion ted
(18) BRIAN STRUNCK SECRETARY	2.00	x		x				0.		ο.			0.
(19) MARK WAGNER DIRECTOR	2.00	x		21				0.		0.			0.
(20) WILLIAM BARLOCK DIRECTOR	2.00	x						0.		0.			0.
(21) MONICA HOLT-PARISH DIRECTOR	2.00	x						0.		0.			0.
(22) RAYMOND SEILER DIRECTOR	2.00	x						0.		0.			0.
(23) ROSE BROWNING DIRECTOR	2.00	x						0.		0.			0.
(24) ERIC BELDEN DIRECTOR	2.00	x						0.		0.			0.
1b Subtotal c Total from continuation sheets to Part VI								92,191.		0. 0.			89. 0.
dTotal (add lines 1b and 1c)2Total number of individuals (including but n							► o re	92,191. eceived more than \$100,	000 of reportable	0.		6,6	89.
compensation from the organization												Yes	0 No
3 Did the organization list any former officer,	-		•	•					•		•	163	X
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su 	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		
and related organizations greater than \$1505 Did any person listed on line 1a receive or a	iccrue compen	Isati	on fr	om	any	unre	elate	ed organization or individ	dual for services		4		X
rendered to the organization? <i>If "Yes." corr</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ich i	oers	ion .	<u></u>				5		X
1 Complete this table for your five highest co the organization. Report compensation for									, ,	ensat	ion fr	om	
(A) Name and business				.9				(B) Description of s		С		C) ensatio	on
FREEDOM INVESTMENTS PO BOX 35112, CANTON, OH	44735							RENT			20	2.7	05.
2 Total number of independent contractors (ii \$100,000 of compensation from the organia	•	ot lin	nitec	d to	thos 1	se lis 1	ted	above) who received m	ore than				
· · · · · · · · · · · · · · · · ·							•				Form	990	(2021)

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	t VII					G FOR CH			23-7244	648 Pa
		Check if Schedule O	<u>cont</u> a	ins a respo	onse (or note to any lir	ne in this Part VIII			[
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated	Revenue exclu from tax und
								iunction revenue	business revenue	sections 512 -
0	1 a	Federated campaigns		1a		24,969.				
						21/5050	-			
5						725,151.	-			
R		Fundraising events				725,151.	-			
σ		Related organizations					-			
	е	Government grants (contr	ributio	ons) 1e			_			
0	f	All other contributions, gifts,	grant	s, and						
ם		similar amounts not included	l abov	e 1f		363,669.				
2	g	Noncash contributions included in	lines 1	a-1f 1g	\$	21,527.				
	h	Total. Add lines 1a-1f				•	1,113,789.			
						Business Code				
1	2 a	PLACEMENT AGE	INC	IES			2,270,878.	2,270,878.		
		MENTAL HEALTH					2,234,737.			
b	u	BRIDGES YOUTH		207007	NT	624100	277,369.			
Ð	C									
í l	d	TRAINING & MI	SCI	зппчир	0	624100	61,755.	61,755.		
aniiaau	е									
	f	All other program service								
	g	Total. Add lines 2a-2f				🕨	4,844,739.			
	3	Investment income (inclue	ding c	dividends, i	intere	st, and				
		other similar amounts)				►	1,610.			1,61
	4	Income from investment of								
	5	Royalties								
	J			(i) Rea		(ii) Personal				
	•	0			<u>.</u> 14.		-			
		Gross rents	6a	04			-			
		Less: rental expenses \dots	6b		0.		-			
	С	Rental income or (loss)	6c	64	44.					
	d	Net rental income or (loss	s)			>	644.			64
	7 a	Gross amount from sales of		(i) Securi	ties	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b							
	c	Gain or (loss)					-			
						└─── ─				
		Net gain or (loss)				····· 🚩				
	8 а	Gross income from fundraisi								
		including \$ 725								
		contributions reported on				04 540				
		Part IV, line 18					-			
	b	Less: direct expenses			8b	75,765.				
	с	Net income or (loss) from	fundi	raising eve	nt <u>s</u>	<u></u>	8,948.			8,94
	9 a	Gross income from gamir	ng act	ivities. See	• _					
		Part IV, line 19			9a					
	h	Less: direct expenses								
		Net income or (loss) from								
.					<u>م</u>	····· · · · · · · · · · · · · · · · ·				
1	iu a	Gross sales of inventory,								
1		and allowances								
1		Less: cost of goods sold				1				
	с	Net income or (loss) from	sales	of invento	ory	🕨				
						Business Code				
1.	11 a	MISCELLANEOUS	11 <u>-</u>	NCOME		900099	72,000.	72,000.		
Ĩ		FINGERPRINTIN				900099	6,384.	6,384.		
Ne	~	OHIO BWC REBA				900099	2,528.			
Revenue	ں ہ					900099	1,251.	1,251.		
		All other revenue					82,163.	±,2J1•		
1		Total. Add lines 11a-11d					6,051,893.	4 000 000	0.	11,20
	12	Total revenue. See instruction						<u>// u//////////////////////////////////</u>	. ()	i ii 20

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2021.05070 PATHWAY CARING FOR CHILDR 048-0011

PATHWAY CARING FOR CHILDREN Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	his Part IX (B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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, trustees, and key employees	108,483.	54,241.	27,121.	27,121.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	20072000			
7	Other salaries and wages	2,777,547.	2,188,559.	431,833.	157,155.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,579.	11,988.	1,055.	
9	Other employee benefits	321,167.	251,571.	46,928.	-464. 22,668.
10	Payroll taxes	253,008.	196,182.	40,871.	15,955.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	20,132.		20,132.	
	Accounting	34,382.		34,382.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	2 702		2 702	
f	Investment management fees	2,793.		2,793.	
g		99,849.	92,339.	2,899.	4,611.
12	column (A), amount, list line 11g expenses on Sch 0.) _ Advertising and promotion	29,162.	26,770.	2,392.	=,011•
12 13	Office expenses	20,770.	14,659.	6,111.	
14	Information technology	2077700			
15	Royalties				
16	Occupancy	356,179.	274,083.	75,792.	6,304.
17	Travel	98,133.	83,436.	11,435.	3,262.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	44,195.	44,195.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	66,933.	54,760.	-335.	12,508.
23	Insurance	154,778.	125,095.	21,454.	8,229.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		993,991.	993,991.		
b		222,148.	221,883.	48.	217.
с		108,257.	77,496.	22,153.	8,608.
d		92,897.	90,431.		2,466.
	All other expenses	68,089.	33,652.	30,956.	3,481.
25	Total functional expenses. Add lines 1 through 24e	5,885,472.	4,835,331.	778,020.	272,121.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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Form 990 (2021)

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Form **990** (2021)

Form 990 (2021)	PATHWAY	CARING	FOR	CHILDREN
Part X	Balance Sheet				

Check if Schedule Q contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 1, 1, 107, 8, 35. 1, 1, 079, 214. 3, 7, 700. 2, 2, 200. 3 Pledges and grants receivable, net 3, 7, 700. 2, 2, 200. 3, 7, 700. 2, 2, 200. 4 Accounts receivable, net 3, 7, 700. 2, 2, 200. 3, 7, 700. 2, 2, 200. 5 Loans and other receivables from the disqualited persons (da defined under section 4058)(r)(l), and persons described in section 4058)(r)(l)(l) 6 6 6 Loans and other receivable not rother togal under section 4058)(r)(l), and persons described in section 4058)(r)(l)(l) 6 6 7 Notes and Under receivable. 10 1, 231, 316. 8 9 Prepaid expenses and deferred charges 103, 356, 377. 9 194, 229. 10a Lund, yit and expenses 100 17, 033. 356, 376. 100. 354, 313. 11 Investments. orther securities. See Part IV, line 11 11 114 403. 303. 2, 655, 860. 6, 7, 524, 429. 17, 7, 289. 17, 7, 289. </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>								
Beginning of year End of year 1 Cash - non-interest bearing 1, 107, 835.1 1, 079, 214. 2 Savings and temporary cash investments 34, 710.2 35, 971. 3 Piedges and grants receivable, net 3, 700.3 2, 200. 4 Accounts receivable, net 3, 700.3 2, 200. 5 Leans and other receivables from any current of former officer, director, frustee, evenator of sounding under social values in account 4958(c)(8)(8) 6 - 6 Leans and other receivable, net 5 6 - - 8 Invertices for sale or use 5 6 - - 9 Prepaid expenses and deferred charges 153, 817.9 194, 229. - 10 Land, buildings, and equipment: cost or other 10a 8, 77, 003.3 356, 376.1 10c 354, 313.1 11 Investments- publicly traded securities 10a 1, 231, 316.1 11a 12 Investments- program related. See Part IV, line 11 13a 11a 11a 11 Investitents- publicly treaded securites <td< th=""><th></th><th></th><th>Check if Schedule O contains a response or not</th><th>e to any li</th><th>ne in this Part X</th><th></th><th></th><th></th></td<>			Check if Schedule O contains a response or not	e to any li	ne in this Part X			
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and complete lines 27, 28, 32, and 33. 1,705,233. 27 1,793,901. 27 Net assets without donor restrictions 28 328, 633. 28 Net assets with donor restrictions 286, 314. 28 328, 633. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 1,991,547. 32 2,122,534.		26			Г	664,313.	26	401,895.
and complete lines 27, 28, 32, and 33. 1,705,233. 27 1,793,901. 27 Net assets without donor restrictions 28 328, 633. 28 Net assets with donor restrictions 286, 314. 28 328, 633. 0rganizations that do not follow FASB ASC 958, check here □ 1 3286, 314. 28 328, 633. 29 Capital stock or trust principal, or current funds 29 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,991,547. 32 2,122,534.								
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Organizations that do not follow FASB ASC 958, check here □ and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 Total net assets or fund balances 34 Total net assets or fund balances 35 Total net assets or fund balances 36 1,991,547.32 37 524.429	Bal	28	Net assets with donor restrictions			286,314.	28	328,633.
and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 1,991,547.32 2,122,534. 32 Total lisbilities and not exects (and balances) 2,655,860 22,524,429	pu		Organizations that do not follow FASB ASC 9	58, check	khere 🕨 🗌			
5 g29Capital stock or trust principal, or current funds2930Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances1,991,547.3233Total net assets or fund balances2,555,860342,555,86022,524,429	Ľ.		and complete lines 29 through 33.					
30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 1,991,547.32 2,122,534. 32 Total liebilitie und earnings, endowment, accumulated income, or other funds 31	s G	29	Capital stock or trust principal, or current funds				29	
\$\vee\$ 31 Retained earnings, endowment, accumulated income, or other funds 31 \$\vee\$ 32 Total net assets or fund balances 1,991,547.32 2,122,534. \$\vee\$ 2,655,860 22 2,524,429	set	30	Paid-in or capital surplus, or land, building, or eq	uipment 1	fund		30	
<u> <u> </u></u>	As	31	Retained earnings, endowment, accumulated in	come, or o	other funds		31	
2655860 2524429	Net	32	Total net assets or fund balances			1,991,547.	32	2,122,534.
		33	Total liabilities and net assets/fund balances			2,655,860.	33	2,524,429.

Form	1990 (2021) PATHWAY CARING FOR CHILDREN	23-72	44648	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,051		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,885		
3	Revenue less expenses. Subtract line 2 from line 1	3	166		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,991	.,54	<u>47.</u>
5	Net unrealized gains (losses) on investments	5	-35	5 , 43	34.
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	2,122	2,53	34.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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 (D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	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?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X 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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scher				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
	Act and OMB Circular A-133?		3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	200	

Form **990** (2021)

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 charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nam	me of the organization Employer identification number											
		PATH	WAY CARING	FOR CHILDRE	N				3-7244648			
Pa	tl	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The o	organi	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)							
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).					
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental 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		An organization that norma	lly receives a substar	ntial part of its support fi	om a gove	ernmental	unit or from th	e general	oublic described in			
		section 170(b)(1)(A)(vi). (C										
8		A community trust describe										
9		An agricultural research org	-			-		-	•			
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
	v	university:										
10	X	An organization that norma										
		activities related to its exer		-					-			
		income and unrelated busin		(less section 511 tax) inc	in busines	ses acqui	red by the org	anization a	atter Julie 30, 1975.			
11		See section 509(a)(2). (Con An organization organized a		volu to tost for public co	foty Soo	soction 50	Q(a)(4)					
12		An organization organized a	-	•	•			rny out the	purposes of one or			
12		more publicly supported or	•		•		-	•				
		lines 12a through 12d that	-									
а		Type I. A supporting orga	• •					-	aivina			
		the supported organization		-	• • • •	-						
		organization. You must o										
b		Type II. A supporting org	-		ion with it	s supporte	d organizatio	n(s), by hav	ving			
		control or management o	-				-		•			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с] Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	nd functional	ly integrate	ed with,			
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.					
d] Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness			
		_ 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	vritten determination fro	m the IRS	that it is a	Type I, Type	I, Type III				
		functionally integrated, or		nally integrated supportion	ng organiz	ation.						
		er the number of supported o	•									
g		vide the following information i) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization	(1) 2.14	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	,	support (see instructions)			
		-		above (see instructions))	165			-				
Tota												

Schedule A	Form	aan)	202
Schedule A		990)	202

Part II

PATHWAY CARING FOR CHILDREN

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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. ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(a) 2017	(b) 2018	(0) 2019	(d) 2020	(e) 2021	
8	Gross income from interest.						
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ŭ	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.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ions)	·	•	12	•
13	First 5 years. If the Form 990 is for th	e organization's f				501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	divided by line 11,	column (f))		14	%
	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the c	organization did n	ot check the box c	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies		-				
k	33 1/3% support test - 2020. If the c	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			•	•	: VI how the organi	zation
-	meets the facts-and-circumstances te	-					
k	0 10% -facts-and-circumstances test	-	-				10% or
	more, and if the organization meets the						
10	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	n diu not check a		a, 100, 17a, 0f 17	D, CHECK THIS DOX 2		s ► (Form 990) 2021

132022 01-04-22

(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.) aatian

qualify under the tests listed to Section A. Public Support	below, please comp	Diete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and		, ,				
membership fees received. (Do not						
include any "unusual grants.")	830,039.	719,245.	1025399.	1863545.	1113789.	5552017.
2 Gross receipts from admissions,						
formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3678729.	4435219.	4883614.	5396597.	4844739	23238898.
6	5070725.	<u>4455215</u>	+000001+•	5556557.	1011/55.	23230050.
3 Gross receipts from activities that are not an unrelated trade or business 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	4508768.	5154464.	5909013.	7260142.	5958528.	28790915.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		97,995.	347,305.	46,171.	82,668.	574,139.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
amount on line 13 for the year		97,995.	347,305.	46,171.	82,668.	574,139.
c Add lines 7a and 7b		91,995.	547,505.	40,1/1.	02,000.	28216776.
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						20210770.
	(-) 0017	(1-) 0010	(-) 0010	(1) 0000	(-) 0001	(0 T-+-)
Calendar year (or fiscal year beginning in)	(a) 2017 4508768.	(b) 2018 5154464.	(c)2019 5909013.	(d) 2020 7260142.	(e) 2021	(f) Total 28790915.
 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from etimiler gourdings 	23,154.	9,279.	7,578.	7,915.	2,254.	
and income from similar sources	<u></u>	5,413.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,913.	4,494.	50,100.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	23,154.	9,279.	7,578.	7,915.	2,254.	50,180.
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 		17,480.	16,742.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8,948.	
12 Other income. Do not include gain or loss from the sale of capital	47,998.	51,551.	81,865.	168,219.	82,163.	
assets (Explain in Part VI.)	4579920.	5232774.	6015198.	7436276.		29316061.
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	-		-			
check this box and stop here Section C. Computation of Publ	ic Support Per					····· 🕨
•	••		olumon (f)		46	96.25 %
15 Public support percentage for 2021 (-			15	0.6 = 1
16 Public support percentage from 202 Section D. Computation of Inve					16	96.54 %
•			20 12 001:000 (f)		17	.17 %
17 Investment income percentage for 2					17 18	
18 Investment income percentage from						
19a 33 1/3% support tests - 2021. If the	-					
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization X						
b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
 line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 						
· · · · · · · · · · · · · · · · · · ·	UT UIU HOL CHECK A	box on line 14, 192	a, OF 19D, CHECK IN	IS DUX AND SEE INS		►
132023 01-04-22		16			Schedule /	4 (FOUTH 990) 2021

16

1

Yes No

Part IV | Supporting Organizations

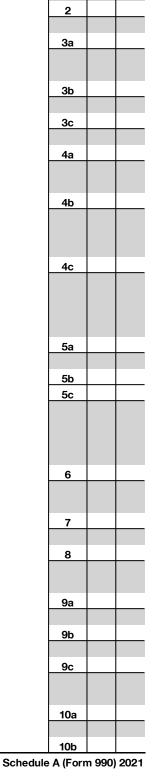
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

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2

			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	ction 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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			

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

Supervi	sed. or contro	illed the supp	uning unganiz	all011.
Section C	. Týpe II Su	pporting (Organizati	ons

Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

Section D	All Type III Supporting Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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

1	Check the box next to the method	I that the organization used to sati	sty the Integral Part Test duri	ng the year (see instructions).
•	Check the box heat to the method			

- 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

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

- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued)

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Schedule A						CHILDREN	
Part V	Type III	Non-F	unctionally Integ	rated 509(a)(3) Su	pporting Orga	inizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on l	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	1
Sect	ion 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	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		
Sect	ion 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		

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

Schedule A (Form 990) 2021

132026 01-04-22

Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D,

Sect	Section D - Distributions				
1	Amounts paid to supported organizations to accomplish exempt purposes	1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5			

PATHWAY CARING FOR CHILDREN Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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(iii)

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

6

7

8

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line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

\$

a Applied to underdistributions of prior years b Applied to 2021 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

132028 01-04-2	0						Schedule A (Form 990) 202
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, S	ection E, lines 2	2, 5, and 6	. Also complete	this part for any additi	onal information.
	line 1; Part IV, Section A, lines 1	, 2, 3b, 3c, 4b, 4 lines 2 and 3; P	ic, 5a, 6, 9a, 9b art IV, Section E	, 9c, 11a, , lines 1c,	11b, and 11c; F 2a, 2b, 3a, and	Part IV, Section B, lines 33b; Part V, line 1; Part	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
Part VI	(Form 990) 2021 Supplemental Infor	mation. Prov	ide the explanat	ions requi	red by Part II, li	ne 10; Part II, line 17a	or 17b; Part III, line 12;
Sobodulo A	$(E_{\rm orm}, 000), 2021$	σαττιώαν	CARING	FOR C	HTT.DREN		23-7244648 Page 8

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

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

2021

Employer identification number

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PATHWAY	CARING	FOR	CHILDREN

Filers of:	Section:
Form 990 or 990-EZ	\fbox{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

X 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

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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 $\dots \longrightarrow$

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) (2021)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_1		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$46,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$11,135.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	· · · · · · · · · · · · · · · · · · ·	\$5,000.	Person X Payroll Noncash

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

Schedule B (Form 990) (2021) Name of organization

Part I

PATHWAY CARING FOR CHILDREN

Employer identification number

23-7244648

Schedule B (Form 990) (2021)

(Complete Part II for noncash contributions.)

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Schedule B	(Form 990)) (2021	۱
	000	, ,	2021	,

Name of organization

Employer identification number

23-7244648

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 Person Payroll 12,285. Noncash X (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll Noncash 15,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021) Name of organization

PATHWAY CARING FOR CHILDREN

Part I	Contributors	(see instructions)	Use dup	licate copies	of Part	l if additional s	nace is needed
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,204.	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
		\$7,500 .	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
		\$10,000.	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
16		\$25,000.	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
<u>17</u>		\$ <u>10,000.</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
18		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Employer identification number

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PATHWAY CARING FOR CHILDREN

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 19</u>		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ <u>5,000.</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
		\$ <u>25,000.</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
24		\$ <u>16,700.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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23 - 7244648

Name of organization

Part I

(a)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25_		\$ <u>5,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ <u>25,000.</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
27_		\$ <u>10,000.</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
28_		\$ <u> </u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29_		\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

(b)

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

Name of organization

Schedule B (Form 990) (2021)

PATHWAY CARING FOR CHILDREN

Employer identification number

(d)

23 - 7244648

(c)

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Schedule B (Form 990) (2021)

23 - 7244648Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2021) Name of organization

Part I

PATHWAY	CARING	FOR	CHILDREN

(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
31		\$_	36,800.	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
32		\$_	33,990.	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
33		\$_	5,000.	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
34		\$_	15,000.	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
35		\$	10,000.	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
36		\$_	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

			noncash contributi
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib
40		\$5,000.	Person 2 Payroll 1 Noncash 1 (Complete Part II fo noncash contributi
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contrib
		\$ <u>5,000.</u>	Person 2 Payroll 1 Noncash 1 (Complete Part II fr noncash contribut
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contrib
<u>42</u>		\$ <u>19,250.</u>	Person 2 Payroll 1 Noncash 1 (Complete Part II fo noncash contributi
123452 11-11			Schedule B (Form 99
70329	30 131839 048-001476 2021.05070	PATHWAY CARING FO	OR CHILDR (

Schedule B (Form 990) (2021)

PATHWAY CARING FOR CHILDREN

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

Name of organization

Part I

Employer identification number

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
38		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
39		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
40		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
41		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
42		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

Schedule R	(Form 990) (2021)	
Schedule D	(10111 330) (2021)	

Name of organization

PATHWAY CARING FOR CHILDREN

Part 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
43		\$ <u>16,750.</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
44_		\$ <u>5,000.</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
<u>45</u>		\$ <u> </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
<u>46</u>		\$ <u> </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
47		\$ <u> </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
48		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

23 - 7244648

20070329 131839 048-001476

(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** 52 Person Payroll Noncash 5,000. \$ (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** 53 Person Payroll 75,000. Noncash \$ (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 54 Person Payroll 10,000. Noncash \$ 123452 11-11-21 32

Schedule B (Form 990) (2021) Name of organization

Part I

PATHWAY CARING FOR CHILDREN

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

(a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 49 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 50 X Person Payroll 13,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 51 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) Type of contribution X (Complete Part II for noncash contributions.) Type of contribution X (Complete Part II for noncash contributions.) Type of contribution X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Page 2

23-7244648

Employer identification number

2021.05070 PATHWAY CARING FOR CHILDR 048-0011

20070329 131839 048-001476

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ <u>25,000.</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
56		\$6,850.	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
57_		\$25,000.	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
58		\$10,000.	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
59		\$6,400.	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
<u>60</u> 123452 11-11		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

PATHWAY CARING FOR CHILDREN

Name of organization

Employer identification number

23 - 7244648

 $\tt 20070329 \ 131839 \ 048-001476$

123452 11-11-21

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20070329 131839 048-001476

PATHWAY CARING FOR CHILDREN

Name of organization

Employer identification number

23 - 7244648

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ <u>5,150.</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
62		\$ <u>36,965.</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
63		\$ <u>60,000.</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
64		\$85,746.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Type of contribution Person X Payroll
(a)	(b)	(c)	(d)
No. 66	Name, address, and ZIP + 4	Total contributions \$5,000.	Type of contribution Person X Payroll

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

23 - 7244648

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 67 X Person Payroll 5,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 68 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 69 X Person Payroll 7,215. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 70 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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123452 11-11-21

PATHWAY CARING FOR CHILDREN

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
8	65 FAMILY MEMBERSHIPS TO CLEVELAND METROPARKS ZOO FOR PATHWAY FOSTER PARENTS	\$12,285 .	12/02/21	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$	 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		

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

PATHWAY CARING FOR CHILDREN

Name of organization

Part II

Employer identification number

23 - 7244648

123453 11-11-21

Schedule B (Form 990) (2021)

20070329 131839 048-001476

2021.05070 PATHWAY CARING FOR CHILDR 048-0011

Page 3

Schedule E	3 (Form 990) (2021)				Page 4
Name of or	rganization				Employer identification number
ратныя	AY CARING FOR CHILDREN				23-7244648
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the follow charitable, etc., contributions of	ing line entry. For o	raanizations	nat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
_					
	Transferee's name, address, a		fer of gift	elationshin of tra	nsferor to transferee
(a) No.			 		
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
ŀ	(e) Transfer of gift				
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
	(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
ŀ		(e) Trans	fer of gift		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee
123454 11-11-	-21				Schedule B (Form 990) (2021)

20070329 131839 048-001476

³⁷ 2021.05070 PATHWAY CARING FOR CHILDR 048-0011

SCHEDULE D)
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(Form	990)
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Part I

Supplemental Financial Statements

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

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

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



Employer identification number

23 - 7244648

Department of the Treasury Internal Revenue Service

Name of the organization

PATHWAY CARING FOR CHILDREN

	organization answered "Yes" on Form 990, Part IV, lin	ne 6.			
		(a) Donor ad	dvised funds	(b) Fur	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the asse	ts held in donor advise	d funds	
	are the organization's property, subject to the organization's	exclusive legal conti	ol?		Yes 📃 No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that	at grant funds can be u	sed only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or f	or any other purpose c	onferring	
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the or	ganization answered	"Yes" on Form 990, P	art IV, line 7	
1	Purpose(s) of conservation easements held by the organizati	ion (check all that ap	oly).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	a historically	important land area
	Protection of natural habitat		Preservation of a	a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	ified conservation co	ntribution in the form o	f a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
с	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and no	t on a historic structur	e	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel	leased, extinguished	, or terminated by the o	organization	during the tax
	year 🕨				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	riodic monitoring, ins	pection, handling of		
	violations, and enforcement of the conservation easements it	t holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing conse	ervation ease	ements during the year
	▶				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, an	d enforcing conservati	on easemen	its during the year
	►\$				
8	Does each conservation easement reported on line 2(d) abov	ve satisfy the require	ments of section 170(h)(4)(B)(i)	
_	and section 170(h)(4)(B)(ii)?				Yes
9	In Part XIII, describe how the organization reports conservati		-		
	balance sheet, and include, if applicable, the text of the footr	note to the organizat	ion's financial statemei	nts that desc	cribes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical	Treasures or Oth	er Simila	ur Assats
1 41	Complete if the organization answered "Yes" on Form				
19	If the organization elected, as permitted under FASB ASC 95		revenue statement an	d balance s	heet works
Ia	of art, historical treasures, or other similar assets held for put	· ·			
	service, provide in Part XIII the text of the footnote to its final				public
b	If the organization elected, as permitted under FASB ASC 95				tworks of
b	art, historical treasures, or other similar assets held for public	•			
	provide the following amounts relating to these items:			fance of pu	bile service,
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical tre		lar assets for financial		·
2	the following amounts required to be reported under FASB A			gain, provide	6
а	Revenue included on Form 990, Part VIII, line 1	-			\$
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions				• Schedule D (Form 990) 2021
	10-28-21	5.01 I OIIII 0001			
102001		38			

Sche		CARING FOR				23-72			age 2
Par	t III Organizations Maintaining C	ollections of Art,	Historical Tre	asures, or Oth	er Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	check any of the f	ollowing that make	significant u	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е							
с	Preservation for future generations								
4									
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang					Part IV.			
	reported an amount on Form 990, Par					,, -			
1a	Is the organization an agent, trustee, custodi		ry for contribution	s or other assets no	t included				
	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII] 110
			wing table.				Amount	t	
~	Reginning balance				1c		,		
	Beginning balance								
	Additions during the year								
e f	Distributions during the year				1f				
f	Ending balance Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.				• · · · · · ·	····· L		-	
Par									<u>_</u>
		(a) Current year	(b) Prior year	(c) Two years back		ears back	(e) Four	vears	hack
10	Beginning of year balance	415,448.	327,320.	331,094.		27,841.	(0) 001	389,	
1a ⊾		4,247.	102,049.	2,200.		2,053.			007.
b	Contributions	-34,728.	91,075.	-3,843.		3,260.			906.
C	Net investment earnings, gains, and losses	54,720.	51,075.	5,045.	•	5,200.		,	524.
d	Grants or scholarships							<u> </u>	524.
е	Other expenditures for facilities	2 602	101 066						
_	and programs	3,603.	101,966.	0.101		2.000			200
f	Administrative expenses	2,932.	3,030.	2,131.		2,060.			382.
g	End of year balance	378,432.	415,448.	327,320.	. 3	31,094.		327,	041.
2	Provide the estimated percentage of the curr	•) held as:					
а	Board designated or quasi-endowment	62.4600	_%						
b	Permanent endowment $\blacktriangleright \frac{34.0000}{2.5400}$	%							
С		%							
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administered for	the organiza	ition	г	<u> </u>	
	by:							Yes	No
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations						3a(ii)	$ \rightarrow $	<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		ment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part >	K, line 10.				
	Description of property	(a) Cost or ot	• •		Accumulate	d	(d) Bool	< value	е
		basis (investm	,	. ,	lepreciation				
1a	Land			0,000.				0,00	
b	Buildings			8,516.	244,12			4,38	
с	Leasehold improvements			2,807.	74,55			3,25	
d	Equipment			7,225.	475,54			1,68	
	Other		10	2,768.	82,78	30.		9,98	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part X	column (B). line 1	0c.)			354	4,31	13.
	· · · · ·	-				Schedule	D (Form	ı 990)	2021

(a) Descri	-		11b. See Form 990, Part X, line 12.	
. /	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or enc	l-of-year market value
1) Financ	al derivatives			
	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VII	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 end	l-of-year market value
(1)		()		,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
D - I IV				
Part IX	J			
Part IX	Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
	Complete if the organization answered "Yes" c	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1) BI	Complete if the organization answered "Yes" c (a) [ENEFICIAL INTEREST IN SCF	Description	11d. See Form 990, Part X, line 15.	284,332
(1) BI	Complete if the organization answered "Yes" c (a) [ENEFICIAL INTEREST IN SCF EPOSITS	Description	11d. See Form 990, Part X, line 15.	284,332 24,872
(1) BI (2) DI (3) TI	Complete if the organization answered "Yes" c (a) [ENEFICIAL INTEREST IN SCF	Description	11d. See Form 990, Part X, line 15.	284,332 24,872
(1) BI (2) DI (3) TI (4)	Complete if the organization answered "Yes" c (a) [ENEFICIAL INTEREST IN SCF EPOSITS	Description	11d. See Form 990, Part X, line 15.	284,332 24,872
(1) BI (2) DI (3) TI (4) (5)	Complete if the organization answered "Yes" c (a) [ENEFICIAL INTEREST IN SCF EPOSITS	Description	11d. See Form 990, Part X, line 15.	284,332 24,872
(1) BI (2) DI (3) TI (4) (5) (6)	Complete if the organization answered "Yes" c (a) [ENEFICIAL INTEREST IN SCF EPOSITS	Description	11d. See Form 990, Part X, line 15.	284,332 24,872
(1) BI (2) DI (3) TF (4) (5) (6) (7)	Complete if the organization answered "Yes" c (a) [ENEFICIAL INTEREST IN SCF EPOSITS	Description	11d. See Form 990, Part X, line 15.	284,332 24,872
(1) BI (2) DI (3) TF (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" c (a) [ENEFICIAL INTEREST IN SCF EPOSITS	Description	11d. See Form 990, Part X, line 15.	284,332 24,872
(1) BI (2) DI (3) TI (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" c (a) I ENEFICIAL INTEREST IN SCF EPOSITS HE CLEVELAND FOUNDATION	Description		284,332 24,872 94,099
(1) BI (2) DI (3) TI (4) (5) (6) (7) (8) (9) Fotal. (Colu	Complete if the organization answered "Yes" c (a) I ENEFICIAL INTEREST IN SCF EPOSITS HE CLEVELAND FOUNDATION	Description		284,332 24,872 94,099
(1) BI (2) DI (3) TI (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" of (a) I ENEFICIAL INTEREST IN SCF EPOSITS HE CLEVELAND FOUNDATION (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of	Description		284,332 24,872 94,099 403,303
(1) BI (2) DI (3) TI (4) (5) (6) (7) (8) (9) Total. (Colu	Complete if the organization answered "Yes" c (a) I ENEFICIAL INTEREST IN SCF EPOSITS HE CLEVELAND FOUNDATION	Description		284,332 24,872 94,099
(1) BI (2) DI (3) TF (4) (5) (6) (7) (8) (9) Fotal. (Coli Part X Part X	Complete if the organization answered "Yes" of (a) I ENEFICIAL INTEREST IN SCF EPOSITS HE CLEVELAND FOUNDATION Umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability deral income taxes	Description		284,332 24,872 94,099 403,303 (b) Book value
(1) BI (2) DI (3) TF (4) (5) (6) (7) (8) (9) Fotal. (Coli Part X 1. (1) Fe	Complete if the organization answered "Yes" of (a) I ENEFICIAL INTEREST IN SCF EPOSITS HE CLEVELAND FOUNDATION Umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description		284,332 24,872 94,099 403,303 (b) Book value
(1) BI (2) DI (3) TF (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X Part X (1) Fer (2) FT (3)	Complete if the organization answered "Yes" of (a) I ENEFICIAL INTEREST IN SCF EPOSITS HE CLEVELAND FOUNDATION Umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability deral income taxes	Description		284,332 24,872 94,099 403,303 (b) Book value
(1) BI (2) DI (3) TF (4) (5) (6) (7) (8) (9) Fotal. (Colu (8) (9) Fotal. (Colu (1) Fer (2) FT (3) (4)	Complete if the organization answered "Yes" of (a) I ENEFICIAL INTEREST IN SCF EPOSITS HE CLEVELAND FOUNDATION Umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability deral income taxes	Description		284,332 24,872 94,099 403,303 (b) Book value
(1) BI (2) DI (3) TF (4) (5) (6) (7) (8) (9) Fotal. (Coll (8) (9) Fotal. (Coll (7) (8) (9) Fotal. (Coll (7) (3) (4) (3) (4) (5)	Complete if the organization answered "Yes" of (a) I ENEFICIAL INTEREST IN SCF EPOSITS HE CLEVELAND FOUNDATION Umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability deral income taxes	Description		284,332 24,872 94,099 403,303 (b) Book value
(1) BI (2) DI (3) TH (4) (5) (6) (7) (8) (9) Fotal. (Colit (7) (8) (9) Fotal. (Colit (7) (8) (9) Fotal. (Colit (7) (7) (8) (9) Fotal. (Colit (7) (7) (7) (7) (7) (7) (7) (7) (7) (7)	Complete if the organization answered "Yes" of (a) I ENEFICIAL INTEREST IN SCF EPOSITS HE CLEVELAND FOUNDATION Umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability deral income taxes	Description		284,332 24,872 94,099 403,303 (b) Book value
(1) BI (2) DI (3) TH (4) (5) (6) (7) (8) (9) Total. (Coll (7) (8) (9) Total. (Coll (7) (6) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" of (a) I ENEFICIAL INTEREST IN SCF EPOSITS HE CLEVELAND FOUNDATION Umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability deral income taxes	Description		284,332 24,872 94,099 403,303 (b) Book value
(1) BI (2) DI (3) TH (4) (5) (6) (7) (8) (9) Total. (Color (7) (8) Total. (Color (7) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" of (a) I ENEFICIAL INTEREST IN SCF EPOSITS HE CLEVELAND FOUNDATION Umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability deral income taxes	Description		284,332 24,872 94,099 403,303 (b) Book value
(1) BI (2) DI (3) TF (4) (5) (6) (7) (8) (9) Fotal. (Colu (7) (8) (2) FT (3) (4) (5) (6) (7) (6) (7) (8) (9)	Complete if the organization answered "Yes" of (a) I ENEFICIAL INTEREST IN SCF EPOSITS HE CLEVELAND FOUNDATION Umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability deral income taxes	Description	▶ 11e or 11f. See Form 990, Part X, line 25.	284,332 24,872 94,099 403,303

Schedule D (Form 990) 2021

132053 10-28-21

20070329 131839 048-001476

PATHWAY CARING FOR CHILDREN Schedule D (Form 990) 2021

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Tetal (Col. (b) must squal Form 000, Dart V, sol. (D) line 10.)		

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN SCF	284,332.
(2) DEPOSITS	24,872.
(3) THE CLEVELAND FOUNDATION	94,099.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	403,303.
Part X Other Liabilities.	

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 .. |

Sche	edule D (Form 990) 2021 PATHWAY CARING FOR CHILDREN			23-'	7244648 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Re		¥
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,099,456.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-35,434.		
b	Donated services and use of facilities		31,552.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		54,238.		
е	Add lines 2a through 2d			2e	50,356.
3	Subtract line 2e from line 1			3	6,049,100.
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	2,793.		
b	Other (Describe in Part XIII.)				
с	Add lines 4a and 4b			4c	2,793.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	6,051,893.		
Par	t XII Reconciliation of Expenses per Audited Financial Statem	nents With	Expenses per l	Returr	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	5,968,469.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	31,552.		
b	Prior year adjustments	2b			
с	Other losses	. 2c			
d	Other (Describe in Part XIII.)	2d	54,238.		
е	Add lines 2a through 2d			2e	85,790.
3	Subtract line 2e from line 1			3	5,882,679.
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	2,793.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	2,793.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,885,472.
Par	t XIII Supplemental Information.				
D	de the descriptions required for Dort II lines 2.5. and 0; Dort III lines 1.5 and 4; Dort	+ 1) / 1)		1. 0	(15 - 0 D - +)/1

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

PART V, LINE 4:

THE FUNDS ARE TO BE USED IN AIDING THE FURTHER DEVELOPMENT OF THE PRIMARY

EXEMPT PURPOSE OF THE ORGANIZATION IN CONNECTION WITH HELPING TO ASSIST

CHILDREN AND THEIR FAMILIES WITH VARIOUS SOCIAL ISSUES AFTER PAYMENTS OF

EXPENSES TO FUND MAINTENANCE, REPAIRS, RENOVATIONS AND ADDITIONS TO REAL

41

PROPERTY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES

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Schedule D (Form 990) 2021

54,238.

54,238.

Schedule D (Form 990) 202	Schedule D		202
		(F	000

Part XIII Supplemental Information (continued)
Schedule D (Form 990) 20

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047							
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2021			
Department of the Treasury		Attach to Form 990						Open to Public		
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection		
Name of the organization		CARING FOR CHILDR	EN				Employer id	r identification number 44648		
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not		
· · ·		ed funds through any of the followin	-							
b Internet and c Phone solici	email solicitations tations	f Solicitat g Special		-	-					
d In-person so			lanare	lioning						
· ·		or oral agreement with any individual		•		tees,		_		
		art VII) or entity in connection with pr riduals or entities (fundraisers) pursu			U U	oo fuu	Ye			
compensated at le	•	· / /		ayreer		ie iui				
			(iii)	Did		(v)	Amount paid			
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c	ustody	(iv) Gross receipts from activity	to (o	or retained by) fundraiser	(vi) Amount paid to (or retained by)		
			or control of contributions?		i com do avrity		ted in col. (i)	organization		
			Yes	No						
Total										
	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is (exempt from r	egistration		
or licensing.										
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z.		Schedu	le G (Form 990) 2021		

132081 10-21-21

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

I			(a) Event #1	(b) Event #2	(c) Other events	
				DINNER &		(d) Total events
			GOLF OUTING	AUCTION	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Ine			((()	
Revenue	1	Gross receipts	562,950.	191,018.	55,896.	809,864.
	2	Less: Contributions	517,450.	160,805.	46,896.	725,151.
	3	Gross income (line 1 minus line 2)	45,500.	30,213.	9,000.	84,713.
	4	Cash prizes				
	5	Noncash prizes		20,253.	1,274.	21,527.
enses	6	Rent/facility costs			375.	375.
Direct Expenses	7	Food and beverages		9,646.	2,431.	12,077.
ā	8	Entertainment	24,616.			24,616.
	9	Other direct expenses		6,914.	6,274.	17,170.
	9		3,982.	6,914.		<u>17,170</u> 75,765
_	9 10 11	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	3 , 982 . h 9 in column (d) line 3, column (d)		>	17,170 75,765
_	9 10	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	3 , 982 . h 9 in column (d) line 3, column (d)		>	<u>17,170</u> 75,765
Pa	9 10 11	Other direct expenses	3 , 982 . h 9 in column (d) line 3, column (d)		>	17,170, 75,765, 8,948, (d) Total gaming (add col. (a) through col. (c)
Pa	9 10 11	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	3 , 982 . h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	17,170 75,765 8,948 (d) Total gaming (add
Pa	9 10 11	Other direct expenses	3 , 982 . h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	17,170 75,765 8,948 (d) Total gaming (add
Bevenue	9 10 <u>11</u> rt I	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	3 , 982 . h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	17,170. 75,765. 8,948.
Bevenue	9 10 <u>11</u> rt I	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	3 , 982 . h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	17,170 75,765 8,948 (d) Total gaming (add
Pa	9 10 11 rt I 2 3	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	3 , 982 . h 9 in column (d) in answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	17,170 75,765 8,948 (d) Total gaming (add
Bevenue	9 10 11 rt I 2 3	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	3 , 982 . h 9 in column (d) in answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	17,170 75,765 8,948 (d) Total gaming (add

7 Direct expense summary. Add lines 2 through 5 in column (d)
8 Net gaming income summary. Subtract line 7 from line 1, column (d)
9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Image: Second Se

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Schedule G (Form 990) 2021

No

Schedule G (Fo	rm 990) 2021	PATHWAY	CARING	FOR	CHILDREN		23-7	24464	8 Page 3
11 Does the c	organization conduct ga	aming activities w	ith nonmemb	ers?				Yes	
	nization a grantor, ben								
to adminis	ter charitable gaming?							Yes	No 🗌 No
	e percentage of gaming								
a The organi	zation's facility							13a	%
b An outside	e facility							13b	%
	name and address of th								
Name 🕨									
Address	•								
15a Does the c	organization have a con	tract with a third	party from wh	nom the o	organization receives	gaming revenue?		Yes	i 🗌 No
	nter the amount of gam					and the amo	bunt		
	revenue retained by the								
c If "Yes," er	nter name and address	of the third party	:						
Name 🕨									
Address	►								
16 Coming m	anager information:								
16 Gaming m	anager mormation.								
Name 🕨									
Gaming m	anager compensation	► \$							
Description	n of services provided	►							
			Г						
Dire	ector/officer	Employee	L	Inde	pendent contractor				
17 Mandatory	distributions:								
	nization required under	r state law to mak	e charitable d	distributio	ons from the gaming	proceeds to			
retain the s	state gaming license?							Yes	s 🗌 No
b Enter the a	amount of distributions								
	on's own exempt activit								
	upplemental Infor						and Parl	t III, lines 9), 9b, 10b,
15	b, 15c, 16, and 17b, as	s applicable. Also	provide any a	additiona	I Information. See ins	tructions.			
132083 10-21-21							Schedu	ile G (Fori	n 990) 2021
				4	5				

Schedule 0	G (Form	990

132084 11-18-2	21		Schedule G (Form 990)

132084 11-18-21

SCHEDULE O (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



23-7244648

PATHWAY CARING FOR CHILDREN

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FULLY TRAINED AND LICENSED TO PROVIDE FOSTER PARENTS A CHANCE TO TAKE A

BREAK. WE PROVIDED 576 DAYS OF RESPITE IN THE FISCAL YEAR. SERVICES

PROVIDED TO FOSTER CHILDREN AND FAMILIES ALSO INCLUDE CASE MANAGEMENT,

REFERRAL TO APPROPRIATE SERVICES, AND ONE ON ONE SUPPORT. FOSTER TEENS

RECEIVE INDEPENDENT LIVING SERVICES TO HELP PREPARE THEM FOR

INDEPENDENCE AT AGE 18. IN ADDITION, FOR THE LAST FISCAL YEAR, PATHWAY

HAD 20 CHILDREN WHO WERE ADOPTED BY THE FOSTER PARENTS THEY WERE PLACED WITH.

ALL FOSTER CARE OUTCOME MEASUREMENTS ARE RELATED TO THE LONG-TERM GOAL

THAT EVERY CHILD WILL LEAVE PATHWAY FOR A POSITIVE REASON. FOR FY 22,

70 CHILDREN WERE DISCHARGED WITH 87% OF THOSE DISCHARGES BEING

POSITIVE. THE MONTHLY OUTCOMES MEASURED ARE AS FOLLOWS, WITH THE

OUTCOME TARGET OF 100%:

- CHILDREN WILL EXPERIENCE STABILITY IN THEIR CURRENT PLACEMENT DURING 1ST 3 MONTHS AS EVIDENCED BY HAVING 5 OR LESS CIRS DURING THE REPORTING PERIOD. FOR FY 22, THIS OUTCOME WAS MET AT 100%.

- CHILDREN WILL EXPERIENCE INCREASED STABILITY IN THEIR CURRENT

PLACEMENT AFTER 3 MONTHS AS EVIDENCED BY HAVING TWO OR LESS CIRS DURING

THE REPORTING PERIOD. FOR FY 22, THIS OUTCOME WAS MET AT 91.45%.

- 100% OF YOUTH WILL HAVE LESS THAN 2 PLACEMENT MOVES WITHIN

PATHWAY AT THE TIME OF DISCHARGE. FOR FY 22, THIS OUTCOME WAS MET AT

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

20070329 131839 048-001476

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Name of the organization

96.25%."

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: THERAPEUTIC ALTERNATIVES. SPECIALIZED INDEPENDENT LIVING CASE MANAGEMENT IS AVAILABLE TO TRANSITIONAL AGE YOUNG PEOPLE (16-21) TO PREPARE THEM FOR LIVING SUCCESSFULLY AS ADULTS. PATHWAY IS A ZERO-SUICIDE AGENCY WITH A COMMITMENT TO THE BELIEF THAT SUICIDE IS PREVENTABLE. OUR EFFORTS INCLUDE SCREENING, ASSESSMENT AND TREATMENT SPECIFIC TO THIS COMMITMENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PATHWAY CARING FOR CHILDREN OFFERS THE MOST COMPREHENSIVE POST-ADOPTION

AND KINSHIP SERVICES IN NORTHEAST OHIO. WE PROVIDE A UNIQUE,

PATHWAY-DEVELOPED FAMILY EMPOWERMENT SERVICE THAT PROVIDES EXTENSIVE

SPECIALIZED TREATMENTS FOR ALL FAMILIES, INCLUDING ADOPTIVE AND

KINSHIP. PATHWAY USES EVIDENCED BASED TRUST BASED RELATIONAL

INTERVENTIONS (TBRI) TO DELIVER SUPPORT AND INTERVENTIONS TO THE ENTIRE

FAMILY TO FORM HEALTHY ATTACHMENTS AND RESTORE RELATIONSHIPS. CHILDREN

AND FAMILIES PARTICIPATE IN AGENCY-BASED SUPPORT GROUPS, INDIVIDUAL AND

FAMILY THERAPY, AND IN-HOME INTERVENTIONS.

EXPENSES \$ 166,001. INCLUDING GRANTS OF \$ 0. REVENUE \$ 82,163.

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

AUTOMN LOWE AND PATRICK RENNER HAVE A BUSINESS RELATIONSHIP.

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

THE MEMBERS OF THE FINANCE COMMITTEE REVIEW THE FORM 990 BEFORE IT IS

FILED.

Name of the organization

PATHWAY CARING FOR CHILDREN

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

THE POLICY IS REVIEWED WITH MEMBERS ON AN ANNUAL BASIS.

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

MEMBERS OF THE EXECUTIVE COMMITTEE REVIEW THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND OTHER TOP MANAGEMENT OFFICIALS AND COMPARE THEIR SALARIES WITH INDEPENDENT STANDARDS AND RECOMMEND COMPENSATION ADJUSTMENTS BASED ON THESE CRITERIA.

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

ALL GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE MADE

AVAILABLE UPON REQUEST.

Schedule O (Form 990) 2021

132212 11-11-21