SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Britepaths, Inc. 52-1596259 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed h your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 (v) Amount of monetary (vi) Amount of other organization support (see instructions) support (see instructions) Yes No above (see instructions) Total LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Britepaths, Inc. 52-15962 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.)

| endar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total | |
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| Gifts, grants, contributions, and | | | | | | | |
| membership fees received. (Do not | | 1 | | | | | |
| include any "unusual grants.") | 1008693. | 93. 1014774. 1200701. 1400076. 2987051. 7611295. 26. 48,211. 46,359. 17,888. 17,888. 173,572. 19. 1062985. 1247060. 1417964. 3004939. 7784867. 3 (b)2017 (c)2018 (d)2019 (e)2020 (f)Total 19. 1062985. 1247060. 1417964. 3004939. 7784867. 3 (b)2017 (c)2018 (d)2019 (e)2020 (f)Total 19. 1062985. 1247060. 1417964. 3004939. 7784867. 3 (b)2017 (c)2018 (d)2019 (e)2020 (f)Total 19. 1062985. 1247060. 1417964. 3004939. 7784867. 461. 295. 7787225. 47. 1062985. 1247060. 1417964. 3004939. 7784867. 4787225. 48. 1,831. 2,358. 47. 1,831. 2,358. 47. 1,831. 2,358. 47. 1,831. 2,358. 47. 1,831. 2,358. 47. 1,831. 1,831. 2,358. 47. 1,831. 1,8 | | | | | |
| Tax revenues levied for the organ- | | | | | | | |
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| the organization without charge | | | | | | | |
| Total. Add lines 1 through 3 | 1051919. | 1062985. | 1247060. | 1417964. | 3004939. | 7784867. | |
| The portion of total contributions | | | | 3 v 1 . 11 . 15 | | | |
| by each person (other than a | | | 100 1134 | | | | |
| governmental unit or publicly | | | The second | The state of | | | |
| supported organization) included | - | | | | | | |
| on line 1 that exceeds 2% of the | | - 1 1 2 | | | 441 | | |
| amount shown on line 11, | | | | | | | |
| column (f) | 14 15 11 | | 7 1-17 31-1 | E-27 1,124 11 | | | |
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| | etc. (see instruction | ons) | | | 12 | 704. | |
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| | | | column (f)) | | 14 | | |
| 1 Giffs, grants, contributions, and membership fees received. (Do not include any Yunusual grants.) 2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf 3 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 43, 226, 48, 211, 46, 359, 17, 888, 17, 888, 173, 572, 1051919, 1052985, 1247060, 1417964, 3004939, 7784867, 1051919, | | | | | | | |
| a 33 1/3% support test - 2020. If the o | organization did no | t check the box or | n line 13, and line | 14 is 33 1/3% or n | nore, check this bo | x and | |
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| Private foundation. If the organization | in did not check a | box on line 13, 16 | a, 100, 17a, 01 17k | J, CHECK THIS DOX 8 | ina see mstruction | S | |
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Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public support percentage from 2019 and 33 1/3% support test - 2020. If the computation of Public support percentage from 2019 and 53 1/3% support test - 2019. If the computation of the organization qualifies and stop here. The organization qualifies and stop here. The organization meets the facts and circumstances test and if the organization meets the facts and circumstances test and if the organization meets the facts and circumstances test and if the organization meets the facts and circumstances test and if the organization meets the facts and circumstances test and if the organization meets the facts and circumstances test and if the organization meets the facts and circumstances test and if the organization meets the facts and circumstances test and if the organization meets the facts and if the organization meets the facts and if the organization meets the facts and if the organization m | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. 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The organization qualifies as a publicly supported organization 33 1/3% support test - 2020. If the organization did not check he box on and stop here. The organization qualifies as a publicly supported organization and if the organization meets the facts-and-circumstances test - 2020. If the organization did not check the set the facts-and-circumstances test. The organization did not cord more, and if the organization meets the facts-and-circumstances test, check this meets the facts-and-circumstances test, check this meets the facts-and-circumstances test. The organization did not cord more, and if the organization meets the facts-and-circumstances test, check this meets the facts-and-circumstances test, check this meets the facts-and-circumstances test. The organization did not cord more, and if the organization meets the facts-and-circumstances test, check this meets the facts-and-circumstances test. 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Computation of Public Support Percentage Public support percentage from 2019 Schedule A, Part II, line 14 33 1/3% support test - 2020 (line 6, column (f), divided by line 11, column (f)). 144 Total support and the programization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization or 160% - facts-and-circumstances test - 2019. If the organization qualifies as a publicly supported organization or 160% - facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI who the organization of 10% - facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is more, and if the organization meets the facts-and-circumstances test, che | |

Schedule A (Form 990 or 990-EZ) 2020 Britepaths, 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 III

| Se | ction A. Public Support | elow, please com | piete Fart II.) | | | | |
|-----------|---|----------------------------|---|------------------------|--------------------|--|-----------------|
| _ | endar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | 12/2511 | 10/2010 | (4) 20.0 | (0) 2020 | (i) rotal |
| | 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 | | | 1 | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| _ | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| , , | 3 received from disqualified persons | | | | | | |
| ŀ | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
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| Ser | ction B. Total Support | | | | | | |
| _ | | (a) 2016 | (b) 2017 | (a) 2019 | (4) 0010 | (-) 0000 | (f) Takal |
| | | (a) 2010 | (0) 2017 | (6) 2016 | (a) 2019 | (e) 2020 | (f) Total |
| 10a | Gross income from interest. | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
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| 11 | Net income from unrelated business | | | | | | |
| • • | activities not included in line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 12 | Other income. Do not include asia | | | | | | |
| 12 | or loss from the sale of capital | | | | | | |
| 10 | assets (Explain in Part VI.) | | | | | | |
| | | | | | | | |
| 14 | | ⇒ organization's fire | st, second, third, | fourth, or fifth tax y | ear as a section | 501(c)(3) organization | on, |
| 300 | | o Cumpart Da | | | | | <u> </u> |
| | | | | | | T T | |
| 10 | securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) Public support percentage from 2019 Schedule A, Part III, line 15 | | | | | | |
| Sec | etion D. Computation of Inves | tment Incom | Percentage | | | 16 | % |
| | | | | no 10 notices (6) | | 147 | |
| 12 | Investment income percentage for 202 | MIN Sebedule A 1 | iii (i), aiviaea by li Dort III, lica 47 | ile io, column (t)) | | 17 | <u>%</u> |
| .u 10- | Investment income percentage from 2 | v is ouriequie A, i | ot obook the bes | on line 4.4 and 1.5 | 45 is seen 11 | 18 | % |
| ıod | 33 1/3% support tests - 2020. If the common than 33 1/3% scheck this box an | nganization did N | or check the box (| on line 14, and line | o is more than | ೨೨ 1/3%, and line 1) | / is not |
| Į. | more than 33 1/3%, check this box an | uscop nere. The | organization qualif | ies as a publicly su | apported organiza | ation | |
| Ŋ | 33 1/3% support tests - 2019. If the cline 18 is not more than 33 1/3% short | nganization did n | ot check a box on | ime 14 or line 19a, | , and line 16 is m | ore than 33 1/3%, a | na 🛌 🦳 |
| 20 | line 18 is not more than 33 1/3%, chec | in unis DOX and Sto | op nere. The organ | nization qualifies as | s a publicly supp | orted organization | |
| | Private foundation. If the organization 3 01-25-21 | ина пот спеск а г | JOX ON IIIIE 14, 19 | a, or 190, check th | | | |
| | | | | | Scu | edule A (Form 990 | UF 99U-EZ) 2020 |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Y | 'es | No |
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| 10b | | | |
| 990 or 99 | 0-F | Z) 2 | 2020 |

| Pa | ort IV Supporting Organizations (continued) | 7702 | 7.5 | age 3 |
|----------|---|-----------|--------|-------|
| | (oothiniday) | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 1 | 110 |
| а | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | 1 5 5 | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in line 11a above? | 11b | | |
| | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | 151 |
| Sec | ction B. Type I Supporting Organizations | | _ | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | 100 | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | , inv = | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | il rej | - 7.5 | 1 |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | THE R |
| _ | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion 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 | 7 | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | 177 |
| | or management of the supporting organization was vested in the same persons that controlled or managed | 100 | | |
| _ | the supported organization(s). | 1 | | |
| Sec | tion 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 | 10 5 | 0.00 | |
| | 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 | 100 | | |
| | 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 line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | -27.0 | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | - | |
| <u>C</u> | supported organizations played in this regard. | 3 | | |
| | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | struction | 1s). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | 1. | -10 | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | 13 | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | 3 - 1 | 211.27 | |
| | how the organization was responsive to those supported organizations, and how the organization determined | -11 | - 1 | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, | 1 | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | - 1 | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | 1 3 | -94 |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | N III |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| บรอบอย | | | | |

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| _ | All other Type III non-functionally integrated supporting organizations mu | st complete | Sections A through E. | |
|------|---|-------------|-----------------------|--------------------------------|
| Sec | tion A - Adjusted Net Income | | (A) Prior Year | (B) Current Yea (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | -1 |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | 1 7 7 7 7 | |
| 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 | | 1 |

Schedule A (Form 990 or 990-EZ) 2020

| | edule A (Form 990 or 990-EZ) 2020 Britepaths, | Inc. | | 52 | 2-1596259 Pag |
|-----|---|--------------------------------|--------------------------------------|------|---|
| Pa | rt V Type III Non-Functionally Integrated 50 | 9(a)(3) Supporting Org | anizations (contin | ued) | |
| Sec | tion D - Distributions | | 4-Po-Post de Grand | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | empt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exem | npt purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpor | ses of supported organization | s | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | 701 | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - p. | rovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which | the organization is responsive |) | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 0 | Line 8 amount divided by line 9 amount | | | 10 | |
| ecl | tion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributio Pre-2020 | ns | (iii) Distributable Amount for 2020 |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Inderdictributions if any for years prior to 0000 (| | | | |

| Sec | tion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2020 | Distributable Amount for 2020 |
|-----|---|--|-----------------------------|-------------------------------|
| 1 | Distributable amount for 2020 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | |
| | able cause required - explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | |
| а | From 2015 | | | |
| b | From 2016 | | | |
| С | From 2017 | | | |
| d | From 2018 | | | |
| е | From 2019 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| | Applied to 2020 distributable amount | | | |
| i_ | Carryover from 2015 not applied (see instructions) | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2020 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2020 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2016 | | | |
| b | Excess from 2017 | | | |
| С | Excess from 2018 | No. of the Control of | | |
| d | Excess from 2019 | | | |
| е | Excess from 2020 | | | |
| | | | | |

Schedule A (Form 990 or 990-EZ) 2020

| Schedule A | (Form 990 or 990-EZ) 2020 Britepaths, | Inc. | 52-1596259 Page 8 |
|------------|--|--|---|
| Part VI | line 1; Part IV, Section D. lines 2 and 3; Part IV. Se | xplanations required by Part II, line 10; Part II, line 17a or 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 ection E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, lines 2, 5, and 6. Also complete this part for any addition | 17b; Part III, line 12; and 2; Part IV, Section C, |
| | Occ instructions.) | | |
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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

2020

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. \perp For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$_

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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page 4 Name of organization Employer identification number 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 Part III 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. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 Employer identification number 52-1596259 Pritonatha

| Pa | rt I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds or | Accounts Complete if the |
|----|--|--|--|
| | organization answered "Yes" on Form 990, Part IV, lin | | Accounts.Complete if the |
| | organization answered Tes official 1990, Farriv, III | | (b) Funds and other accounts |
| 1 | Total number at end of year | (2) Deliai deviced lande | (b) Turido dria otrici docodrito |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the appets hald in dance od is ad for | ndo. |
| • | are the organization's property, subject to the organization's | | |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| Ü | for charitable purposes and not for the benefit of the donor of | | |
| | impermissible private benefit? | | |
| Pa | rt II Conservation Easements. Complete if the org | ranization answered "Ves" on Form 990 Part IV | / line 7 |
| 1 | Purpose(s) of conservation easements held by the organizati | | , irie 7. |
| • | Preservation of land for public use (for example, recrea | | torically important land area |
| | Protection of natural habitat | | torically important land area tified historic structure |
| | Preservation of open space | Preservation of a cen | tilled historic structure |
| 2 | Complete lines 2a through 2d if the organization held a qualif | find concentration contribution in the forms of a | |
| _ | day of the tax year. | ned conservation contribution in the form of a c | Held at the End of the Tax Year |
| 9 | | | |
| | Total number of conservation easements Total acreage restricted by conservation easements | | 2a |
| | Number of conservation easements on a certified historic str | ueture included in (a) | 2b |
| ď | Number of conservation easements included in (c) acquired a | | 2c |
| u | | | 2d |
| 3 | listed in the National Register | | |
| · | year | leased, extinguished, or terminated by the orga | mization during the tax |
| 4 | Number of states where property subject to conservation eas | sement is located | |
| 5 | Does the organization have a written policy regarding the per | | |
| • | violations, and enforcement of the conservation easements it | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | *************************************** | |
| • | b | manding of violations, and emorcing conservat | ion easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing consequation of | acomonte during the year |
| • | \$ | ming of violations, and efficiently conservation e | asements during the year |
| 8 | Does each conservation easement reported on line 2(d) above | re satisfy the requirements of section 170/b)/4/(| RVi) |
| • | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | on essements in its revenue and expense state | ment and |
| • | balance sheet, and include, if applicable, the text of the footr | | |
| | organization's accounting for conservation easements. | ioto to the organization a financial statements ti | nat describes the |
| Pa | t III Organizations Maintaining Collections of | Art, Historical Treasures, or Other | Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | | lance sheet works |
| | of art, historical treasures, or other similar assets held for pub | | |
| | service, provide in Part XIII the text of the footnote to its finar | | |
| b | If the organization elected, as permitted under FASB ASC 95 | | ce sheet works of |
| | art, historical treasures, or other similar assets held for public | | |
| | provide the following amounts relating to these items: | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | 🕨 \$ |
| | (ii) Assets included in Form 990, Part X | | > \$ |
| 2 | If the organization received or held works of art, historical treat | | |
| | the following amounts required to be reported under FASB A | | · • · · · · · · · · · · · · · · · · · · |
| а | Revenue included on Form 990, Part VIII, line 1 | • | ▶ \$ |
| b | Assets included in Form 990, Part X | | > \$ |

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032051 12-01-20

Schedule D (Form 990) 2020

| Pa | t XI Reconciliation of Revenue per Audited Financial State | ments With | Revenue per F | Return |). |
|-----|---|---|---|----------|-------------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | 2a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 3,236,955. |
| 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 | 248,073. | | |
| C | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 248,073. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,988,882. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 9 30 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b | Other (Describe in Part XIII.) | | | | |
| | Add lines 4a and 4b | ••••• | •••• | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 2,988,882. |
| Fal | t XII Reconciliation of Expenses per Audited Financial State | | n Expenses per | Ketu | rn. |
| - | Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | | | т. т | 2 004 406 |
| 1 | Total expenses and losses per audited financial statements | ••••• | *************************************** | 1 | 2,884,486. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 - 1 | 240 072 | | |
| a | Donated services and use of facilities | | 248,073. | | |
| b | Prior year adjustments | 2b | | | |
| | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | | | | 240 072 |
| 3 | Add lines 2a through 2d | • | | 2e | 248,073. 2,636,413. |
| 4 | Subtract line 2e from line 1 | ••••••• | | 3 | 2,030,413. |
| - | Investment expenses not included on Form 990, Part VIII, line 7b | 1 4. 1 | | | |
| | | | | | |
| | Other (Describe in Part XIII.) Add lines 4a and 4b | 11. | | | 0. |
| | Add lines 4a and 4b <u>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</u> | *************************************** | | 4c | 2,636,413. |
| | t XIII Supplemental Information. | | | 5 | 2,000,410 |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a | | | -, r art | Λ, III (0 2, 7 αι (Λί, |
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

2020 Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Britepaths, Inc. 52-1596259 Part I General Information on Grants and Assistance 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 criteria used to award the grants or assistance? X Yes ☐ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 (a) Name and address of organization (f) Method of (b) EIN (c) IRC section (d) Amount of (e) Amount of (h) Purpose of grant or assistance (g) Description of valuation (book, FMV, appraisal, other) or government non-cash assistance (if applicable) cash grant 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

| Schedule Form 990 2020 Britepaths, Inc | | | | | 52-1596259 Page 2 |
|--|--------------------------|--------------------------|---------------------------------------|---|---|
| Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed. | ls. Complete if the | organization answ | ered "Yes" on Form | 990, Part IV, line 22. | |
| (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 | 967 | 773,726. | 539,325. | FMV | gift cards |
| Food Program | 1439 | 0. | . 103,464. | FMV | groceries, gift cards, food youchers |
| Seasonal Program | 3096 | 0. | 71,884. | FMV | gift cards, school supplies, meals |
| Other programs | 370 | 10,362. | 2,105. | FMV | gift cards, supplies |
| | | | | | |
| Part IV Supplemental Information. Provide the information re | uired in Part I, line | e 2; Part III, column | (b); and any other a | dditional information. | |
| Part I, Line 2: | | | | | |
| Most of the recipients of Britepat | hs grants | are refe | rred to th | ıe | |
| organization by Fairfax County, Vi | | | | | |
| agencies determine a client's eliq | | | | | |
| | | | | | |
| referral. Britepaths maintains a | client da | atabase, w | nich conta | ins | |
| information for grant awards. | | | | | |
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Schedule I (Form 990) 2020

Schedule I (Form 990) 2020

032102 11-02-20

Britepaths, Inc.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Britepaths, Inc.

Employer identification number 52-1596259

| Pa | rt I Types of Property | | | | | | | | |
|-----|--|-------------------------------|---|--|--------------|---------------|--|--------|------|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash con amounts repo Form 990. Part | orted on | noncach c | (d) od of determi contribution a | | ts |
| 1 | Art - Works of art | | | | , | | | | |
| 2 | Art - Historical treasures | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | |
| 4 | Books and publications | | | | | | | | |
| 5 | Clothing and household goods | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | | |
| 12 | trust interests | | | | | | | | |
| 13 | Securities - Miscellaneous Qualified conservation contribution - | | | | | | | _ | |
| 13 | the contract of the contract o | | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | | |
| 15 | | | | | | | | | |
| 16 | Real estate - Residential Real estate - Commercial | | | | | | | | |
| 17 | Real estate - Other | | | | | | | _ | |
| 18 | Collectibles | | | | | | | | |
| 19 | Collectibles | х | 3,123 | | 272 | FMV per | | | |
| 20 | Food inventory | | 3,143 | - | 7,314. | two ber | pound | | _ |
| 21 | | | | | | | | | |
| 22 | Taxidermy Historical artifacts | | | | | | | | |
| 23 | | | | | | | | | _ |
| 24 | Scientific specimens | | | | | | | | |
| 25 | Archeological artifacts Other (Gift cards) | X | 35 | 20 | 1 501 | gift car | d foco | | 1 |
| 26 | Other (holiday goods) | X | 13 | 20 | 386 | fair mar | Late | luc | Tue |
| 27 | Other () | | | | ,,500. | rair mar | Ket va | Tue | _ |
| 28 | Other (| | | | | | | | |
| 29 | Number of Forms 8283 received by the organi | zation during | the tay year for a | antributions | | | | | |
| | for which the organization completed Form 82 | | | | 00 | | | 0 | |
| | To which the organization completed form oz | 00, Fart V, D | onee Acknowledge | ernent | 29 | | | | 21- |
| 30a | During the year, did the organization receive b | v contributio | n any proporty ron | orted in Bert Llin | aa 1 thrau | ab 00 4b at 4 | | Yes | No |
| | must hold for at least three years from the date | | | | | | | | |
| | exempt purposes for the entire holding period | | | | | | 00- | | X |
| h | If "Yes," describe the arrangement in Part II. | · | | | | | 30a | | |
| 31 | Does the organization have a gift acceptance | nolicy that re | auiree the review | of any nonatanda | rd contribu | rtiono? | 0.4 | | X |
| | Does the organization hire or use third parties | | | | | itions? | 31 | | |
| OLU | contributions? | | | | | | 32a | | х |
| b | If "Yes," describe in Part II. | | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) for | a type of property | for which colum | n (a) is che | cked, | 1 | | |
| | describe in Part II. | | | | | | | | |
| LHA | For Paperwork Reduction Act Notice, see | the Instruct | ions for Form 990 |). | | Scher | dule M (Forn | n 990) | 2020 |

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

Schedule M (Form 990) 2020

| Schedule M (Form 990) 2020 BIILEPALTS, Inc. | <u> 52-</u> | -155 | 16259 | Page 2 |
|--|----------------------|-------------------|-------------------------------|---------------|
| Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a combining part for any additional information. | , and wi bination | hether า of bo | the organiza th. Also comp | tion olete |
| Schedule M, Part I, Column (b): | | | | |
| Column B for line 19 is pounds. Column B for lines 25 and | . 26 | is | number | |
| of contributions. | | | | |
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032142 11-23-20

Schedule M (Form 990) 2020

SCHEDULE O

Internal Revenue Service

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

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-FZ.

2020 Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization

Britepaths, Inc.

Employer identification number 52-1596259

Form 990, Part III, Line 2, New Program Services:

The CARES program began in 2020. This program provides financial assistance grants for rent and other basic needs. Progam funding was obtained from federal government funds made available due to the Covid-19 pandemic.

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.

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.

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. The Advocacy program was dormant during 2020.

<u>Seasonal Programs - The program matches families in need, who are</u>
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 9

Schedule O (Form 990 or 990-EZ) 2020

Employer identification number 52-1596259

referred by social workers, to sponsors who provide the families with food and gifts for Thanksgiving and the December holidays.

Food Program - Britepaths coordinates a monthly food program by finding and matching a group of volunteers to a list of clients referred by government agencies. The volunteers typically pay for groceries and/or gift cards and deliver them to clients. In addition, Britepaths maintains a food pantry to make deliveries to families with urgent needs.

Expenses \$ 563,862. including grants of \$ 267,953. Revenue \$ 0.

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

Britepaths' 2020 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. 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.

032212 11-20-20