Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019

Name of the organization **Employer identification number** Britepaths, Inc. 52-1596259 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I. II. and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______ > \$____ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

Britepaths, Inc.

52-1596259

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | PwC Charitable Foundation, Inc. 300 Madison Avenue New York, NY 10017 | \$50,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | Foundation for Financial Planning 1425 K Street NW, Suite 750 Washington, DC 20005 | \$30,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) Total contributions | (d) Type of contribution |
| | Name, address, and ZIP+4 United Way of the National Capital Area 1577 Spring Hill Road, Suite 420 Vienna, VA 22182 | \$167,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) Total contributions | (d) Type of contribution |
| 4 | Name, address, and ZIP+4 County of Fairfax, Virginia 12000 Government Center Parkway, Suite 427 Fairfax, VA 22035 | \$343,163. | Person X Payroll Oncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | The Urban Institute 2100 M Street, NW Washington, DC 20037 | \$32,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | Hair Cuttery 1577 Spring Hill Road Vienna, VA 22182 | \$ | Person Payroll Noncash X (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

Britepaths, Inc.

52-1596259

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| 6 | Gift certificates for haircuts | \$\$. | 02/22/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _ | | \$ | - |
| (a) No. rom art I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _ | | <u> </u> | (|
| (a) No. om art I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Employer identification number Name of organization 52-1596259 Britepaths, Inc. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (d) Description of how gift is held from Part I (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

923454 11-06-19

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

| Tax) (see separate instructions), the | on Form 990, Part IV, line 5 (Pi en | roxy Tax) (see separa | ate instructions) or Form 99 | 0-EZ, Part V, line 35c (Prox |
|---|--|--------------------------|---|---|
| • Section 501(c)(4), (5), or (6) organi | zations: Complete Part III. | | | |
| Briten | aths, Inc. rganization is exempt ur | ider section 501 | | ployer identification number 52-1596259 |
| Provide a description of the organ Political campaign activity expends Volunteer hours for political camp | nization's direct and indirect poli ditures | tical campaign activiti | es in Part IV. | |
| | rganization is exempt un | | | |
| inter the amount of any excise ta | x incurred by the organization up | nder section 4055 | | • |
| | | | | |
| - Same and intodified a Sect | 10H 4833 MX AIA IT TIIA FARM /1/9 | () for this was 2 | | |
| | | | | Yes No |
| b If "Yes," describe in Part IV. | | | | Yes No |
| Part I-C Complete if the or | ganization is exempt un | der section 501(d | c), except section 501 | (c)(3). |
| , Fincer the amount directly expende | ed by the filing organization for a | notion 507 avanual f | and the second second | 6 |
| was an our to the hilling orga | mization's tunds contributed to a | ther organizations for | needing FOT | |
| evenibring criou activities | ******* | | | \$ |
| | S. Add lines I and 2. Enter here | and on Form 1120 DC | NI | |
| line 17b 4 Did the filing organization file Form | 4400 DOL | | | 3 |
| and a second time i of it | I I IZU"EUL IDEMIS VAARZ | | | |
| | | | | |
| made payments. For each organize contributions received that were pro- | ation listed, enter the amount pa | id from the filing organ | nization's funds. Also enter th | ne amount of political |
| contributions received that were propositical action committee (PAC). If | | | | ate segregated fund or a |
| (a) Name | | | τιν. | |
| (w) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
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| or Domenticula Destruit | | | | |
| or Paperwork Reduction Act Notice, s | see the Instructions for Form 9 | 90 or 990-FZ | Cabadal Of | |

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

| | ritepaths, nization is exem | pt under section | 501(c)(3) and filed | 11011110100 | |
|--|--|--|---|--------------------------|---------------------|
| section 501(h)). Check if the filing organization | on belongs to an affilia | ited group (and list in | Part IV each affiliated g | roup member's nar | me, address, EIN, |
| expenses and share | of excess lobbying ex | cpenditures). | | | |
| Check ▶ ☐ if the filing organization | on checked box A and | "limited control" prov | isions apply. | (a) Filing | (b) Affiliated grou |
| l imits | on Lobbying Expend tures" means amour | ditures | | organization's totals | totals |
| a Total lobbying expenditures to influe | ence public opinion (g | rassroots lobbying) | | | |
| h. Total lobbying expenditures to influe | ence a legislative body | y (direct lobbying) | | | |
| Total lobbying expenditures (add lin | es 1a and 1b) | | | | |
| d Other exempt purpose expenditure: | s | | | | |
| Tatal avampt purpose expenditures | (add lines 1c and 1d) | | | | |
| f Lobbying nontaxable amount. Enter | r the amount from the | following table in bott | Columns. | 2-2 V = V | PORTUGE TO BE |
| If the amount on line 1e, column (a) or | (b) is: The lobb | ying nontaxable amo | ount is: | | |
| Not over \$500,000 | | he amount on line 1e. O plus 15% of the exc | ass over \$500 000. | | |
| Over \$500,000 but not over \$1,000 | | O plus 15% of the exc O plus 10% of the exc | ess over \$1,000,000 | | |
| Over \$1,000,000 but not over \$1,50 | | 0 plus 10% of the exce | ss over \$1.500.000. | | |
| Over \$1,500,000 but not over \$17,0 | \$1,000,0 | | | | |
| Over \$17,000,000 | \$1,000,0 | | | gallybyl investment | Marie American |
| g Grassroots nontaxable amount (en h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero | o or less, enter -0 | | | | |
| h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this | o or less, enter -0 o or less, enter -0 ro on either line 1h or year? 4-Year Ave | line 1i, did the organiz eraging Period Under 01(h) election do not | ation file Form 4720 Section 501(h) have to complete all o | | Yes s below. |
| h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero i If there is an amount other than zero | o or less, enter -0 o or less, enter -0 ro on either line 1h or year? 4-Year Ave that made a section 5 | line 1i, did the organiz eraging Period Under 01(h) election do not ate instructions for li | ation file Form 4720 Section 501(h) have to complete all ones 2a through 2f.) | | |
| h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this | o or less, enter -0 o or less, enter -0 ro on either line 1h or year? 4-Year Ave that made a section 5 | line 1i, did the organiz eraging Period Under 01(h) election do not | ation file Form 4720 Section 501(h) have to complete all ones 2a through 2f.) | | |
| h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this | o or less, enter -0 o or less, enter -0 ro on either line 1h or year? 4-Year Ave that made a section 5 | line 1i, did the organiz eraging Period Under 01(h) election do not ate instructions for li | ation file Form 4720 Section 501(h) have to complete all ones 2a through 2f.) | | |
| h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zer reporting section 4911 tax for this (Some organizations the Calendar year (or fiscal year beginning in) | o or less, enter -0 o or less, enter -0 ro on either line 1h or year? 4-Year Ave hat made a section 5 See the separ Lobbying Expe | line 1i, did the organiz eraging Period Under 01(h) election do not ate instructions for li nditures During 4-Ye | Section 501(h) have to complete all ones 2a through 2f.) ar Averaging Period | of the five columns | s below. |
| h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zer reporting section 4911 tax for this (Some organizations the Calendar year (or fiscal year beginning in) | o or less, enter -0 o or less, enter -0 ro on either line 1h or year? 4-Year Ave hat made a section 5 See the separ Lobbying Expe | line 1i, did the organiz eraging Period Under 01(h) election do not ate instructions for li nditures During 4-Ye | Section 501(h) have to complete all ones 2a through 2f.) ar Averaging Period | of the five columns | s below. |
| h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zer reporting section 4911 tax for this (Some organizations the Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount | o or less, enter -0 o or less, enter -0 ro on either line 1h or year? 4-Year Ave hat made a section 5 See the separ Lobbying Expe | line 1i, did the organiz eraging Period Under 01(h) election do not ate instructions for li nditures During 4-Ye | Section 501(h) have to complete all ones 2a through 2f.) ar Averaging Period | of the five columns | s below. |
| h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this (Some organizations the Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) | o or less, enter -0 o or less, enter -0 ro on either line 1h or year? 4-Year Ave hat made a section 5 See the separ Lobbying Expe | line 1i, did the organiz eraging Period Under 01(h) election do not ate instructions for li nditures During 4-Ye | Section 501(h) have to complete all ones 2a through 2f.) ar Averaging Period | of the five columns | s below. |

Schedule C (Form 990 or 990-EZ) 2019 Britepaths, Inc. 52-159625 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | (| a) | (b) |
|--|------------------------------------|------------------------------|-----------------|
| of the lobbying activity. | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or | \$005 B | | |
| local legislation, including any attempt to influence public opinion on a legislative matter | | | |
| or referendum, through the use of: | | | |
| a Volunteers? | X | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1 | i)? X | | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | X | | 583. |
| e Publications, or published or broadcast statements? | Х | | 0. |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | Х | | 583. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | X | | 584. |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i | | | 1,750. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), | section 501(c) | (5), or sec | tion |
| 501(c)(6). | | | |
| | | | Yes No |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures | from the prior year | ? 3 | |
| Part III-B Complete if the organization is exempt under section 501(c)(4), | section 501(c) | (5), or sec | tion |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answ | /ered "No" OR | (b) Part II | I-A, line 3, is |
| answered "Yes." | d | | |
| Dues, assessments and similar amounts from members | | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of | political | | |
| expenses for which the section 527(f) tax was paid). | - " | | |
| a Current year | | 2a | |
| b Carryover from last year | | 2b | |
| c Total | ****************************** | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) do | ues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of t | the excess | | |
| does the organization agree to carryover to the reasonable estimate of nondeductible lobbying | | 1 | |
| expenditure next year? | | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | | 5 | |
| Part IV Supplemental Information | | | |
| Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated | group list): Part II. | A lines 1 and | 12/500 |
| nstructions); and Part II-B, line 1. Also, complete this part for any additional information. | group not, rate n | , mios i and | 12 1300 |
| Part II-B, Line 1, Lobbying Activities: | | | |
| | | | |
| let with elected officials is and as to desire | hem. Wor | ked wit | h the |
| rectarting executed officials in order to influence t | 110111 7101 | 1100 1110 | , II CIIC |
| Met with elected officials in order to influence t | | | |
| | cating fo | r the | |
| Fairfax County Alliance for Human Services in advo | cating fo | r the | |
| airfax County Alliance for Human Services in advo | | | |
| | | |) |
| Tairfax County Alliance for Human Services in advo | nds alloc | ated to | |
| Tairfax County Alliance for Human Services in advo | | ated to | |
| Tairfax County Alliance for Human Services in advortairfax County Board of Supervisors to maintain furuman services in the Fairfax County budget. Wrot | nds alloc e and pub | ated to | an |
| Tairfax County Alliance for Human Services in advo | nds alloc e and pub earned i | ated to lished ncome t | an |

| Schedule C (Form 990 or 990 FZ) 2019 Britenaths. Inc. | 52-1596259 Page 4 |
|--|-------------------------------------|
| Schedule C (Form 990 or 990-EZ) 2019 Britepaths, Inc. Part IV Supplemental Information (continued) | |
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| | Schedule C (Form 990 or 990-EZ) 201 |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization Britepaths, Inc. Dort I O

Employer identification number 52-1596259

| | organizations Maintaining Donor Advisorganization answered "Yes" on Form 990, Part IV, lii | ed Funds or Other Similar Funds | or Accounts. Complete if the |
|--------|--|---|---------------------------------------|
| | , · a. · · · · · · · · · · · · · · · · · | (a) Donor advised funds | (b) Euroda and atherina |
| 1 | Total number at end of year | (=) = site. daviced lands | (b) Funds and other accounts |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | veriting that the country is a | |
| | are the organization's property, subject to the organization's | evaluation land assets held in donor advise | ed funds |
| 6 | Did the organization inform all grantees, donors, and donor a | exclusive legal control? | Yes L_N |
| | for charitable purposes and not for the benefit of the denor | lavisors in writing that grant funds can be u | used only |
| | for charitable purposes and not for the benefit of the donor of impermissible private henefit? | ir donor advisor, or for any other purpose o | conferring |
| Pa | impermissible private benefit? rt II Conservation Easements. Complete if the org | Inciration and Inciration | Yes N |
| 1 | Purpose(s) of conservation easements held by the organization | partization answered "Yes" on Form 990, Pa | art IV, line 7. |
| | Preservation of land for public use (for example, recrea | | |
| | Protection of natural habitat | | historically important land area |
| | Preservation of open space | Preservation of a | certified historic structure |
| 2 | Complete lines 2n through 2d 5th and 11 th | | |
| _ | Complete lines 2a through 2d if the organization held a qualif day of the tax year. | ied conservation contribution in the form of | f a conservation easement on the last |
| а | | | |
| - h | Total number of conservation easements | | |
| | the delication by conservation easements | | |
| C | and a serious various casements on a certified historic str | ICTURE included in (a) | |
| a | realiser of conservation easements included in (c) acquired a | fter 7/25/06 and not on a historia atmost | |
| | nated in the National Register | | |
| 3 | reason easements modified, transferred, rele | eased, extinguished, or terminated by the o | organization during the tex |
| | | | riganization during the tax |
| 4 | Number of states where property subject to conservation eas | ement is located | |
| 5 | Does the organization have a written policy regarding the pari | odio manifesia e i e e e | |
| | violations, and emorcement of the conservation easements it | holde? | <u> </u> |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | andling of violations, and enforcing concern | Yes No |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handli \$ \$ | ng of violations, and enforcing assessment | |
| | > \$ | ng or violations, and emorcing conservation | n easements during the year |
| 8 | Does each conservation easement reported on line 2(d) above | satisfy the requirements of a still day | (A) (The) (In |
| | and section 170(h)(4)(B)(ii)? | satisfy the requirements of section 170(h)(| (4)(B)(i) |
| 9 | n Part XIII, describe how the organization reports conservation | Occompanie in the | Yes L No |
| | palance sheet, and include, if applicable, the text of the footno | to to the accomination of | atement and |
| | | | |
| Part | Organizations Maintaining Collections of A | Art Historical Transmission | |
| | Complete if the organization answered "Yes" on Form 9 | 00 Book IV line o | er Similar Assets. |
| 1a | f the organization elected as permitted under FASD AGG ass | 90, Fart IV, line 8. | |
| | f the organization elected, as permitted under FASB ASC 958, | not to report in its revenue statement and | balance sheet works |
| 9 | of art, historical treasures, or other similar assets held for public | exhibition, education, or research in further | erance of public |
| | are the less of the lookingte to its financi | al statements that describes these these | |
| | the organization elected, as permitted under FASB ASC 958, | to report in its revenue statement and bala | ance sheet works of |
| _ | transfer and the straight assets need for public ex | khibition, education, or research in furthera | ince of public service. |
| 1- | the same remaining announts relating to these items: | | |
| (1 |) Revenue included on Form 990, Part VIII, line 1 | ••••• | > \$ |
| | | | |
| 2 If | the organization received or neid works of art, historical treasu | Ires, or other similar assets for financial ac- | in. provide |
| | io lowing amounts required to be reported under FASR ASC | 958 relating to those items. | |
| at I | evenue included on Form 990, Part VIII. line 1 | | • • |
| _ | THE WAY THE COURT WILLY | | \$ |
| | The instructions to | r Form 990. | |
| 2051 1 | 0-02-19 | ·- | Schedule D (Form 990) 2019 |

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2,166

76,632.

1,624

39,336

40,960.

Schedule D (Form 990) 2019

542.

37,296.

1a Land _____

b Buildings

c Leasehold improvements

d Equipment

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

| | Tes of form 350, Fait IV, line Tie of | Th. See Form 990, Part X, line 25. |
|-----|---------------------------------------|------------------------------------|
| 1 | (a) Description of liability | (b) Book value |
| (1) | Federal income taxes | |
| (2) | Deferred rent payable | 27,840 |
| (3) | Deposit payable | 6,765 |
| (4) | | 37103 |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

| Pai | t XI Reconciliation of Revenue per Audited Financial State | ments With | Revenue per R | etum. | • |
|----------|--|------------------------------------|---------------------------------|--------|---------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | 2a. | | | 1,643,269. |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 1,043,209. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | T E | | A. | |
| а | Net unrealized gains (losses) on investments | | 242 120 | ų ėj | |
| b | Donated services and use of facilities | | 243,129. | | |
| C | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | | | 0. | 243,129. |
| е | Add lines 2a through 2d | | | 2e | 1,400,140. |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,400,1100 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 11.1 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | | 100 | |
| b | Other (Describe in Part XIII.) | | | 40 | 0. |
| C | Add lines 4a and 4b | | | 4c 5 | 1,400,140. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | ements Wit | h Fynenses ner | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial State | ellielits wit | II Expenses per | 11010 | • |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | 12a. | | 1 | 1,650,825. |
| 1 | Total expenses and losses per audited financial statements | | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 2a | 243,129. | | |
| | Donated services and use of facilities | | 243/127 | 11.5 | |
| | Prior year adjustments | | | | |
| C | Other losses | | | | |
| d | | | | 20 | 243,129 |
| е | Add lines 2a through 2d | | | 2e | 1,407,696 |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,101,000 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 . 1 | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b | Other (Describe in Part XIII.) | | | 1 4- 1 | 0. |
| c | Add lines 4a and 4b | | | 4c 5 | 1,407,696 |
| _5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 1,407,000 |
| Profine: | ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any | Part IV, lines 1I additional info | o and 2b; Part V, line rmation. | 4; Pan | X, line 2; Part Al, |
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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

| Name of the organization | | | | | | Employer ide | entification number |
|--|--|---|---|--|---------|---|---|
| Britepa | ths, Inc. | | | | | 52-1596 | |
| Part I Fundraising Activities required to complete this part | Complete if the organization answirt. | ered "\ | Yes" o | n Form 990, Part IV, | line 1 | 7. Form 990-E | Z filers are not |
| 1 Indicate whether the organization rais a | e Solicita s f Solicita g Special or oral agreement with any individua Part VII) or entity in connection with position viduals or entities (fundraisers) pursue | ition of ition of I fundra I (inclu profess | non-g gover aising ding o | povernment grants rnment grants events officers, directors, tru fundraising services? | stees | Yes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundi have c or cor contrib | Did raiser sustody itrol of utions? | (iv) Gross receipts from activity | to (c | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | |
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| [otal | | | | | | | |
| List all states in which the organization or licensing. | n is registered or licensed to solicit o | ontrib | utions | or has been notified | it is e | exempt from re | gistration |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2019

| Pa | I. I | Fundraising Events. Complete if the of fundraising event contributions and great productions and great productions. | oss income on Form 990 | EZ, lines 1 and 6b. List e | events with gross receip | ts greater than \$5,000. |
|-----------------|------|---|---------------------------|-----------------------------|--------------------------|---------------------------|
| \neg | | · · | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | Gathering-ar | Gathering-wi | | (add col. (a) through |
| | | | tful living | ne tasting | 1 | col. (c)) |
| m) | | | (event type) | (event type) | (total number) | COI. (C)) |
| Revenue | 1 | Gross receipts | 93,287. | 18,950. | 17,825. | 130,062. |
| Œ | 2 | Less: Contributions | 60,739. | 15,025. | 17,515. | 93,279. |
| | 3 | Gross income (line 1 minus line 2) | 32,548. | 3,925. | 310. | 36,783. |
| | 4 | Cash prizes | | | | |
| ç, | 5 | Noncash prizes | | | | |
| xpense | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| ם | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 20 E40 | 3,925. | 310. | 36,783. |
| | 10 | | | | > | 36,783. |
| | 11 | | | | | 0. |
| Pa | _ | III Gaming. Complete if the organization | answered "Yes" on Forr | n 990, Part IV, line 19, or | reported more than | |
| | 2000 | \$15,000 on Form 990-EZ, line 6a. | | | | |
| | | • | (a) Pingo | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add |
| une | | | (a) Bingo | bingo/progressive bingo | (c) Other garning | col. (a) through col. (c) |
| Revenue | 1 | Gross revenue | | | | |
| es | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | Ť | | Yes % | Yes% | Yes % | |
| | 6 | Volunteer labor | No No | No No | No No | |
| | 7 | Direct expense summary. Add lines 2 throug | jh 5 in column (d) | | > | |
| | 8 | Net gaming income summary, Subtract line | 7 from line 1, column (d) | | > | |
| | _ | | lusta coming activities: | | | |
| 9 | Er | nter the state(s) in which the organization cond the organization licensed to conduct gaming a | lucts gaming activities. | n ataton? | | Yes No |
| | | the organization licensed to conduct gaming a "No," explain: | | | | |
| | | | | | | Yes No |
| | | ere any of the organization's gaming licenses "Yes," explain: | | | year? | Yes No |
| | | | | | | |
| | - | 09-11-19 | | | Schedule G (Fo | rm 990 or 990-EZ) 201 |
| 4321 | | | | | | |

| | edule G (Form 990 or 990-EZ) 2019 Britepaths, Inc. 52 | 2-15 | 962 | 9 Page |
|------------|--|-----------|---------|------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Ye | |
| 12 | as 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 🔲 Ne |
| 13 | indicate the percentage of gaining activity conducted in: | | | |
| а | The organization's facility An outside facility | 1 40 | 3a | |
| | All outside facility | 1: | 3b | - |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | A Democratika | | | |
| | | | | |
| | Address | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | С | Yes | No |
| b | If "Yes," enter the amount of gaming revenue received by the organization > and the amount | | | |
| | or garring revenue retained by the third party 🦫 \$ | | | |
| С | If "Yes," enter name and address of the third party: | | | |
| | Name | | | |
| | Address > | | | |
| | Gaming manager information: | | | |
| | g | | | |
| - | Name > | | | |
| | Gaming manager componenties. | | | |
| | Gaming manager compensation 🕨 \$ | | | |
| | Description of services provided | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| 7 . | Manufacture all all the second | | | |
| | Mandatory distributions: | | | |
| aı | s the organization required under state law to make charitable distributions from the gaming proceeds to | | _ | |
| h E | etain the state gaming license? | ∟ | Yes | ☐ No |
| <i>D</i> L | after the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | |
| Part | organization's own exempt activities during the tax year > \$ | | | |
| | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | ⊃art III, | lines 9 | , 9b, 10b, |
| | any additional information. See instructions. | _ | _ | |
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| :083 | Schedule G (For | m 990 | or 990 | -EZ) 2019 |

| | /Farm 000 at 000 E7 | Britepaths. | Inc. | 52-1596259 Page 4 |
|------------|---|----------------------|------|-------------------|
| Schedule G | (Form 990 or 990-EZ) Supplemental Info | resident (sertinged) | | |
| Part IV | Supplemental into | rmation (continued) | | |
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Schedule G (Form 990 or 990-EZ)

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Inc.

Britepaths,

OMB No. 1545-0047

Open to Public

Employer identification number

Inspection

52-1596259

2 | (h) Purpose of grant or assistance X Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant (c) IRC section (if applicable) criteria used to award the grants or assistance? General Information on Grants and Assistance (b) EIN 1 (a) Name and address of organization or government Part

Schedule I (Form 990) (2019)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Page 2

Britepaths, Inc.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule | (Form 990) (2019)

Part III | Grants and Other

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|---------------------------------------|---|---|
| Financial assistance | 184 | 56,911. | 110.FMV | | auto repair service |
| Food Program | 1942 | 0. | 115,064.FMV | FMV | groceries, gift cards, food vouchers |
| Seasonal Program | 2861 | 0. | 145,012.FMV | | gift cards, school supplies, meals |
| Other programs | 1870 | 3,099. | 13,246.FMV | FMV | gift cards, supplies |
| | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | quired in Part I, lin | e 2; Part III, column | (b); and any other a | dditional information. | |

Part I, Line 2:

Most of the recipients of Britepaths grants are referred to the

These services agencies. organization by Fairfax County, Virginia social

t t agencies determine a client's eligibility for Britepaths' programs prior

Britepaths maintains a client database, which contains referral.

grant awards. information for Schedule I (Form 990) (2019)

SCHEDULE M (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

Britepaths, Inc. 52-1596259 Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 7 Boats and planes Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other... 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory 22,155 38,106.FMV per pound Drugs and medical supplies 20 Taxidermy _____ 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 (holiday goods) 25 X 343 97,090.fair market value Gift cards 26 Other X 70 25,168.gift card face value 27 Other > 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 0 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

LHA

describe in Part II.

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

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ)

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

Open to Public Inspection

Employer identification number

52-1596259

Department of the Treasury Internal Revenue Service

Name of the organization

Britepaths, Inc.

Form 990, Part III, Line 3, Changes in Program Services: The Naomi Project ended during 2019. This program provided trained mentors to high-risk pregnant and newly parenting women.

Form 990, Part III, Line 4d, Other Program Services:

Financial Literacy Program - The program provides trained volunteers to educate clients in basic household budgeting and understanding credit. Education is provided through one-on-one and small group counseling and classes/workshops.

Project BRIDGE - The program, which is for selected clients, draws upon the resources of all of Britepaths' programs and the community to develop a comprehensive plan for each client and provide services tailored to each client's needs.

Community Education - The program provides information about Britepaths' activities to the community and referring agents and fosters relationships with donors through several mediums, including the organization's website, social media, print materials, display boards, and newsletters.

Financial Assistance Program - Britepaths enlists and coordinates volunteers to evaluate requests from referring government agencies for emergency financial assistance grants. Britepaths pays financial assistance grants to pay rent, utilities, medical and other emergency expenses, including auto repair.

Workforce Development Program - Britepaths matches a professional volunteer mentor with a client to improve job seeking skills.

Workshops are conducted on topics including resume writing and LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

interviewing. Small stipends are awarded to eligible clients for job training.

Advocacy Program - Board members and staff advocate for Board-selected issues in order to create an environment where Britepaths' clients can achieve long-term self-sufficiency.

Expenses \$ 525,212. including grants of \$ 72,151. Revenue \$ 0.

Form 990, Part VI, Section B, line 11b:

Britepaths' 2019 form 990 is prepared by an independent certified public accountant. The form is reviewed by Britepaths' Finance Director,

Treasurer, and Executive Director. It is then presented to the Board of Directors for comments. The Treasurer then approves form 990 and it is submitted to the IRS.

Form 990, Part VI, Section B, Line 12c:

The Executive Director and President of the Board monitor compliance with the conflict of interest policy, which requires all interested persons to file a disclosure statement at least annually.

Form 990, Part VI, Section B, Line 15:

On an annual basis, an ad hoc committee comprised of Board members reviews
the Executive Director's performance against predetermined goals. The
committee also reviews comparable compensation information of other
not-for-profit organizations of similar size. The committee recommends a
salary for the Executive Director to the entire Board for approval.
Britepaths currently does not have any key employees.

Form 990, Part VI, Section C, Line 19: