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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection JUL 1, 2021 and ending JUN 30, A For the 2021 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change PATHWAYS FOR CHILDREN, INC. Name change 04-2694002 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ (978) 281-240029 EMERSON AVENUE termin-ated 9,511,975. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return GLOUCESTER, MA 01930 H(a) Is this a group return Applica-F Name and address of principal officer: ERIC MITCHELL Yes X No for subordinates? pending 29 EMERSON AVE, GLOUCESTER, MA 01930 H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or L If "No," attach a list. See instructions J Website: ► WWW.PW4C.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1979 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities: PATHWAYS FOR CHILDREN NURTURES Activities & Governance CHILDREN AND SUPPORTS FAMILIES IMPACTED BY ECONOMIC AND SOCIAL Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 Number of voting members of the governing body (Part VI, line 1a) <u>11</u> Number of independent voting members of the governing body (Part VI, line 1b) <u> 162</u> Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 56 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 7,735,790**.** 9,379,237. Contributions and grants (Part VIII, line 1h) Revenue 17,157 14,326. Program service revenue (Part VIII, line 2g) 5,750. 7,521. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 47,152. 38,983. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,440,067. 7,805,849. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 5,788,230. 5,839,317. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,867,535. 2,076,774. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,655,765. 7,916,091. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 150,084. 1,523,976. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 7,974,562. 6,885,269. 20 Total assets (Part X, line 16) 1,349,720. 953,158. 21 Total liabilities (Part X, line 26) 5,535,549. 021,404. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign

ERIC MITCHELL, PRESIDENT & CHIEF EXECUTIVE OFFICER Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature if self-employed DAVID KELLEHER, DAVID KELLEHER, CPA11/30/22 P01059560 Paid Firm's name AAFCPAS, INC. Firm's EIN > 04-2571780 Preparer Firm's address 50 WASHINGTON STREET Use Only WESTBOROUGH, MA 01581 Phone no. 508 - 366 - 9100 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2021)

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PATHWAYS FOR CHILDREN NURTURES CHILDREN AND SUPPORTS FAMILIES IMPACTED
	BY ECONOMIC AND SOCIAL INEQUITY THROUGH PROGRAMS THAT EDUCATE, ENRICH,
	EMPOWER AND MOTIVATE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$5 , 290 , 328 • including grants of \$) (Revenue \$)
	PATHWAYS FOR CHILDREN IS THE HEAD START AND EARLY HEAD START GRANT
	HOLDER FOR THE N. SHORE AND CAPE ANN AREAS SERVING UP TO 294
	PRESCHOOLER AND 16 TODDLERS ANNUALLY. IN FY22, PATHWAYS RESUMED FULL IN
	PERSON SERVICES WITH STRICT SAFETY GUIDELINES DUE TO COVID-19. PATHWAYS
	INCREASED PRESCHOOL ENROLLMENT FROM 110 IN PERSON IN FY21 TO 212 IN
	FY22. ENROLLED CHILDREN RECEIVED EARLY EDUCATION SERVICES, NUTRITIOUS MEALS, HEALTH AND DEVELOPMENTAL SCREENINGS, REFERRALS FOR SPECIAL
	SERVICES AND FAMILY SUPPORT. SOCIAL WORKERS PARTNERED WITH FAMILIES TO
	HELP THEM ACHIEVE SELF-IDENTIFIED GOALS AND ACCESS TO COMMUNITY
	RESOURCES. PATHWAYS INCREASED TO "DURATION" SCHOOL HOURS FOR ALL
	PRESCHOOLERS: 5 DAYS PER WEEK AND 5.5 HOURS PER DAY.
	INDUITORIES OF PRINCIPLE STATE O
4b	(Code:) (Expenses \$ 1,003,932. including grants of \$) (Revenue \$ 78,217.)
	PATHWAYS FOR CHILDREN HAS DEPT OF EARLY EDUCATION AND CARE CONTRACTS TO
	PROVIDE CHILDCARE FOR INCOME ELIGIBLE FAMILIES AND FAMILIES INVOLVED
	WITH THE DEPT OF CHILDREN AND FAMILIES. IN FY22, PATHWAYS PROVIDED UP
	TO 10 HOURS A DAY OF CHILDCARE YEAR ROUND FOR 36 PRESCHOOLERS, 65
	SCHOOL AGE CHILDREN AND 10 TODDLERS. ELIGIBLE FAMILIES HAVE PARENTS
	WORKING FULL-TIME, ENGAGED IN JOB SEARCH, ENROLLED IN A DEGREE PROGRAM
	OR WORKING WITH DCF ON PARENT GOALS. THE COMPREHENSIVE EDUCATIONAL
	PROGRAMS INCLUDE RECREATIONAL AND ENRICHMENT ACTIVITIES INCLUDING FIELD
	TRIPS FOR SCHOOL AGE CHILDREN, REFERRALS FOR SPECIAL SERVICES AND FAMILY SUPPORT.
	FAMILII SUFFORI.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (Note to be a second of the
4d	Other program services (Describe on Schedule O.)
-t u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 5 6,294,260.
	Form 990 (2021)

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	X		
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	6		Х	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I				
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	_			
_	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?	_			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,				
	as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х		
	Part VI	11a	Λ		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b			
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x	
٨	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	110			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х	
۵	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	110			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI and XII	12a		х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?				
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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		Х	
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		X	
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	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			3,	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
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		
25 a	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			3,7
	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%			х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	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>			
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSa	21	
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
•	If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
		,	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	

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Form **990** (2021)

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PATHWAYS FOR CHILDREN, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

b if "Yes," has filled a Form 900-T for this year? If "No!" to live 3b, provide an explanation on Schedule O As A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry) 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). 58 Was the organization apparty to a prohibited tax shelter transaction at any time during the tax year? 59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 If "Yes" to line 5a or 5b, did the organization file Form 8888-17 61 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charitable contributions? 62 Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 63 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 64 Did the organization neceive a payment in excess of \$5° made party as a contribution or great appropriate or the value of the goods everyoes provided? 70 Did the organization receive a payment in excess of \$5° made party as a contribution of a party for goods and services provided to the payor? 71 Did the organization received a contribution of cupilified intellectual property did the organization file appropriate to the contribution of the value of the goods personal property for which it was required to life form 8282? 72 Did the organization received a contribution of qualified intellectual property, did the organization file a payment of the year as premiums, directly or indirectly, to pay premiums on a personal benefit contract? 73 Did t						Yes	No
b if at least one is reported on line 2a, did the organization file all required technic employment tax returns? 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 goss income of \$1,000 or more during the year? 5a If 1749s, has it filled a Form 3901 for the year? If Not 10 line 3b, provide an expensation on Schedule 0 3b If 1749s, has it filled a Form 3901 for the year? If Not 10 line 3b, provide an expensation on Schedule 0 3b If 1749s, has it filled a Form 3901 for the year? If Not 10 line 3b, provide an expensation on Schedule 0 3c If 1749s it and uning the calendary year, did the organization have an interest in, or a significant or other authority over, a financial account in a frequency of the provides as a bank account, securities account, or other financial account? 5c If 174es 10 line 5a or 5b, did the erganization have fine the seeker transaction at any time during the tax year? 5c Dos whe organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of enhanciations? 5c If 174es 10 line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charisable contributions? 5c If 174es 10 line organization notify the donor of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 1700. 5d If 174es, did the organization notify the donor of the value of the goods or services provided? 7c If If we organization receive a primert in excess of 375 made partly as a contribution and partly for goods and services provided to the payor? 5d If 174es, did the organization notify the donor of the value of the goods or services provided? 7c If If we organization receive a primert in excess of 375 made partly sea. 6d If 174es, did the organization the primers				160			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3					-	v	
3a Dit the organization have unrelated business gross income of \$1.000 or more during the year? 4b If 11'Yes, * Inst Iffield a Form 990 Tor the year of 11'Wor's fine 8b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a such account, securities account, or other financial accounts? b If 1'Yes, * enter the name of the foreign country ▶ 5a Was the organization or the organization the fire FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization to party to a prohibitod tax whether transaction at any time during the tax year? 5b If 1'Yes, the Sea of 5b, did the organization the fire m8866. 6 Dese the organization have annual gross receipts that are normally greater than \$100,000, and did the organization scillar any contributions that were not tax deductibles of Enhancement of the Sea of 5c and the organization scillar any contributions that were not tax deductibles of the organization are expressed scharable contributions? 5b If Yes, * did the organization include with every solicitation an expresse statement that such contributions or gifts were not tax deductibles of the organization scillar any contributions that were not tax deductibles of the property of the organization scillar any contribution and party for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive agreement excess of \$5\times and party sa contribution and quarty for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the segmanization receive any payment in excess of \$5\times and party to a contribution or ground to the payor. 9 Did the segmanization received any funds, directly or indirectly, to paymentum any to pay the payor or the payor or the payor or the pa					2b	Λ	
b If "Yes," has it filled a Form 990-T for this year? If "No" to fire 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party nority the organization file Form 888617? 5c Us Tyes" to line Sa or Sb, did the organization file Form 888617? 5c Dose the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 7 Organizations that may receive deductable contributions under section 170(c). 8 Did the eignalization received a payment in excess of \$1\times has pathy as a contribution and party for goods and services provided to the payor? 8 Did the eignalization received as payment in excess of \$1\times has pathy as a contribution and party for goods and services provided to the payor? 9 Did the organization received as open the excess of \$1\times has pathy as a contribution and party for goods and services provided to the payor? 10 If Yes, include the comment of forms 8282 filed during the year 11 Did the organization received a contribution of current of the year (and the year) are premiums on a personal benefit contract? 12 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 13 Did the expanization received a contribution of current payments of the payments of th					0-		Х
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in foreign country [such as a bank account, securities account, or other financial accounts?] b If "Yes," enter the name of the foreign country							
the infrancial account in a foreign country (such as a bank account, or other financial account)? b if Y'es; "other the name of the foreign country." b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibitot as wheeler transaction at any time during the tax year? 5b Did any sustable party notify the organization file Form 8889.7? 6c If Y'es' to line 6a or 5b, did the organization file Form 8889.7? 6d Does the organization banual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If Y'es, "did the organization include with every solicitation are reposts astatement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization state in the section of the tax of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year 9 Did the organization cereive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Till bid the organization for eceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Till bid the organization received a contribution of qualified intellectual property, did the organization file Form 8890 as required? 8 Sponsoring organization and selection of qualified intellectual property, did the organization file Form 8890 as required? 9 Sponsoring organizations maintaining donor advised funds. 10 Section 801(c)(2) organizations benefit contract? 11 Did to some service organization is possible to the some servic					30		
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.21130 715045 47025 2021.05000 PATHWAYS FOR CHILDREN, INC. 47025							

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ERIC MITCHELL - (978) 281-2400			
	29 EMERSON AVE., GLOUCESTER, MA 01930			

132006 12-09-21

Form **990** (2021)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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.

(A)	(B)		rganization compensate (C)					(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	Cer an	lu a u	recit	rector/trustee)		from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	10001120)	and related
	below	Individual trustee or director	Institutional trustee	La la	Key employee	est co loyee	Je.			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	R			
(1) ERIC MITCHELL	35.00	1								40 676
PRESIDENT & CEO	25 00	닏		Х				95,433.	0.	13,676
(2) ELIZABETH REDMOND	35.00			,,				60 010		2 661
ASSISTANT TREASURER, CFO (UNTIL 7/21	1 00	⊢		Х				60,210.	0.	3,661
(3) TOM ZARRELLA	1.00	x		Х				0.	0.	0 .
CHAIR (4) GREG SMITH	1.00	Δ		Δ				0.	0.	0 .
VICE CHAIR	1.00	x		X	ľ			0.	0.	0 .
(5) ADAM SWANSON	1.00	77						.	0.	0
TREASURER	1:00	x		х		ľ		0.	0.	0
(6) JESSICA CONNORS	1.00									
CLERK SECRETARY		Х		х				0.	0.	0.
(7) CHERYL MARKS	1.00	7								
MEMBER		Х						0.	0.	0 .
(8) JUDSON REIS	1.00									
MEMBER		Х						0.	0.	0.
(9) MARLENE SELTZER	1.00									_
MEMBER	1 00	Х			$ldsymbol{ldsymbol{ldsymbol{eta}}}$			0.	0.	0 .
(10) STEVE MERSKY	1.00	ļ								•
MEMBER	1 00	Х			<u> </u>			0.	0.	0 .
(11) KRISTINA SIMON	1.00	١,,								0
MEMBER (10.) GUANTE TA GUGON	1.00	Х			⊢			0.	0.	0 .
(12) CHANEL JACKSON MEMBER	1.00	X						0.	0.	0 .
(13) BILL CUFF	1.00	<u> </u>			\vdash	\vdash				0
MEMBER	1.00	x						0.	0.	0.
HIMDER		1								
		1								
		1								
		Г								
		L	L	L_	L	L	L			

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(A)	(B)	(C)						(D)	(E)	(E)			
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Es [.]	timated	Ł
	hours per	box	, unle	ss per d a di	rson	is bot	h an	compensation	compensatio			ount o	ſf
	week (list any	-				1	T	from the	from related			other	ion
	hours for	director				-		organization	organizations (W-2/1099-MIS			oensat om the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	,0,		anizatio	
	organizations	trust	nal tru)yee	ompe		1099-NEC)	,		and	l relate	d
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ns
	iii ie)	llu	lns	₩0	Key	훈등	요						
		-											
Subtotal						Ą		155,643.		0.	1'	7,33	37.
c Total from continuation sheets to Par	t VII. Section A							0.		0.		,	0.
d Total (add lines 1b and 1c)					_		>	155,643.		0.	1'	7,33	37.
Total number of individuals (including bu	ut not limited to th							eceived more than \$100	,000 of reportabl	le			
compensation from the organization			-								I	Yes	1 No
Did the organization list any former office	cer. director. trust	ee. I	kev e	lame	love	e. o	hio	hest compensated emp	olovee on				
line 1a? If "Yes," complete Schedule J fo											3		Х
For any individual listed on line 1a, is the			/										
and related organizations greater than \$	3150,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		Х
Did any person listed on line 1a receive	•				•		elat	· ·			_		v
rendered to the organization? If "Yes," or tion B. Independent Contractors	complete Schedul	e J f	or si	ıch į	pers	son .					5		X
Complete this table for your five highest	-	-								pens	ation f	rom	
the organization. Report compensation	for the calendar y	ear	endi	ng w	vith	or w	ithir		year.		10	١	
(A) Name and busine	ess address	N	ONE	3				(B) Description of s	ervices	С	(C Comper		l
							_						
							\dashv						
							\dashv						
Total number of independent contractor	re (including but a	ot II	mito	d to	the	so li		Labovo) who received ~	oro than				
\$100,000 of compensation from the org		iot il	111116	u 10		0	J.C.C	above, who received in	IOIC IIIAII				
											Carm (300 G	

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Ра	rt V	Ш						
			Check if Schedule O contains a response of	or note to any lir				
					(A) Total revenue	(B) Related or exempt		(D) Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
ts t	1	<u>_</u>	Federated campaigns 1a					
ran			Membership dues 1b					
β, mc			Fundraising events 1c	213,221.				
ifts ar /			Related organizations 1d	· · · · · · · · · · · · · · · · · · ·				
s, G mila				551,931.				
Sign			All other contributions, gifts, grants, and	-				
but				614,085.				
nt Of		g	Noncash contributions included in lines 1a-1f	11,053.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f		9,379,237.			
				Business Code				
e	2	а	PARENT FEES	624410	14,326.	14,326.		
e vic		b						
Se nue		С						
ran leve		d						
Program Service Revenue		е						
Ъ			All other program service revenue		11 206			
		g	Total. Add lines 2a-2f		14,326.			
	3		Investment income (including dividends, intere	,	7 5 2 1			7 501
			other similar amounts)		7,521.			7,521.
	4		Income from investment of tax-exempt bond p					
	5		Royalties (i) Real	(ii) Personal				
	6	_	Gross rents 6a	(ii) i ciociiai				
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ıπe			and sales expenses 7b					
Revenue			Gain or (loss) 7c					
			Net gain or (loss)	>				
Other	8	а	Gross income from fundraising events (not					
0			including \$ 213,221. of					
			contributions reported on line 1c). See	47,000.				
		L	Part IV, line 18 8a Less: direct expenses 8b	71,908.	1			
				>	-24,908.			-24,908.
			Gross income from gaming activities. See					
	Ū	_	Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Al 1: (I) (
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory					
sn			OMILED INCOME	Business Code	62 001	62 001		
ne ne	11		OTHER INCOME	900099	63,891.	63,891.		
llar		b						
Miscellaneous Revenue		۳ C	All other revenue					
Ξ			All other revenue		63,891.			
	12	<u>e</u>	Total revenue. See instructions		9,440,067.	78,217.	0.	-17,387.
				·····	<u> </u>			,

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX										
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)					
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations		скранова	gerieral experiede	скропосс					
-	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	136,297.		136,297.						
6	Compensation not included above to disqualified	-								
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	4,470,468.	3,707,278.	473,033.	290,157.					
8	Pension plan accruals and contributions (include	•		·	·					
	section 401(k) and 403(b) employer contributions)	47,689.	41,012.	3,534.	3,143.					
9	Other employee benefits	755,229.	634,256.	72,085.	3,143. 48,888.					
10	Payroll taxes	429,634.	348,393.	54,835.	26,406.					
11	Fees for services (nonemployees):	-								
	Management									
	Legal	2,652.		2,652.						
	Accounting	71,082.		71,082.						
	Lobbying									
	D () I()									
f	Investment management fees									
g										
	column (A), amount, list line 11g expenses on Sch O.)	130,819.	52,856.	72,881.	5,082.					
12	Advertising and promotion									
13	Office expenses	385,035.	279,846.	75,235.	29,954.					
14	Information technology	217,629.	128,748.	63,119.	25,762.					
15	Royalties									
16	Occupancy	542,808.	455,682.	82,219.	4,907.					
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest	49,536.	49,536.							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	231,447.	210,439.	18,337.	2,671.					
23	Insurance	64,433.	7,782.	56,651.						
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 O.)									
а	FOOD	219,179.	219,179.							
b	VEHICLE AND RELATED	84,858.	84,858.		2 1=2					
С	TRAINING	77,296.	74,395.	743.	2,158.					
d										
е	All other expenses		6.004.055	1 100 -00	100 100					
25	Total functional expenses. Add lines 1 through 24e	7,916,091.	6,294,260.	1,182,703.	439,128.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
13201	0 12-09-21				Form 990 (2021)					

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Form 990 (2021) Part X Balance Sheet

Par	τX	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			507,261.	1	550.
	2	Savings and temporary cash investments			775,731.	2	2,217,164.
	3	Pledges and grants receivable, net			570,437.	3	471,836.
	4	Accounts receivable, net			14,648.	4	7,940.
	5	Loans and other receivables from any current of	r forme	r officer, director,			
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	-			5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe		6			
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	1 - 0 - 0 - 0
▲	9	Prepaid expenses and deferred charges			140,506.	9	158,830.
	10a	Land, buildings, and equipment: cost or other		0 000 010			
		basis. Complete Part VI of Schedule D	10a	8,023,319.	4 250 010		4 550 004
	b	Less: accumulated depreciation		3,444,095.		10c	4,579,224.
	11	Investments - publicly traded securities		526,476.	11	539,018.	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			6,885,269.	15	7,974,562.
$\overline{}$	16	Total assets. Add lines 1 through 15 (must equ	381,125.	16	366,217.		
	17	Accounts payable and accrued expenses			301,123.	17	300,217.
	18	Grants payable		18			
	19	Deferred revenue				19 20	
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete				21	
,	22					21	
Liabilities	22	Loans and other payables to any current or form trustee, key employee, creator or founder, subs					
iliqi		controlled entity or family member of any of these			·	22	
Lis	23	Secured mortgages and notes payable to unrela			968,595.	23	586,941.
	24	Unsecured notes and loans payable to unrelate		\	700,000	24	300,72123
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	1				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,349,720.	26	953,158.
		Organizations that follow FASB ASC 958, che					
Ses		and complete lines 27, 28, 32, and 33.		·			
lan	27	Net assets without donor restrictions			5,183,939.	27	6,659,976.
Ba	28	Net assets with donor restrictions			351,610.	28	361,428.
בון		Organizations that do not follow FASB ASC 9					
Ę		and complete lines 29 through 33.					
o s	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
ē	32	Total net assets or fund balances		5,535,549.	32	7,021,404.	
~	O_				6,885,269.		7,974,562.

Form **990** (2021)

Pa	TXI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)		,44					
2	Total expenses (must equal Part IX, column (A), line 25)		7,91					
3	Revenue less expenses. Subtract line 2 from line 1		5,52 5,53					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5	-3	<u>8,1</u>	21.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	7,02	1,4	04.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	∍ O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si							
	Act and OMB Circular A-133?		3a	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	X				
			Form	990	(2021)			

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization PATHWAYS FOR CHILDREN, INC. **Employer identification number** 04 - 2694002

Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete the	his part.) S	See instructions.	
Γhe	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	described	d 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 co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local government	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	ntial part of its support t	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	Щ	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)	A		
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	je or
		university:						
10		An organization that norma						
		activities related to its exen		· · · · · · · · · · · · · · · · · · ·				-
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con	'	is a but a tank face of billion	fati. Caa		20(-)(4)	
11 12	H	An organization organized an organization organized a						nurnages of one or
12		more publicly supported or						
		lines 12a through 12d that						DIRECK THE BOX OH
а		Type I. A supporting orga						, aivina
_		the supported organization						
		organization. You must o			a majority	01 1110 4110		apporting
b		Type II. A supporting org			tion with it	ts support	ed organization(s), by ha	avina
_		control or management of						
		organization(s). You mus					J i	•
С		Type III functionally inte			in connec	tion with,	and functionally integrat	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
	_	requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	* *		ing organi	zation.		
f		er the number of supported of						
g		vide the following information i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(11) = 114	(described on lines 1-10	in your governi Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))	163	140		
Tota	al							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(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.")	8,444,183.	7,996,845.	7,877,267.	7,735,790.	9,379,237.	41,433,322.		
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	8,444,183.	7,996,845.	7,877,267.	7,735,790.	9,379,237.	41,433,322.		
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.						41,433,322.		
Sec	ction B. Total Support		-						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	8,444,183.	7,996,845.	7,877,267.	7,735,790.	9,379,237.	41,433,322.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	4,428.	200.	9,064.	5,750.	7,521.	26,963.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						41,460,285.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	881,647.		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax	year as a section 5	601(c)(3)			
	organization, check this box and stop	here					>		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2021 (line 6, column (f), c	livided by line 11, o	olumn (f))		14	99.93 %		
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	99.94 %		
16a	33 1/3% support test - 2021. If the	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	nore, check this bo			
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X		
b	33 1/3% support test - 2020. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qualifies as a publicly supported organization								
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop her	e. Explain in Part	VI how the organiza	ation		
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	blicly supported o	organization				
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain ir	Part VI how the			
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organi	ization	>		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	ı, 16b, 17a, or 17b	o, check this box a	nd see instructions	s ▶□		

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	, ,	,				
Cal	endar 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	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b		,				
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
							.
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2021 (line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2021. If the	organization did n	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiz	ation	▶□
ı	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20	Private foundation If the organization	an did not abook a	boy on line 14, 10	a or 10h chack th	nie hov and soo in	etructione	

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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	401		
lo	10b	~ 000	

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Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	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		
	ion B. Type I Supporting Organizations			
	<i>y</i> 11 0 0		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
	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.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations	2		
Seci	ion C. Type if Supporting Organizations			
			Yes	No
	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		
Seci	ion D. All Type III Supporting Organizations			
			Yes	No
	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		
	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		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	5			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | 132025 01-04-22 | Schedule A (Form 990) 2021

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	eme	rgency temporary reduction (see instructions).	6		
7		Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see
		instructions).			

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2021

3

5

Enter greater of line 2 or line 3.

Income tax imposed in prior year

3 4

5

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-		A		
	able 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				
<u>i</u> _					
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	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				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Supplemental Information. Provide the explanations required by Part II, line 176, Part III, line 176, Part
(See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

PATHWAYS FOR CHILDREN INC.

Employer identification number 04 - 2694002

Pai	t I Organizations Maintaining Donor Advised	-	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		2 311 4 312
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	
	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 stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic struct	rure
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	ation easements during the year
•			0/-\/4\/D\/)\
8	Does each conservation easement reported on line 2(d) above	•	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ients that describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art. Historical Treasures, or C	Other Similar Assets
. a.	Complete if the organization answered "Yes" on Form		Aller Gillian Alegaei
	If the organization elected, as permitted under FASB ASC 958		and halance sheet works
	of art, historical treasures, or other similar assets held for public	•	
	service, provide in Part XIII the text of the footnote to its finan-	·	•
h	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or recourse in her	Tierarioe or public service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB AS	,	g, p
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		

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Schedule D (Form 990) 2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, oi	Other	Similar Ass	ets(contir	nued)
3	Using the organization's acquisition, accession	n, and other records	s, check any of the	following that	make sigr	nificant use of	ts	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange progran	n			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	n how they further t	he organizatio	n's exemp	ot purpose in P	art XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or other	similar as	ssets		
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's co	ollection?		L	Yes	No_
Pai	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Y	es" on Fo	orm 990, Part I	V, line 9, or	•
	reported an amount on Form 990, Part	: X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other ass	ets not ind	cluded		
	on Form 990, Part X?					L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:					
							Amoun	t
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escrow or co	ustodial accou	nt liability	?	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on F	art XIII			
Pai	t V Endowment Funds. Complete if	the organization and	swered "Yes" on Fo					
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years bad	k (e) Four	years back
1a	Beginning of year balance	306,725.	250,985.	244	118.	197,46	7.	186,955.
	Contributions	50,000.				35,00	٠.	
С	Net investment earnings, gains, and losses	-39,680.	55,740.	6	867.	11,65	١.	10,512.
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	317,045.	306,725.	250	985.	244,11	3.	197,467.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	a)) held as:				<u> </u>
а	Board designated or quasi-endowment	100.0000	%	,,				
b	Permanent endowment	%						
С	Term endowment > 9	_						
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.						
За	Are there endowment funds not in the posses		tion that are held a	nd administer	ed for the	organization		
	by:					Ü	Ī	Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the							<u> </u>
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answered		, Part IV, line 11a. S	See Form 990,	Part X, lin	e 10.		
	Description of property	(a) Cost or ot		or other		umulated	(d) Boo	k value
	2 ccompliant of property	basis (investm		(other)		ciation	(-,	
1a	Land	,	, l	7,162.	•		83	7,162.
	Buildings			2,445.	2,30	6,202.		$\frac{6,243}{6}$
	Leasehold improvements			8,690.		9,850.		8,840.
d	Equipment			4,074.		7,576.		$\frac{6,498}{}$
	Other			0,948.		0,467.		$\frac{0,1900}{0,481}$
	. Add lines 1a through 1e. (Column (d) must ed							9,224.

Schedule D (Form 990) 2021

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2021 PATHWAYS FO	OR CHILDREN, IN	ıc.	04-2694002 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes'		•	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r 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.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes'		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		.▶
Part X Other Liabilities.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	<u> </u>
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			i

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

(7) (8)

4c

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

a Investment expenses not included on Form 990, Part VIII, line 7b

b Other (Describe in Part XIII.) c Add lines 4a and 4b

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 X, LINE 2:

PATHWAYS ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC THIS STANDARD CLARIFIES THE ACCOUNTING FOR TOPIC, INCOME TAXES. UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE CONSOLIDATING FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. PATHWAYS HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATING FINANCIAL STATEMENTS AT JUNE 30, 2022. PATHWAYS' INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE JURISDICTIONS.

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

ZUZOpen to Public

Name of the organization

GO TO WWW.III oligothi olillood for illoud doubline did the fateou

Inspection
Employer identification number

PATHWAY	S FOR CHILDREN, I	INC.				04-2694	002	
Part I Fundraising Activities. required to complete this part	• Complete if the organization art.	nswere	ed "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	filers are not	
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments. 	sed funds through any of the following between the following solutions of t	licitatio licitatio ecial fu idual (ir	on of on of on of on of one of one of one of one of the one of the offession of the offessi	non-go governising of ding of onal f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or Yes		
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) or ganization								
		\	Yes	No				
Total				•				
List all states in which the organization or licensing.					s or has been notified	d it is exempt from re	egistration	

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

Schedule G (Form 990) 2021

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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines 1 and 6b. List 6	events with gross receip	ots greater than \$5,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			PUTTIN' FOR	LET'S HAVE A	NONE	(add col. (a) through				
			PATHWAYS	BALL GALA		1				
a)			(event type)	(event type)	(total number)	col. (c))				
nue										
Revenue	1	Gross receipts	39,000.	221,221.		260,221.				
Ж										
	2	Less: Contributions	18,700.	194,521.		213,221.				
	3	Gross income (line 1 minus line 2)	20,300.	26,700.		47,000.				
	4	Cash prizes								
	5	Noncash prizes								
ses										
oen	6	Rent/facility costs	24,754.			24,754.				
Direct Expenses										
ect	7	Food and beverages		20,044.		20,044.				
₫				600		600				
	8	Entertainment		600.		600.				
	9	Other direct expenses		26,510.		26,510.				
	10		. ,			71,908.				
Da		Net income summary. Subtract line 10 from I				-24,900.				
Га	Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than									
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add				
ıne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))				
Revenue				g., p. 1 g. 1 1 g.		(u) through con (v)				
Re	1	Gross revenue								
_	Ė	GIOSS Teveride				+				
	2	Cash prizes								
ses	_	Cash ph.255								
Direct Expenses	3	Noncash prizes								
Ť						1				
rec	4	Rent/facility costs								
	5	Other direct expenses								
			Yes %	Yes %	Yes %					
	6	Volunteer labor	No No	☐ No	No No					
	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:										
100	\\/	ere any of the organization's gaming licenses re	avokad suspended ort	erminated during the tay	vear?	Yes No				
					, oar :	103140				
	b If "Yes," explain:									

Schedule G (Form 990) 2021

132082 10-21-21

Sch	chedule G (Form 990) 2021 PATHWAYS FC	R CHILDREN, INC. 04-	2694002	Page 3
11		members?	Yes	No
	2 Is the organization a grantor, beneficiary or trustee of a tr	ust, or a member of a partnership or other entity formed		☐ No
12	Indicate the percentage of gaming activity conducted in:		res	□ NO
			13a	%
		the organization's gaming/special events books and records:	100	
14	Finder the harrie and address of the person who prepares	the organization's gaming/special events books and records.		
	Name ▶			
	Address			
15a	5a Does the organization have a contract with a third party f	rom whom the organization receives gaming revenue?	Yes	☐ No
ŀ	h If "Ves " enter the amount of gaming revenue received by	the organization > \$ and the amount		
•	of gaming revenue retained by the third party > \$			
,	c If "Yes," enter name and address of the third party:			
•	on roo, onto hamo and address of the time party.			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
		_		
	Description of services provided			
	Director/officer Employee	Independent contractor		
	7 Mandatory distributions:			
á	a Is the organization required under state law to make char	itable distributions from the gaming proceeds to		
			L Yes	└─ No
k		y to be distributed to other exempt organizations or spent in the		
De	organization's own exempt activities during the tax year) - d III 15 0	0- 10-
F		xplanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lines 9,	96, 106,
	15b, 15c, 16, and 17b, as applicable. Also provid	e any additional information. See instructions.		

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PATHWAYS FOR CHILDREN, INC.

Employer identification number 04-2694002

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

INEQUITY THROUGH PROGRAMS THAT EDUCATE, ENRICH, EMPOWER AND MOTIVATE.

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

THE FORM 990 IS REVIEWED AT A MEETING OF THE FINANCE & AUDIT COMMITTEE AND IS DISTRIBUTED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

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

MANAGEMENT OF PATHWAYS FOR CHILDREN ENSURES THAT CONFLICT OF INTEREST FORMS

ARE COMPLETED AND REVIEWED ANNUALLY TO ENSURE COMPLIANCE WITH PATHWAYS'

CONFLICT OF INTEREST POLICY.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF PATHWAYS FOR CHILDREN REVIEWS THE PRESIDENT & CEO'S COMPENSATION ANNUALLY.

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

PATHWAYS FOR CHILDREN'S BY-LAWS ARE FILED WITH AND AVAILABLE AT THE STATE

ATTORNEY GENERAL'S OFFICE. THE CONFLICT OF INTEREST POLICY IS AVAILABLE

UPON REQUEST. PATHWAYS FOR CHILDREN MAKES ITS AUDITED FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC THROUGH THE WEBSITE OF THE ATTORNEY GENERAL OF THE

COMMONWEALTH OF MASSACHUSETTS.

FORM 990, PART XII, LINE 2C:

THE PROCESS IS THE SAME AS PRIOR YEARS.

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

Schedule O (Form 990) 2021

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021
Open to Public Inspection

OMB No. 1545-0047

Inspection
Employer identification number

	PATHWAYS FOR C	HILDREN, INC.					04-26940	02	
Part I	Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r Total inco	(e) me End-of-year		Direct c	(f) ontrolling ntity	9
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	itions. Complete if the organization a	nswered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more	e related tax-exe	empt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ct controlling entity	contr ent	g) 512(b)(13) rolled tity?
					501(c)(3))			Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)										
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Diantanartianata		Disproportionate allocations?		1		1		Diagrapartianeta		Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(t contr ent	tion b)(13) rolled ity?
29 EMERSON AVENUE CONDOMINIUM ASSOCIATION		country)						Yes	No
29 EMERSON AVENUE	SHARING OF COMMON		PATHWAYS FOR						
GLOUCESTER, MA 01930	AREA BUILDING COSTS	MA	CHILDREN, INC.	TRUST	54,564.	23,465.	75.00%	Х	
	-								
									<u> </u>
	-								
	1								

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with	one or more re	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Х	
b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
-1	Performance of services or membership or fundraising solicitations for related organization	on(s)			11		X
m	n Performance of services or membership or fundraising solicitations by related organization				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X	
o	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
			•				
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
	If the answer to any of the above is "Yes," see the instructions for information on who mu						
		(b) ransaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
1)	29 EMERSON AVENUE CONDOMINIUM ASSOCIATION	A	54,563.	FMV			
3)							
2)							
3)							
-,							
4)							
5)							
6)		l			. /=	000	
3216	63 11-17-21	J J		Schedule F	⊀ (⊢orr	n 990)	2021

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all partners se 501(c)(3) orgs.?	(f)	(g)	(h)	(i)		(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners se	Share of	Share of	Disprop	or- Code V-UBI	Gen	eral or	Percentage
of entity		(state or foreign	lexcluded from tax under	501(c)(3) orgs.?	total	end-of-year	allocatio	ns? of Schedule K	-1 pai	tner?	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes No	income	assets	Yes I	or- e amount in box of Schedule K lo (Form 1065	Ye	ОИ	
							+				
							\dagger				
-											
							$\perp \perp$				
							+		+	+	
							++		-	+	
								1			
								1			
							\dagger		\neg		
								1			

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print 04 - 2694002PATHWAYS FOR CHILDREN, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 29 EMERSON AVENUE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 01930 GLOUCESTER, MA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) 07 ERIC MITCHELL The books are in the care of ► 29 EMERSON AVE. - GLOUCESTER, MA 01930 Telephone No. ► (978) 281-2400 Fax No. \triangleright (978)281-7053 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 💹 . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ▶ X tax year beginning JUL 1, 2021 , and ending JUN 30, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

123841 01-12-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)