| | | | EXTENDED TO MAY 17, 202 | 1 | • | | |
|--------------------------------|-----------------------|--|---|---|----------------------------|--|--|
| | 0 | ON | Return of Organization Exempt Fro | | OMB No. 1545-0047 | | |
| For | | JU | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod | | ZU 19 | | |
| • | | of the Treasury | Do not enter social security numbers on this form as it | | Open to Public | | |
| Inter | nal Rev | enue Service | ► Go to www.irs.gov/Form990 for instructions and the | | Inspection | | |
| A | or th | | | ng JUN 30, 2020 | | | |
| Β | Check in applicat | f C Name o | forganization | D Employer identificat | ion number | | |
| | ⊐Addr | | WAYS FOR CHILDREN, INC. | | | | |
| | chan Nam | e | - | 04-2694002 |) | | |
| | _ chan _Initia | | usiness as r and street (or P.O. box if mail is not delivered to street address) Room | | | | |
| | _retur Final | 20 1 | MERSON AVENUE | | -2400 | | |
| | retur term ated | n- | own, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | 8,001,724. | | |
| | | nded CT.OT | CESTER, MA 01930 | H(a) Is this a group retur | | | |
| | | | nd address of principal officer: ELIZABETH REDMOND | for subordinates? | | | |
| | penc | | ERSON AVE, GLOUCESTER, MA 01930 | H(b) Are all subordinates inclu | | | |
| 1 | Tax-ex | empt status: | X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or | 527 If "No," attach a list | | | |
| | | | PW4C.ORG | H(c) Group exemption n | umber 🕨 | | |
| Κ | orm o | | X Corporation Trust Association Other ▶ L | Year of formation: 1979 M S | tate of legal domicile: MA | | |
| Pa | art I | | | | | | |
| ø | 1 | Briefly describ | be the organization's mission or most significant activities: PATHWAY | S FOR CHILDREN N | IURTURES | | |
| Activities & Governance | | CHILDRE | N AND SUPPORTS FAMILIES IMPACTED BY | ECONOMIC AND SOC | IAL | | |
| ern | 2 | | x 🕨 🛄 if the organization discontinued its operations or disposed of | | | | |
| 20 So | 3 | | ting members of the governing body (Part VI, line 1a) | | 15 | | |
| م | 4 | | lependent voting members of the governing body (Part VI, line 1b) | | 15 | | |
| ties | 5 | | of individuals employed in calendar year 2019 (Part V, line 2a) | | 191 151 | | |
| tivi | 6 | | of volunteers (estimate if necessary) | | 0. | | |
| Ac | | | d business revenue from Part VIII, column (C), line 12 | | 0. | | |
| | | net unrelated | business taxable income from Form 990-T, line 39 | Prior Year | Current Year | | |
| | 8 | Contributions | and grants (Part VIII, line 1h) | | 7,877,267. | | |
| nue | 9 | | ice revenue (Part VIII, line 2g) | 202 206 | 103,285. | | |
| Revenue | 10 | - | come (Part VIII, column (A), lines 3, 4, and 7d) | | 9,064. | | |
| Ê | 11 | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 64 5 | -27,773. | | |
| | 12 | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 7,961,843. | | |
| | 13 | Grants and si | milar amounts paid (Part IX, column (A), lines 1-3) | . 0. | 0. | | |
| | 14 | | to or for members (Part IX, column (A), line 4) | | 0. | | |
| es | 15 | Salaries, othe | r compensation, employee benefits (Part IX, column (A), lines 5-10) | 6,283,075. | 6,045,765. | | |
| Expenses | 16a | Professional f | r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ► <u>559,681.</u> | . 0. | 0. | | |
| ğ | | | | | 1 0 2 0 0 0 0 | | |
| ш | 17 | • | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,839,860. | | |
| | 18 | | es. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 7,885,625. | | |
| <u>_</u> | 19 | Revenue less | expenses. Subtract line 18 from line 12 | | 76,218. | | |
| ance | | T . | | Beginning of Current Year 6,555,429. | End of Year 6,774,416. | | |
| Net Assets or Fund Balances | 20 | Total assets (| | | 1,446,098. | | |
| Vet / | 21 | | ; (Part X, line 26) fund balances. Subtract line 21 from line 20 | | 5,328,318. | | |
| | art II | | | | 5,525,510. | | |
| | | - | I declare that I have examined this return, including accompanying schedules and s | statements, and to the best of mv kr | 10wledge and belief. it is | | |
| | | | . Declaration of preparer (other than officer) is based on all information of which pr | | J | | |
| | | | | | | | |
| Sig | n | Signatur | e of officer | Date | | | |
| | | I⊾ FT.T7 | ABETH REDMOND CEO | | | | |

| Here | ELIZABETH REDMOND, CFO | | | | | | |
|-------------|---|---------------------------|-------------------------------|--|--|--|--|
| | Type or print name and title | | | | | | |
| | Print/Type preparer's name | Preparer's signature Date | Check PTIN | | | | |
| Paid | DAVID KELLEHER, CPA | DAVID KELLEHER, CPA04/ | 09/21 self-employed P01059560 | | | | |
| Preparer | Firm's name 💊 AAFCPAS, INC. | | Firm's EIN ▶ 04-2571780 | | | | |
| Use Only | Firm's address 50 WASHINGTON ST | REET | | | | | |
| | WESTBOROUGH, MA | 01581 | Phone no. 508 - 366 - 9100 | | | | |
| May the IF | May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | | |
| 932001 01-2 | 32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019) | | | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

1

| | revenue, if any, for each program service reported. |
|----|---|
| 4a | (Code:) (Expenses \$ 5,065,125. including grants of \$) (Revenue \$ 448.) IN FY20, PATHWAYS FOR CHILDREN SERVED 347 CHILDREN AGED 0-5 THROUGH |
| | |
| | HEAD START AND EARLY HEAD START PROGRAMMING. ENROLLED CHILDREN RECEIVED |
| | COMPREHENSIVE EARLY CHILDHOOD EDUCATION, NUTRITIOUS MEALS, HEALTH AND |
| | DEVELOPMENTAL SCREENINGS, REFERRALS FOR SPECIAL SERVICES, AND FAMILY |
| | SUPPORT. SOCIAL WORKERS PARTNERED WITH THE FAMILIES OF ALL |
| | PARTICIPATING CHILDREN TO HELP THEM ACHIEVE SELF-IDENTIFIED GOALS AND |
| | ACCESS COMMUNITY RESOURCES. DURING THE EARLY MONTHS OF THE PANDEMIC, |
| | TEACHERS AND SOCIAL WORKERS MAINTAINED COMMUNICATION VIRTUALLY WITH |
| | FAMILIES TO PROVIDE EDUCATION, SUGGESTIONS FOR AT-HOME LEARNING |
| | ACTIVITIES, EMOTIONAL SUPPORT, AND CONCRETE RESOURCES. |
| | |
| | |
| 4b | (Code:) (Expenses \$ 946,664. including grants of \$) (Revenue \$ 103,037.) |
| | (Code:) (Expenses \$ 946,664. including grants of \$) (Revenue \$ 103,037.) IN FY20, PATHWAYS FOR CHILDREN SERVED 147 CHILDREN AGED 0-13 THROUGH |
| | EEC SUBSIDIZED CHILDCARE, INCLUDING FULL-DAY CARE FOR CHILDREN WITH |
| | INCOME ELIGIBLE PARENTS/GUARDIANS WHO WERE WORKING FULL-TIME, ACTIVELY |
| | ENGAGED IN JOB SEARCH, OR ENROLLED IN AN ACCREDITED COLLEGE/UNIVERSITY |
| | LEADING TOWARDS AN ASSOCIATE OR BACHELOR'S DEGREE; CHILDREN INVOLVED |
| | WITH DCF; CHILDREN IN FOSTER CARE; AND CHILDREN LIVING WITH RELATIVES |
| | WHO HAD GUARDIANSHIP. PATHWAYS PROVIDED ENROLLED CHILDREN WITH |
| | YEAR-ROUND CHILDCARE, NUTRITIOUS MEALS, EDUCATION, ENRICHMENT, AND |
| | SOCIAL WORK SUPPORT FOR THEIR FAMILIES. TEACHERS AND SOCIAL WORKERS |
| | PROVIDED VIRTUAL ACTIVITIES AND OUTREACH IN THE EARLY MONTHS OF THE |
| | PANDEMIC. |
| | IANDEMIC: |
| 4c | |
| 40 | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ► 6,011,789. |
| | Form 990 (2019) |

| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
|---|--|-----|-----|
| | prior Form 990 or 990-EZ? | Yes | XNo |
| | 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 | XNo |
| | 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. |

| 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. | |
| | |

| Form 990 (| | | | CHILDREN | |
|------------|-------------|-----------------|-------|--------------|----|
| Part III | Statement o | f Program Servi | ce Ac | complishment | IS |

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

04 - 2694002Page **2**

| Form | 990 | (2019) |
|------|-----|--------|

 Form 990 (2019)
 PATHWAYS
 FOR
 CHILDREN, INC.

 Part IV
 Checklist of Required Schedules
 Checklist of Required Schedules

| | | | Yes | No |
|------------|--|------------|------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| • | public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| • | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | - | | |
| Ű | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | <u> </u> | | |
| Ŭ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | • | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| 0 | | 8 | | x |
| 9 | Schedule D, Part III | 0 | | |
| 9 | 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 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 3 | | |
| 10 | 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 | 10 | | |
| •• | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| u | Part VI | 11a | х | |
| h | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 114 | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| - | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | v |
| | 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 | | | v |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 4- | | x |
| 10 | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | 17 | | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 40 | х | |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | - 23 | <u> </u> |
| 19 | · · · · · · · · · · · · · · · · · · · | 10 | | x |
| 20- | complete Schedule G, Part III | 19 202 | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | <u> </u> |
| <u>-</u> 1 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | x |
| | active generation of the area good and the year of the state of the and the state of the area in the state of | | | |

 Form 990 (2019)
 PATHWAYS
 FOR
 CHILD

 Part IV
 Checklist of Required Schedules (continued)
 PATHWAYS FOR CHILDREN, INC.

| | | | Yes | No |
|------------|--|-----|------------|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | 37 |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | x |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | 051 | | x |
| | Schedule L, Part I | 25b | | |
| 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% | 00 | | x |
| 07 | controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | 26 | | |
| 27 | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | 21 | | |
| 20 | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| 2 | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| a | "Yes," complete Schedule L, Part IV | 28a | | x |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | x |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f | 200 | | |
| • | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | x |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | 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 | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | Х | |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Х | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| D - | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 34 | | | |
| b | | | | |
| с | | | х | |
| | (gambling) winnings to prize winners? | 1c | 1 7 | |

| Form 990 | |
|----------|-----|
| Part V | Sta |

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

| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority | overed by this return 2a 191 ile all required federal employment tax returns? 2b u may be required to e-file (see instructions) 3a ue of \$1,000 or more during the year? 3a ine 3b, provide an explanation on Schedule O 3b have an interest in, or a signature or other authority over, a 4a 14, Report of Foreign Bank and Financial Accounts (FBAR). 4a | X | x |
|--|---|---|---|
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | ile all required federal employment tax returns? 2b u may be required to <i>e-file</i> (see instructions) 3a ue of \$1,000 or more during the year? 3a ine 3b, provide an explanation on Schedule O 3b have an interest in, or a signature or other authority over, a 4a 14, Report of Foreign Bank and Financial Accounts (FBAR). 4a | X | X |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | u may be required to <i>e-file</i> (see instructions) ie of \$1,000 or more during the year? <i>ine 3b, provide an explanation on Schedule O</i> have an interest in, or a signature or other authority over, a ount, securities account, or other financial account)? 14, Report of Foreign Bank and Financial Accounts (FBAR). | X | X |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | an e of \$1,000 or more during the year? 3a ine 3b, provide an explanation on Schedule O 3b have an interest in, or a signature or other authority over, a 3a ount, securities account, or other financial account)? 4a 14, Report of Foreign Bank and Financial Accounts (FBAR). | | X |
| b If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O | ine 3b, provide an explanation on Schedule O 3b have an interest in, or a signature or other authority over, a 4a ount, securities account, or other financial account)? 4a 14, Report of Foreign Bank and Financial Accounts (FBAR). 4a | | X |
| | have an interest in, or a signature or other authority over, a 4a ount, securities account, or other financial account)? 4a 14, Report of Foreign Bank and Financial Accounts (FBAR). 4a | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority | ount, securities account, or other financial account)? 4a 14, Report of Foreign Bank and Financial Accounts (FBAR). | | 1 |
| | 14, Report of Foreign Bank and Financial Accounts (FBAR). | | v |
| financial account in a foreign country (such as a bank account, securities account, or other financial account | | | X |
| b If "Yes," enter the name of the foreign country ► | | | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | Х |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organ any contributions that were not tax deductible as charitable contributions? | | | х |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or game and the organization include with every solicitation an express statement that such contributions or game and the organization include with every solicitation and express statement that such contributions or game and the organization include with every solicitation and express statement that such contributions or game and the organization include with every solicitation and express statement that such contributions or game and the organization include with every solicitation and express statement that such contributions or game and the organization include with every solicitation and express statement that such contributions or game and the organization include with every solicitation and express statement that such contributions or game and the organization include with every solicitation and express statement that such contributions or game and the organization include with every solicitation and express statement that such contributions or game and the organization include with every solicitation and express statement that such contributions or game and the organization include with every solicitation and express statement that such contributions or game and the organization include with every solicitation and express statement the organization include with every solicitation and express statement the organization include with every solicitation and express statement the organization include with every solicitation and express statement the organization include with every solicitation and express statement the organization include with every solicitation and express statement the organization include with every solicitation and express statement the organization include with every solicitation and express statement the organization and express statement the organization | | | |
| were not tax deductible? | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pro | | х | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | X | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requi | | | |
| to file Form 8282? | | | х |
| d If "Yes," indicate the number of Forms 8282 filed during the year7d | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | х |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | Х |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 889 | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file | | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| sponsoring organization have excess business holdings at any time during the year? | t any time during the year? 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | unds. | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | itions under section 4966? 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | onor, donor advisor, or related person? 9b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | r public use of club facilities 10b | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a Gross income from members or shareholders 11a | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| amounts due or received from them.) | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | | | |
| Note: See the instructions for additional information the organization must report on Schedule O.b Enter the amount of reserves the organization is required to maintain by the states in which the | - | | |
| organization is licensed to issue qualified health plans | | | |
| c Enter the amount of reserves on hand <u>13c</u> | | | |
| | | | Х |
| | | | |
| Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of | | | |
| excess parachute payment(s) during the year? | | | х |
| If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment incom | e section 4968 excise tax on net investment income? 16 | | х |
| If "Yes," complete Form 4720, Schedule O. | | | |

| Form 990 | (2019) |
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PATHWAYS FOR CHILDREN, INC.

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

| Section A. Governing Body and Management Inter the number of volting members of the governing body at the end of the tay year if there are material differences in volting ingits among members of the governing body. or the governing body at the end of the acy year in the order of the governing body. The tay of the order of the governing body at the end of the acy year. 15 15 | | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|---|-----|---|---------|---------|------|
| a Enter the number of voting members of the governing body at the end of the tax year 1 | Sec | | | | |
| If the are natural differences in voting optimis among members of the governing body, or if the governing. 15 15 If the are natural differences in voting optimis among members of the governing body, or if the governing. 15 15 If the are natural differences in voting optimis among members of the governing body. 15 15 If the are natural differences in voting optimis among members of the governing body. 15 15 If the are natural differences in voting optimis among members of the governing body. 16 15 If the organization become wave during the year of a significant diversion of the organization become wave during the year of a significant diversion of the organization become wave during the year of a significant diversion of the organization become wave during the year of a significant diversion of the organization become wave during the year of a significant diversion of the organization become are during the year of a significant diversion of the organization become or more members of the governing body? 7 <td< th=""><td></td><td></td><td></td><td>Yes</td><td>No</td></td<> | | | | Yes | No |
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| be delegated treat authority to an excettly committee or similar committee, opial on Schedule 0. Ib | | | | | |
| 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 employees to a management company or other person? 2 X 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 X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or 7b X 8 D Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b X 9 D Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b X 8 D Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8a X 9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the governing body? 8b X 9 Is A X X X X | | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| 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 employees to a management company or other person? 2 X 3 Did the organization didegate control over management duties customanly performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X 4 Did the organization bacome aware during the year of a significant diversion of the organization set. 6 X 5 Did the organization have members or stockholders? 6 X 7 Did the organization nave members or stockholders? 7 X 8 Did the organization cover members or stockholders? 7 X 9 Did the organization cave members or stockholders? 7 X 9 Did the organization cover monoreneosity document the meetings held or written actions undertaken during the year by the following: 8a X 9 Is there any officer, director, trustee, or key employee isted in Part VI. Sectors A, who cannot be reached at the organization to the organization to the organization taxe multites policies and procedures governing bed/? 9 X 9 Did the organization have momentes of the governing bod/? 100 X 9 Did the o | b | Enter the number of voting members included on line 1a, above, who are independent 1b 15 | | | |
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| 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 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a X 12a 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12a X 12b X 12a X 12b X 12c X 12c X 12c X 12c X <td< th=""><td></td><td></td><td></td><td></td><td></td></td<> | | | | | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If *No,*go to line 13 12a b Were officers, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If *Yes,* describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 X 14 Did the organization nave a written whistleblower policy? 13 X 14 X 12c X 15 Did the organization invest in contribute assets to or the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X 15b X 16a X 16 | | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 12a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> 12a X 12b X 12b X 12c X 13 X 14 Did the organization have a written whistleblower 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 15b X 15b X 16a Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements in contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization's executive and applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section 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 1024A, if applicable), 990, and 990 T (Section 501(c)(3)s o | 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the organization have a written document retention and destruction policy? 14 X 15 Did the organization have a written document retention and destruction policy? 14 X 16 Dther officers or key employees of the organization 15 X 16 Other officers or key employees of the organization 15 X 16 Dthe tribuctor officers or key employees of the organization 15 X 16 Dthe tribuctor officers or key employees of the organization 15 X 16 Dthe tribuctor officers or key employees of the organization 15 X 16 Dthe tribuctor officers or key employees of the organization 16a X b If "Yes," did the organization follow a written policy or proc | b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
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| b Other officers or key employees of the organization | а | The organization's CEO, Executive Director, or top management official | 15a | | |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Image: status of the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Image: status with a status of 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? Image: statu | | | 15b | Х | |
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| in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | taxable entity during the year? | 16a | | X |
| exempt status with respect to such arrangements? 16b Section C. Disclosure 17 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) available 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, and financial 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 ▶ | b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| Section 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) available 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, and financial 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 ▶ | | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| 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) available 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, and financial 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 ► | | | 16b | | |
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| 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 | | | | | |
| statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | |
| 20 State the name, address, and telephone number of the person who possesses the organization's books and records | 19 | | d finar | ncial | |
| | | | | | |
| ELIZABETH REDMOND - $(9/8)$ 281-2400 | 20 | | | | |
| 29 EMERSON AVE, GLOUCESTER MA 01930 | | | | | |

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 instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) | (B) | | (C) | | (D) | (E) | (F) | | | | | |
|--------------------------|----------------------|-------------------------------|---|-------------|--------------|---------------------------------|-----------|---------------------------------|-----------------|--------------------------|--|--|
| Name and title | Average | (do | | Pos | | | one | Reportable | Reportable | Estimated | | |
| | hours per | box | (do not check more than one box, unless person is both an officer and a director/trustee) | | compensation | compensation | amount of | | | | | |
| | week | | cer an | ia a a I | recto | or/trus | itee) | from | from related | other | | |
| | (list any | ndividual trustee or director | | | | | | the | organizations | compensation | | |
| | hours for related | e or d | tee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization | | |
| | organizations | ruste | l trus | | /ee | mpen | | (00-2/1033-101130) | | and related | | |
| | below | d ual t | Institutional trustee | L | Key employee | est co | 5 | | | organizations | | |
| | line) | Indivi | Institu | Officer | Key ei | Highest compensated employee | Forme | | | 0 | | |
| (1) SUSAN TODD | 35.00 | | | | | | | | | | | |
| PRESIDENT & CEO | | 1 | | X | | | | 103,546. | 0. | 7,005. | | |
| (2) ELIZABETH REDMOND | 35.00 | | | | | | | | | | | |
| ASSISTANT TREASURER, CFO | | | | Х | | | ľ | 85,661. | 0. | 12,650. | | |
| (3) TOM ZARRELLA | 1.00 | | | | | | | | | | | |
| CHAIRMAN | | X | | X | | | | 0. | 0. | 0. | | |
| (4) GREG SMITH | 1.00 | | | | | | | | | | | |
| VICE CHAIRMAN | | X | | Х | | | | 0. | 0. | 0. | | |
| (5) ADAM SWANSON | 1.00 | | | | | | | | | | | |
| TREASURER | | X | | X | | | | 0. | 0. | 0. | | |
| (6) JESSICA CONNORS | 1.00 | | | | | | | | | | | |
| CLERK SECRETARY | | X | | Х | | | | 0. | 0. | 0. | | |
| (7) JOANN BECK | 1.00 | | | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. | | |
| (8) JOHN BYRNES | 1.00 | | | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. | | |
| (9) R. CLARKE FOWLER | 1.00 | | | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. | | |
| (10) CHERYL MARKS | 1.00 | | | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. | | |
| (11) JEFF NOVACK | 1.00 | | | | | | | | | | | |
| MEMBER (TERM ENDED) | | Х | | | | | | 0. | 0. | 0. | | |
| (12) JAGRUTI PATEL | 1.00 | | | | | | | | | | | |
| MEMBER (TERM ENDED) | | Х | | | | | | 0. | 0. | 0. | | |
| (13) JUDSON REIS | 1.00 | | | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. | | |
| (14) KATHY SCHWEITZER | 1.00 | | | | | | | | | | | |
| MEMBER (TERM ENDED) | | Х | | | | | | 0. | 0. | 0. | | |
| (15) MARLENE SELTZER | 1.00 | | | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. | | |
| (16) STEVE MERSKY | 1.00 | | | | | | | _ | _ | _ | | |
| MEMBER | | х | | | | | | 0. | 0. | 0. | | |
| (17) CHERYL WALSH | 1.00 | | | | | | | _ | _ | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0 . | | |

932007 01-20-20

| Form 990 (2019) PATHWAYS | FOR CHI | LL | DRE | IN, | II | NC . | , | | 04-26 | 94 | 002 | Page 8 |
|--|--|---|-----------------------|---------|--------------|---------------------------------|--------|---|--|-------|------------------------|--|
| Part VII Section A. Officers, Directors, Trus | | ploy | ees, | | | ghe | st C | Compensated Employe | es (continued) | | | |
| (A) Name and title | (B) Average hours per week | verage Position (do not check more bours per box, unless person | | | | than is bot | h an | (D) Reportable compensation from | (E) Reportable compensatior from related | ı | Estin amo | F) nated unt of her |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MIS | | fron organ and r | nsation n the ization elated zations |
| (18) KRISTINA SIMON MEMBER | 1.00 | x | | | | | | 0. | | 0. | | 0. |
| (19) CHANEL JACKSON MEMBER | 1.00 | x | | | | | | 0. | | ο. | | 0. |
| (20) ABIGAIL GOLD | 1.00 | | | | | | | | | | | |
| MEMBER | | X | | | | | | 0. | | 0. | | 0. |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 189,207. | | 0. | 19 | ,655. |
| c Total from continuation sheets to Part VI | | | | | | | | 0. 189,207. | | 0. | 19 | 0. ,655. |
| d Total (add lines 1b and 1c)2 Total number of individuals (including but n | | | | | | e) wł | no r | - | ,000 of reportable | - | | ,055. |
| compensation from the organization | | | | | | | | | | | | 1 |
| 3 Did the organization list any former officer, | director trust | oo k | | mple | | | hic | thest compensated emr | lovee on | Г | Y | es No |
| line 1a? If "Yes," complete Schedule J for s | | , | , | • | , | | | | , | | 3 | Х |
| 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 | | | - | | | | | | the organization | | 4 | x |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | - | |
| rendered to the organization? If "Yes," com Section B. Independent Contractors | plete Schedule | e J fe | or su | ich p | bers | son . | | | | | 5 | X |
| 1 Complete this table for your five highest co | mpensated inc | depe | ende | nt co | ontr | acto | ors 1 | that received more than | \$100,000 of com | pensa | ation fro | m |
| the organization. Report compensation for ((A) | the calendar y | ear e | endir | ng w | ith (| or w | ithiı | n the organization's tax (B) | year. | | (C) | |
| Name and business | address | NC | ONE | 2 | | | | Description of s | ervices | C | ompens | ation |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (i \$100,000 of compensation from the organia | • | ot lir | nited | d to f | tho: (| | stec | d above) who received m | nore than | | | |

| | <u>1 990 (</u> | | CHILDREN | ,INC. | | 04-2694 | 002 Page 9 |
|--|----------------|---|-------------------------|--------------------------|-------------------|---------|-------------------|
| Pa | rt VII | | | | | | |
| | | Check if Schedule O contains a response of | or note to any lir | ne in this Part VIII (A) | (B) | (C) | [] (D) |
| | | | | Total revenue | Related or exempt | | Revenue excluded |
| nts nts | 1 a | Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues 1b | | | | | |
| Am (| с | Fundraising events 1c | 234,972. | | | | |
| ilar İlar | | Related organizations 1d | | | | | |
| Sin's, | | ° ` / ⊢ ⊢ — | 533,892. | | | | |
| utio ier (| f | All other contributions, gifts, grants, and | 100 102 | | | | |
| ē₽ | | | 108,403. 15,827. | | | | |
| | - | | | 7,877,267. | | | |
| 0.0 | n | Total. Add lines 1a-1f | Business Code | 7,077,207. | | | |
| Ð | 2 a | PARENT FEES | 624410 | 103,285. | 103,285. | | |
| Program Service Revenue | b | | | | | | |
| Sei | c | | | | | | |
| a m e ve | d | | | | | | |
| - B B B B B B B B B B B B B B B B B B B | е | | | | | | |
| д | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 103,285. | | | |
| | 3 | Investment income (including dividends, interest | | | | | |
| | | other similar amounts) | | 9,064. | | | 9,064. |
| | 4 | Income from investment of tax-exempt bond pr | | | | | |
| | 5 | Royalties | (ii) Personal | | | | |
| | . | | (II) Personal | | | | |
| | | Gross rents 6a Less: rental expenses 6b | | | | | |
| | c b | 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 | | | | | |
| enue | | and sales expenses 7b | | | | | |
| evel | | Gain or (loss) 7c | | | | | |
| r, R | | Net gain or (loss) | 🕨 | | | | |
| Other Ro | 8 a | Gross income from fundraising events (not | | | | | |
| 0 | | including \$ 234,972. of | | | | | |
| | | contributions reported on line 1c). See Part IV, line 18 8a | 11,908. | | | | |
| | h | Part IV, line 18 8a Less: direct expenses 8b | 39,881. | | | | |
| | c C | | ····· ► | -27,973. | | | -27,973. |
| | 9 a | Gross income from gaming activities. See | | , | | | |
| | | Part IV, line 19 | | | | | |
| | b | Less: direct expenses 9b | | | | | |
| | с | Net income or (loss) from gaming activities | ► | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | | |
| | | and allowances 10a | | | | | |
| | | Less: cost of goods sold 10b | | | | | |
| | С | Net income or (loss) from sales of inventory | | | | | |
| sn | 44 - | OTHER INCOME | Business Code 900099 | 200. | 200. | | |
| neg | 11 a b | | 200022 | 200• | 200. | | |
| Miscellaneous Revenue | а с | | | | | | |
| lisc. | d | All other revenue | | | | | |
| 2 | e | Total. Add lines 11a-11d | > | 200. | | | |
| | 12 | Total revenue. See instructions | | 7,961,843. | 103,485. | 0. | -18,909. |

| Form 990 (2019) | PATHWAYS | FOR | CHILDREN, INC. | 04- | | | | | | |
|--|----------|-----|----------------|-----|--|--|--|--|--|--|
| 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). | | | | | | | | | | |

| Do | Check if Schedule O contains a respon | (A) | (B) | (C) | (D) |
|----|--|----------------|-----------------------------|---------------------------------|-------------------------|
| | not include amounts reported on lines 6b, 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 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 | | | | |
| Ŭ | 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, | | | | |
| Ū | trustees, and key employees | 221,332. | | 221,332. | |
| 6 | Compensation not included above to disqualified | , | | , | |
| Ū | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 4,509,912. | 3,661,494. | 464,338. | 384,080 |
| 8 | Pension plan accruals and contributions (include | - • | · · · | | , , |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 849,772. | 675,620. | 103,945. | 70,207 |
| 10 | Payroll taxes | 464,749. | 361,972. | 65,337. | 37,440 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 1,250. | | 1,250. | |
| с | Accounting | 66,555. | | 66,555. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| - | column (A) amount, list line 11g expenses on Sch 0.) | 108,500. | 3,337. | 82,780. | 22,383 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 486,140. | 371,215. | 73,729. | 41,196 |
| 14 | Information technology | 164,759. | 120,840. | 43,919. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 311,618. | 182,692. | 127,593. | 1,333 |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 58,407. | 58,407. | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 246,825. | 227,898. | 16,891. | 2,036 |
| 23 | Insurance | 27,623. | 18,152. | 9,471. | |
| 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 | 211,559. | 211,559. | | |
| b | VEHICLE AND RELATED | 80,863. | 80,863. | | |
| с | TRAINING | 75,761. | 37,740. | 37,015. | 1,006 |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 7,885,625. | 6,011,789. | 1,314,155. | 559,681 |
| 26 | $\ensuremath{\textbf{Joint costs}}$. 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) | | | | |

| PATHWAYS FOR | CHILDREN, INC. |
|--------------|----------------|
|--------------|----------------|

04-2694002 Page 11

| Balance Sheet | | | | | | |
|--|---------------------------------|--|--|--|--|--|
| Check if Schedule O contains a response or note to any line in this Part X | | | | | | |
| | (A) Beginning of year | | | | | |

| | | Check if Schedule O contains a response or not | e to ar | ny line in this Part X | | | <u></u> |
|-----------------------------|-----|---|----------|--------------------------|---------------------------------|-----|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| - | 1 | Cash - non-interest-bearing | | | 317,815. | 1 | 312,632. |
| | 2 | Savings and temporary cash investments | 563,544. | 2 | 821,259. | | |
| | 3 | Pledges and grants receivable, net | | | 460,261. | 3 | 598,124. |
| | 4 | Accounts receivable, net | | | 16,500. | 4 | |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | | | | | |
| | | controlled entity or family member of any of thes | | | | 5 | |
| | 6 | Loans and other receivables from other disqualit | | | | | |
| | | under section 4958(f)(1)), and persons described | | | | 6 | |
| ŝ | 7 | Notes and loans receivable, net | | F | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | | | | 46,755. | 9 | 50,836. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 7,715,975. | | | |
| | b | Less: accumulated depreciation | 10b | 7,715,975. 3,192,138. | 4,693,737. | 10c | 4,523,837. |
| | 11 | Investments - publicly traded securities | | | 456,817. | 11 | 467,728. |
| | 12 | Investments - other securities. See Part IV, line 1 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 6,555,429. | 16 | 6,774,416. |
| | 17 | Accounts payable and accrued expenses | | | 276,959. | 17 | 318,187. |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | Part IV | of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or form | ner offi | cer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, subst | antial | contributor, or 35% | | | |
| iab | | controlled entity or family member of any of thes | se pers | ons | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrela | ted th | ird parties | 1,033,237. | 23 | 1,001,911. |
| | 24 | Unsecured notes and loans payable to unrelated | d third | parties | | 24 | 126,000. |
| | 25 | Other liabilities (including federal income tax, page | yables | to related third | | | |
| | | parties, and other liabilities not included on lines | 17-24 |). Complete Part X | | | |
| | | of Schedule D | | | 1 21 2 1 2 2 | 25 | 1 1 1 0 0 0 0 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 1,310,196. | 26 | 1,446,098. |
| ŝ | | Organizations that follow FASB ASC 958, che | ck her | re 🕨 🔟 | | | |
| nce | | and complete lines 27, 28, 32, and 33. | | | 4 004 670 | | 4 010 007 |
| ala | 27 | Net assets without donor restrictions | | | 4,824,670. | 27 | 4,810,987. |
| dB | 28 | Net assets with donor restrictions | | | 420,563. | 28 | 517,331. |
| n | | Organizations that do not follow FASB ASC 9 | 58, ch | eck here 🕨 🛄 | | | |
| orF | | and complete lines 29 through 33. | | | | | |
| ets | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| Net Assets or Fund Balances | 30 | Paid-in or capital surplus, or land, building, or eq | | F | | 30 | |
| et A | 31 | Retained earnings, endowment, accumulated in | | | | 31 | |
| ž | 32 | Total net assets or fund balances | | | 5,245,233. | 32 | 5,328,318. |
| | 33 | Total liabilities and net assets/fund balances | | | 6,555,429. | 33 | 6,774,416. |
| | | | | | | | Form 990 (2019) |

| Form | 1990 (2019) PATHWAYS FOR CHILDREN, INC. | 04-269 | 4002 | Pag | ge 12 |
|------|--|------------|-------|--------------|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 7,961 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 7,885 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 5,2 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | 5,245 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 5,8 | 67. |
| 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 | 5,328 | 3,3 | 18. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | 0 | | Yes | No |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer | | | | |
| | 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 | | | | |
| | 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 th | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Scl | nedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | Х | |
| | | | Form | 990 (| 2019) |

| SCHEDULE A | |
|------------|--|
|------------|--|

Department of the Treasury

Internal Revenue Service

| (Form | 990 | or | 990-EZ) |
|-------|-----|----|---------|
|-------|-----|----|---------|

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

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

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

| OMB No. 1545-0047 |
|------------------------------|
| 2019 |
| Open to Public Inspection |

Name of the organization

Employer identification number

L

| | | | | | HILDREN, INC. | | | | | 4-2694002 |
|-----|-----------|----------------------------------|--------------|-----------------------|---|-------------------------------------|--------------------|-----------------|---------------|----------------------------|
| Pa | rt I | Reason for Public | Charity | Status (/ | All organizations must co | mplete th | is part.) Se | ee instruction | S. | |
| The | organ | ization is not a private found | | | | | | | | |
| 1 | | A church, convention of ch | urches, o | or associatio | on of churches described | d in sectio | n 170(b)(* | 1)(A)(i). | | |
| 2 | | A school described in sect | ion 170(b |)(1)(A)(ii). (| Attach Schedule E (Form | n 990 or 99 | 90-EZ).) | | | |
| 3 | | A hospital or a cooperative | hospital | service org | anization described in se | ection 170 | (b)(1)(A)(i | ii). | | |
| 4 | | A medical research organiz | ation ope | erated in co | njunction with a hospital | 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 ber | nefit of a co | llege or university owned | d or opera | ted by a g | overnmental u | unit descrik | oed in |
| | | section 170(b)(1)(A)(iv). (0 | | | | - | | | | |
| 6 | | A federal, state, or local go | vernment | or governr | nental unit described in : | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | X | An organization that norma | | | | | | | he general | public described in |
| | | section 170(b)(1)(A)(vi). (C | | | 1 11 | 5 | | | 5 | I. |
| 8 | | A community trust describe | | | (1)(A)(vi). (Complete Par | · II.) | | | | |
| 9 | \square | An agricultural research or | | | | | ed in coniu | unction with a | land-grant | college |
| - | | or university or a non-land- | - | | | | - | | - | - |
| | | university: | grant cont | sgo or agric | | | namo, or | ,, and etate e | | |
| 10 | | An organization that norma | Illy receive | es: (1) more | than 33 1/3% of its sur | port from | contributi | ons members | shin fees | and aross receipts from |
| | | activities related to its exer | | | | | | | | |
| | | income and unrelated busi | | | | | | | | |
| | | See section 509(a)(2). (Co | | | | JIII DUJINE | 3363 acqu | | gamzation | |
| 11 | | An organization organized | | | ively to test for public st | foty Soo | soction 50 | Q(a)(4) | | |
| 12 | H | An organization organized | | | | | | | arry out the | purposes of one or |
| 12 | | more publicly supported or | | | | | | | | |
| | | lines 12a through 12d that | | | | | | | | |
| а | | Type I. A supporting orga | | | | | | | | |
| a | L | the supported organization | | | | • | | | | |
| | | organization. You must o | | | | апајопту | | | | supporting |
| b | | Type II. A supporting org | | | | tion with it | e cupport | od organizatio | n(c) by be | wing |
| U | | control or management of | | - | | | | - | | - |
| | | organization(s). You mus | | | | ame perso | | | ige the sup | poned |
| с | | Type III functionally inte | | | | in connec | tion with | and functiona | lly integrat | ed with |
| v | | its supported organizatio | - | | | | | | ily integrat | co with, |
| d | | Type III non-functionally | | | | | | | rted organi | ization(s) |
| u | L | that is not functionally inf | | | | | | | - | |
| | | requirement (see instruct | - | - | | - | | - | anatterit | |
| е | | Check this box if the orga | | | | | | | | |
| U | | functionally integrated, o | | | | | | i type i, type | n, type m | |
| f | Ente | er the number of supported | | | | ng organi | Lution. | | | |
| a | | vide the following information | • | | | | | | | |
| | | i) Name of supported | | EIN | (iii) Type of organization | (iv) Is the orga in your governi | nization listed | (v) Amount of | monetary | (vi) Amount of other |
| | | organization | | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ir | structions) | support (see instructions) |
| | | | | | | | | | | |
| | | | | | | | | | | |
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Schedule A (Form 990 or 990-EZ) 2019 PATHWAYS FOR CHILDREN, INC.

04-2694002 Page 2

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 | tion A. Public Support | | | | | | |
|------|---|-----------------|-----------------|-----------------|-----------------|-----------------|--------------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 7,842,222. | 8,082,613. | 8,444,183. | 7,996,845. | 7,877,267. | 40,243,130. |
| 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 | 7,842,222. | 8,082,613. | 8,444,183. | 7,996,845. | 7,877,267. | 40,243,130. |
| 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. | | | | | | 40,243,130. |
| | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 4 | 7,842,222. | 8,082,613. | 8,444,183. | 7,996,845. | 7,877,267. | 40,243,130. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 100 | 4 25 0 | 1 1 2 0 | 200 | 0 0 0 1 | 10 050 |
| | and income from similar sources | 100. | 4,258. | 4,428. | 200. | 9,064. | 18,050. |
| 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 | 3,600. | 113. | 1 002 | 00 177 | 200 | 00 170 |
| | assets (Explain in Part VI.) | 3,000. | 113. | 1,083. | 23,177. | 200. | 28,173. |
| | Total support. Add lines 7 through 10 | | | | | | 40,289,353. ,186,456. |
| 12 | Gross receipts from related activities, | | , | | | | ,100,430. |
| 13 | First five years. If the Form 990 is for | | | | - | | |
| Sec | organization, check this box and stor ction C. Computation of Publ | | | | <u></u> | | |
| | Public support percentage for 2019 (I | | - | olumn (f) | | 14 | 99.89 % |
| | Public support percentage for 2018 | | | | | 15 | 99.73 % |
| | 33 1/3% support test - 2019. If the c | | | | | | ,,, |
| 100 | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2018. If the o | | | | | | |
| ~ | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | - | • | • | e e | |
| h | 10% -facts-and-circumstances tes | | | | | | |
| ~ | more, and if the organization meets the | • | | | | - | |
| | organization meets the "facts-and-circ | | | | • • | | |
| 18 | Private foundation. If the organizatio | | | | | | s |

Schedule A (Form 990 or 990 EZ) 2019 PATHWAYS FOR CHILDREN, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

| Sec | ction A. Public Support | | | | | | |
|------|--|----------------------|-----------------------|---------------------|-----------------------|----------------|--------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | 9 (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 | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | 4 | | |
| F | | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| _ | the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| C | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the persurt or line 12 for the user | | | | Ť | | |
| | amount on line 13 for the year | | | | | | <u> </u> |
| | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | | () 0015 | (1) 0040 | () 0017 | (1) 0010 | () 004 | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | 9 (f) Total |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | / | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization' | s first, second, thir | d, fourth, or fifth | tax year as a section | on 501(c)(3) o | rganization, |
| | check this box and stop here | | | | | | ▶∟ |
| Sec | ction C. Computation of Publ | ic Support Pe | ercentage | | | | |
| 15 | Public support percentage for 2019 (I | ine 8, column (f), d | divided by line 13, | column (f)) | | 15 | % |
| 16 | Public support percentage from 2018 | Schedule A, Part | III, line 15 | | | 16 | % |
| | ction D. Computation of Invest | | | | | | |
| | Investment income percentage for 20 | | | ne 13. column (f) |) | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| | 33 1/3% support tests - 2019. If the | | | | | | |
| 130 | more than 33 1/3%, check this box a | | | | | | |
| ٣ | | | | | | | /3% and |
| L L | 33 1/3% support tests - 2018. If the | | | | | | |
| 00 | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organizatio | n did not check a | box on line 14, 19 | a, or 19b, check | this box and see in | structions | <u></u> |

Schedule A (Form 990 or 990-EZ) 2019 PATHWAYS FOR CHILDREN, INC.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

| | | Yes | No |
|---|----------|-----|----|
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| | 10b | | |

Schedule A (Form 990 or 990 EZ) 2019 PATHWAYS FOR CHILDREN, INC. Part IV Supporting Organizations (continued)

| | | | Yes | No |
|-----|--|----------|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| с | A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | ction B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in 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 directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | ction C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | ction D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | ction 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 | | | | |
| b | | | | |
| С | | truction | ŕ | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | | | | |
| | 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 | | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | - | | |
| ~ | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | | | | |
| | trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| b | | 25 | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | 1 | 1 |

Schedule A (Form 990 or 990-EZ) 2019 PATHWAYS FOR CHILDREN, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|-----------|----------------------------|--------------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionally | integrate | ed Type III supporting org | ganization (see |

instructions).

Schedule A (Form 990 or 990-EZ) 2019 PATHWAYS FOR CHILDREN, INC.

| Pa | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Org | anizations (continued) | |
|------|---|-------------------------------|--|---|
| Sect | ion D - Distributions | | , , , | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizatior | าร | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | e | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| a | From 2014 | | | |
| b | From 2015 | | | |
| C | From 2016 | | | |
| d | From 2017 | | | |
| e | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| C | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| - | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| e | Excess from 2019 | | | |

| Schedule A | (Form 990 or 990-EZ) 2019 PATHWAYS FOR CHILDREN, INC. | 04-2694002 Page 8 |
|------------|---|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 11 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.) | nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, |
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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.



| Nam | e of the organization PATHWAYS FOR CHILD | REN.INC. | Emp | ployer identification number $04 - 2694002$ |
|--------|--|---|-----------------|---|
| Par | | | or Accou | |
| | organization answered "Yes" on Form 990, Part IV, li | | | |
| | | (a) Donor advised funds | (b) Fun | ds and other accounts |
| 4 | Total number at and of year | | (2) - 3 | |
| 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 | | d fundo | |
| 5 | Did the organization inform all donors and donor advisors in | - | | |
| ~ | are the organization's property, subject to the organization's | | | Yes II No |
| 6 | Did the organization inform all grantees, donors, and donor a | | | |
| | for charitable purposes and not for the benefit of the donor | | • | |
| Par | | consistion answered "Ves" on Form 000 D | | Yes No |
| | | | art iv, inte i | • |
| 1 | Purpose(s) of conservation easements held by the organizat | · · · · · · · · · · · · · · · · · · · | biotorically | important land area |
| | Preservation of land for public use (for example, recrea | Preservation of a | | important land area |
| | Protection of natural habitat | | a certified his | storic structure |
| • | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qual | Iffied conservation contribution in the form c | of a conserva | Held at the End of the Tax Year |
| _ | day of the tax year. | | 0. | neiu al lie cilu ol lie lax feal |
| a | Total number of conservation easements | | | |
| a | | | | |
| с | Number of conservation easements on a certified historic st | | | |
| d | Number of conservation easements included in (c) acquired | | | |
| • | listed in the National Register | | 2d | |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or terminated by the | organization | n during the tax |
| | year | | | |
| 4 | Number of states where property subject to conservation ea | | | |
| 5 | Does the organization have a written policy regarding the pe | | | |
| | violations, and enforcement of the conservation easements | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | , handling of violations, and enforcing cons- | ervation eas | ements during the year |
| _ | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, han | dling of violations, and enforcing conservation | ion easemer | nts during the year |
| • | | | | |
| 8 | Does each conservation easement reported on line 2(d) abo | • • • | | |
| - | and section 170(h)(4)(B)(ii)? | | | Yes I No |
| 9 | In Part XIII, describe how the organization reports conservat | | | |
| | balance sheet, and include, if applicable, the text of the foot | thote to the organization's financial stateme | ents that des | scribes the |
| Par | organization's accounting for conservation easements. t III Organizations Maintaining Collections of | of Art Historical Tragguras or Ot | hor Simil | ar Accoto |
| Fai | Complete if the organization answered "Yes" on Form | | | ai Assels. |
| | | | | |
| та | If the organization elected, as permitted under FASB ASC 9 | · · | | |
| | of art, historical treasures, or other similar assets held for pu | | | public |
| _ | service, provide in Part XIII the text of the footnote to its fina | | | |
| b | If the organization elected, as permitted under FASB ASC 9 | | | |
| | art, historical treasures, or other similar assets held for publi | c exhibition, education, or research in furthe | erance of pu | IDIIC Service, |
| | provide the following amounts relating to these items: | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | 🕨 : | \$ |
| | | | | \$ |
| 2 | If the organization received or held works of art, historical tre | | gain, provid | e |
| | the following amounts required to be reported under FASB / | - | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | ► | \$ |
| b | Assets included in Form 990, Part X | | 🕨 : | \$ |

| Schedule D | (Form | 990) | 2019 |
|------------|-------|------|------|
| | ····· | , | |

| Sche | dule D (Form 990) 2019 PATHWAY | S FOR CHIL | DREN, INC. | | | 04-26 | 94002 | Pa | ge 2 |
|--------|--|----------------------------------|-----------------------|-----------------------|---------------------------|--------------------------------------|-----------------|-------|-------------|
| Par | t III Organizations Maintaining C | collections of Ar | t, Historical Tr | easures, or Oth | er Simila | ar Asse | ts(continu | .ed) | |
| 3 | Using the organization's acquisition, access | on, and other record | s, check any of the | following that make | significant | use of its | | | |
| | collection items (check all that apply): | | | | | | | | |
| a | Public exhibition | d | | hange program | | | | | |
| b | Scholarly research | e | U Other | | | | | | |
| c | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's c | | | | | ose in Par | : XIII. | | |
| 5 | During the year, did the organization solicit of | | | | | | 7 | | Na |
| Par | to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran | | | | | | Yes | | No |
| I UI | reported an amount on Form 990, Pa | | te il the organizatio | inalisweled les o | 111 0111 990 | , raitiv, | iii le 9, 0i | | |
| 1a | Is the organization an agent, trustee, custod | | iarv for contributior | ns or other assets no | t included | | | | |
| | on Form 990, Part X? | | • | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | |
| | | · | U | | | | Amount | | |
| с | Beginning balance | | | | 1c | | | | |
| | Additions during the year | | | | | | | | |
| | Distributions during the year | | | | | | | | |
| f | Ending balance | | | | 1f | | | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 21, for escrow or c | ustodial account liat | oility? | L | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | <u></u> | | |
| Par | t V Endowment Funds. Complete i | - | swered "Yes" on Fo | | 1 | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | | | . , | | |
| | Beginning of year balance | 244,118. | 197,467. | | 1 | 67,260. | | 167,2 | 236. |
| | Contributions | | 35,000. | | | 10 005 | | | |
| | Net investment earnings, gains, and losses | 5,577. | 11,651. | 10,512. | | 19,695. | | | 24. |
| | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| | Administrative expenses End of year balance | 249,695. | 244,118. | 197,467. | 1 | 86,955. | | 167,2 | 260 |
| g 2 | Provide the estimated percentage of the cur | | | , | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 107,1 | |
| | Board designated or quasi-endowment | 100.00 | % | | | | | | |
| | Permanent endowment | % | _/0 | | | | | | |
| | | % | | | | | | | |
| - | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | |
| 3a | Are there endowment funds not in the posse | | ation that are held a | and administered for | the organiz | zation | | | |
| | by: | | | | - | | | Yes | No |
| | (i) Unrelated organizations | | | | | | 3a(i) | | Х |
| | (ii) Related organizations | | | | | | | | Х |
| b | If "Yes" on line 3a(ii), are the related organization | ations listed as requir | ed on Schedule R? | | | | Зb | | |
| _4 | Describe in Part XIII the intended uses of the | | wment funds. | | | | | | |
| Par | t VI Land, Buildings, and Equipm | nent. | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 | | | K, line 10. | | | | |
| | Description of property | (a) Cost or of basis (investm | | | Accumulate epreciation | ed | (d) Book | value | |
| 1a | Land | | 83 | 7,162. | | | 837 | ,16 | 52. |
| | Buildings | | | | 051,0 | 82. | 3,051 | ,36 | 53. |
| | Leasehold improvements | | | .5,962. | 306,93 | | 209 | | |
| | Equipment | | | 4,465. | 461,0 | | 233 | | |
| | Other | | 56 | 5,941. | 373,1 | | 192 | | |
| Tota | . Add lines 1a through 1e. (Column (d) must e | qual Form 990, Part | X, column (B), line 1 | 10c.) | | | 4,523 | ,83 | 37. |

Schedule D (Form 990) 2019

| Complete if the organization answered "Yes" | on Form 000 Part IV line | 11b Soc Form 990 Part X line 12 | |
|---|----------------------------|--|-----------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | -of-vear market value |
| (1) Financial derivatives | (| | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| | | | |
| (C) | | | |
| <u>(D)</u> | | | |
| (E) | | | |
| (F) | | | |
| <u>(G)</u> | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | e 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | -of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | e 11d. See Form 990, Part X, line 15. | |
| | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| | | | |
| (8) | | | |
| (9) Table (Optimum (h) must annual Farm 000, Part V, and (P) (in | | • | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. | e 15.) | | |
| | | | |
| Complete if the organization answered "Yes" 1. (a) Description of liability | on Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, line 25. | |
| | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin | e 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

| Sche | dule D (Form 990) 2019 PATHWAYS FOR CHILDREN, INC. | | 04-2694002 Page 4 |
|------|---|----------------------|-------------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Stateme | ents With Revenue pe | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| с | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| с | Add lines 4a and 4b | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | |
| Pa | t XII Reconciliation of Expenses per Audited Financial Statem | - | per Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| С | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| с | Add lines 4a and 4b | | 4c |
| 5 | Total expenses, Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part 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 |
|--|
| TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR |
| 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, 2020. PATHWAYS' INFORMATION RETURNS ARE SUBJECT TO |
| EXAMINATION BY FEDERAL AND STATE JURISDICTIONS. |

| Supplemental information (continued) |
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| SCHEDULE G | Suppleme | ntal Information Re | garding I | Fundrais | ing or Gaming | Acti | vities | OMB No. 1545-0047 |
|--|-----------------------------|--|---------------|---|-------------------------|---------|--------------------------------|-------------------------------------|
| (Form 990 or 990-EZ) | | e organization answered rganization entered mor | | | | or 19, | or if the | 2019 |
| Department of the Treasury | | Attach to | Form 990 o | or Form 99 | 0-EZ. | | | Open to Public |
| Internal Revenue Service | | to www.irs.gov/Form990 | 0 for instrue | ctions and | the latest informat | ion. | | Inspection |
| Name of the organization | | S FOR CHILDRE | N INC. | | | | 04 - 2694 | ntification number |
| Part I Fundrais | | Complete if the organizat | | | n Form 990. Part IV. | line 1 | | |
| | complete this par | | | | , | | | |
| | 0 | ed funds through any of t | ۳ ٦ | • | , | | | |
| a Mail solicitat | ions email solicitations | ef | _ | · · | overnment grants | | | |
| b Internet and c Phone solicit | | g 🗌 | | undraising | nment grants events | | | |
| d In-person so | | 5 | | | | | | |
| 2 a Did the organization | on have a written c | r oral agreement with any | individual (i | including o | fficers, directors, tru | stees | , or | |
| • • • | | art VII) or entity in connect | - | | - | | Yes | |
| b If "Yes," list the 10 compensated at le | | viduals or entities (fundrais | sers) pursua | int to agree | ements under which | the fu | indraiser is to b | e |
| | ast \$5,000 by the | organization. | | | | | | |
| (i) Name and addres | s of individual | | | (iii) Did fundraiser have custody | (iv) Gross receipts | | Amount paid or retained by) | (vi) Amount paid |
| or entity (fund | lraiser) | (ii) Activity | | or control of contributions? | from activity | · · | fundraiser | to (or retained by) organization |
| | | | , | Yes No | | | | |
| | | | F | | | | | |
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| Total | <u></u> | | <u></u> | ► | | | | |
| | ch the organizatio | n is registered or licensed | to solicit co | ontributions | s or has been notified | d it is | exempt from re | egistration |
| or licensing. | | | | | | | | |
| | | | | | | | | |
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Schedule G (Form 990 or 990-EZ) 2019 PATHWAYS FOR CHILDREN, INC.

04-2694002 Page 2

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

| | | | (a) Event #1 | (b) Event #2 | (c) Other events NONE | (d) Total events |
|-----------------|----|--|--------------|---------------------|--------------------------|---|
| | | | SNOW BALL | | | (add col. (a) through col. (c)) |
| e | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 246,880. | | | 246,880. |
| | 2 | Less: Contributions | 234,972. | | | 234,972. |
| | 3 | Gross income (line 1 minus line 2) | 11,908. | | | 11,908. |
| | 4 | Cash prizes | | | | |
| ŝ | 5 | Noncash prizes | | | | |
| pense | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | 18,446. | | | 18,446. |
| | 8 | Entertainment | 2,440. | | | 2,440. |
| | 9 | Other direct expenses | 18,995. | | | 18,995. |
| | 10 | Direct expense summary. Add lines 4 through | | | ▶ | 39,881. |
| | 11 | Net income summary. Subtract line 10 from li | | | | -27,973. |

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.

| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | | | |
|-----------------|------|--|----------------------------|--|---------------------|---|--|--|--|
| Reve | 1 | Gross revenue | | | | | | | |
| Se | 2 | Cash prizes | | | | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | | | | |
| Direct E | 4 | Rent/facility costs | | | | | | | |
| _ | 5 | Other direct expenses | | | | | | | |
| | 6 | Volunteer labor | Yes% | └── Yes % └── No | └── Yes % └── No | | | | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | | | | |
| 9 | | | | | | | | | |
| | ls t | he organization licensed to conduct gaming ac No," explain: | ctivities in each of these | states? | | Yes No | | | |
| | | | | | | | | | |
| | | ere any of the organization's gaming licenses re Yes," explain: | | • | year? | Yes No | | | |
| 5 | | , | | | | | | | |

| Sch | edule G (Form 990 or 990-EZ) 2019 PATHWAYS FOR CHILDREN, INC. 04- | 26940 | 02 Page 3 |
|-----|--|----------------|---------------|
| | Does the organization conduct gaming activities with nonmembers? | Ye | s 🗌 No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | 🗌 Ye | s 🗌 No |
| 10 | Indicate the percentage of gaming activity conducted in: | | |
| | | | 0/ |
| | a The organization's facility | | % |
| | an outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name Address | | |
| 15: | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Ye | s No |
| 156 | a Does the organization have a contract with a third party non-whom the organization receives gaming revenue? | 🗀 🕻 | |
| ł | o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ | | |
| | b If "Yes," enter name and address of the third party: | | |
| | | | |
| | Name | | |
| | Address ► | | |
| | | | |
| 16 | Gaming manager information: | | |
| | Name | | |
| | Gaming manager compensation \$ | | |
| | Description of services provided | | |
| | | | |
| | | | |
| | Director/officer Employee Independent contractor | | |
| 17 | Mandatory distributions: | | |
| | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | | | s 🗌 No |
| | retain the state gaming license? | — 10 | |
| ſ | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| | organization's own exempt activities during the tax year s | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F | art III, lines | s 9, 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
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SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Employer identification number 04 - 2694002

PATHWAYS FOR CHILDREN, INC.

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.

FINANCIAL STATEMENT AND REPORTING

THE PROCESS IS THE SAME AS PRIOR YEARS.

| SCH | IEDULE | 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.

OMB No. 1545-0047

2019 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 04-2694002

PATHWAYS FOR CHILDREN, INC.

Part I

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) | (b) | (c) | (d) | (e) | (f) |
|--|------------------|--------------------------|--------------|--------------------|--------------------|
| Name, address, and EIN (if applicable) | Primary activity | Legal domicile (state or | Total income | End-of-year assets | Direct controlling |
| of disregarded entity | | foreign country) | | | entity |
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Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

| (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 | (f) Direct controlling entity | contr | g) 512(b)(13) trolled tity? | |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|-------|---|--|
| | | | | 501(c)(3)) | | Yes | No | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 PATHWAYS FOR CHILDREN, INC.

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) | (1 | ר) | (i) | (j) | (k) |
|---|------------------|---|------------------------------|---|-----------------------|-----------------------------------|-----|---------------------|---|---------------|-----|
| lame, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | Share of end-of-year assets | | ortionate tions? | Code V-UBI amount in box 20 of Schedule | mana partn | |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes | No |
| | | | | | | | | | | | |
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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 | (c) 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 | contr | i) tion b)(13) rolled ity? |
|--|-------------------------|---|-------------------------------------|--|--|--|---------------------------------------|-------|---|
| | | country) | | | | | | Yes | No |
| 29 EMERSON AVENUE CONDOMINIUM ASSOCIATION | | | | | | | | | |
| 29 EMERSON AVENUE | SHARING OF COMMON | | | | | | | | |
| GLOUCESTER, MA 01930 | AREA BUILDING COSTS | MA | N/A | TRUST | N/A | N/A | N/A | X | |
| | | | | | | | | | |
| | - | | | | | | | | |
| | - | | | | | | | | |

Schedule R (Form 990) 2019 PATHWAYS FOR CHILDREN, INC.

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

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No | | |
|---|---|------------------------|-------------------------------------|-----------------|-----|--------|--|--|
| 1 During the tax year, did the organization engage in any of the following transaction | | | | | | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | | | X | | |
| b Gift, grant, or capital contribution to related organization(s) | | | | <u>1b</u> 1c | | X X | | |
| c Gift, grant, or capital contribution from related organization(s) | | | | | | | | |
| d Loans or loan guarantees to or for related organization(s) | | | | | | X | | |
| e 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) | | | | | | X | | |
| i Exchange of assets with related organization(s) | | | | | | X | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | | | X | | |
| k Lease of facilities equipment or other assets from related organization(e) | | | | 1k | | x | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | | | | | |
| I Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) | | | | | | | | |
| | | | | 10 | | X | | |
| p Reimbursement paid to related organization(s) for expenses | | | | 1p | х | | | |
| q Reimbursement paid by related organization(s) for expenses | | | | | Х | | | |
| | | | | | | | | |
| r Other transfer of cash or property to related organization(s) | | | | 1r | | X | | |
| s Other transfer of cash or property from related organization(s) | | | | | | X | | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on v | | | | | | | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount | involved | | | | |
| 1) 29 EMERSON AVENUE CONDOMINIUM ASSOCIATION | A | 48,468. | CONDOMINIUM MASTER DEE | D | | | | |
| 2) | | | | | | | | |
| 3) | | | | | | | | |
| ~, | | | | | | | | |
| 4) | | | | | | | | |
| 5) | | | | | | | | |
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| 6) | | | | | | | | |

Schedule R (Form 990) 2019 PATHWAYS FOR CHILDREN, INC.

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) Name, address, and EIN of entity | (b) Primary activity | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec 501(c)(3) orgs.? Yes No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disprop tionati allocation Yes N | or- amount in box 20 ISP of Schedule K-1 | (j) General managir partner | (k) or Percentage or on or or or or or or or or or or or or or |
|--|--------------------------------|-----|---|---|---|---|--|--|--------------------------------------|--|
| | | | | | | | | | | |
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Schedule R (Form 990) 2019

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

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.

| Type o | r Name of exempt organization or other filer, see instru | Taxpayer identification number (TIN | | | | | | | |
|--|---|--|--|-----------------------------------|--|-------------------|--|--|--|
| print | | | | | | | | | |
| • | PATHWAYS FOR CHILDREN, INC. | | | 04-2694002 | | | | | |
| File by the due date filing your return. Se | Number, street, and room or suite no. If a P.O. box, see instructions. 29 EMERSON AVENUE | | | | | | | | |
| instructio | | oreign ado | lress, see instructions. | | | | | | |
| Enter t | ne Return Code for the return that this application is for (fil | le a separa | te application for each return) | | | | | | |
| Application Return Application | | | | | | | | | |
| ls For | | Code | Is For | | | Code | | | |
| Form 9 | 90 or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 | | | |
| Form 9 | 90-BL | 02 | Form 1041-A | | | 08 | | | |
| Form 4 | 720 (individual) | 03 | Form 4720 (other than individual) | | | 09 | | | |
| Form 9 | 90-PF | 04 | Form 5227 | | | 10 | | | |
| Form 9 | 90-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | 11 | | | | |
| Form 9 | 90-T (trust other than above) ELIZABETH REDM | 06 | Form 8870 | | | 12 | | | |
| Tele If th If th box 1 I th If I | request an automatic 6-month extension of time until he organization named above. The extension is for the org | s in the Ur Group Exe and atta MA ganization's | Fax No. (978) $281-7$ inited States, check this box emption Number (GEN) I inch a list with the names and TINs of X 17, 2021 , to file a return for: d ending JUN 30, 2020 | 053 f this is fo f all memb | r the whole over the extension of the ex | group, check this | | | |
| a | f this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions. | 3a | \$ | 0. | | | | | |
| | f this application is for Forms 990-PF, 990-T, 4720, or 6069 | | | 0 | | | | | |
| - | stimated tax payments made. Include any prior year over | | | 3b | \$ | 0. | | | |
| | | | | | | | | | |
| | sing EFTPS (Electronic Federal Tax Payment System). Se | | | <u>3c</u> | \$ | 0. | | | |
| Cautio instruc | n: If you are going to make an electronic funds withdrawal tions. | I (direct de | bit) with this Form 8868, see Form 8 | 3453-EO a | nd Form 887 | (9-EO for payment | | | |
| | For Drivery Act and Denerwork Deduction Act Nation | and instr | uctions | | Corres (| Dec (Dev 1 0000) | | | |

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

Form 8868 (Rev. 1-2020)

OMB No. 1545-0047