### Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

## 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

Employer identification number

Britepaths, Inc. 52-1596259 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ☑ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 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 331/3% 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 (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) filling 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 

Schedule B (Form 990	, 990-EZ,	or 990-PF	(2018)
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Page 4

Name of or	rganization			Employer identificati	on number		
Britepaths				52-150625	a .		
Part III	Exclusively religious, charitable, (10) that total more than \$1,000 the following line entry. For organic contributions of \$1,000 or less for the following line entry.	f <b>or the year from any</b> zations completing Pal the year. (Enter this in	one contributor. ( rt III, enter the total formation once. Se	scribed in section 501(c)(7), Complete columns (a) through of exclusively religious, charit	(8), or		
(a) No.	Use duplicate copies of Part III if a	dditional space is need	ded.				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift	is held		
	Transferee's name, address,	(e) Transf and ZIP + 4	7	ship of transferor to transferee			
		************************	*****				
		***************************************					
			**********				
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift	is held		
	W		***************************************	******************************			
		****************					
	**************************************						
	(e) Transfer of gift						
_	Transferee's name, address,	and ZIP + 4	Relations	hip of transferor to transferee			
	8						
		~~~~~	***************************************				
(a) Na							
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift	is held		
		***************************************					
	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relations	nip of transferor to transferee			
		***************************************					
(a) No. from Part I	(b) Purpose of gift	(c) Use of	f gift	(d) Description of how gift i	s heid		
-							
	Transferee's name, address, a	(e) Transfe and ZIP + 4	-	lip of transferor to transferee			
-			i bidtolis				
-		***************************************	******************				

## **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. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. 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),	es," on Form 990, Part IV, line 5 (Pro) then	(y Tax) (see separa	te instructions) or Form 99	0-EZ, Part V, line 35c (Proxy
<ul> <li>Section 501(c)(4), (5), or (6) or</li> </ul>	ganizations: Complete Part III.			
Name of organization			Employer ide	entification number
Britepaths, Inc.				52-1596259
Part I-A Complete if the	ne organization is exempt und	der section 501	(c) or is a section 527	organization.
2 Political campaign activ	ity expenditures (see instructions)			rt IV. (see instructions for
3 Volunteer hours for political	tical campaign activities (see instru	ctions)		
Part I-B Complete if the 1 Enter the amount of any	ne organization is exempt und	ler section 501	(c)(3).	
2 Enter the amount of any 3 If the organization incun 4a Was a correction made 5 If "Yes," describe in Par Part I-C Complete if th 1 Enter the amount direct activities 2 Enter the amount of the 527 exempt function act 3 Total exempt function line 17b 4 Did the filling organizatio 5 Enter the names, address organization made payment the amount of political companization in the series of t	r excise tax incurred by the organization of excise tax incurred by organization as excited a section 4955 tax, did it file Form tiv.  In the organization is exempt under the organization is exempt under the organization is exempt under the organization organization file form 1120-POL for this year is ease and employer identification numbers. For each organization listed, ontributions received that were produced fund or a political action committee.	In managers under this year was a section 501 (zation for section 501). The course to other organization for the section for section for section for section for section for section for the s	rear?  C), except section 50  527 exempt function  ganizations for section  on Form 1120-POL,  ection 527 political organ paid from the filing organ	Yes No  1(c)(3).  Yes No  I Yes No
(a) 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
(1)				
(2)				
(3)				
(4)	************************			
(5)				
(6)				

ca i	II-A	Complete if the organization section 501(h)).	n is exempt under section 501(c)(3) and file	d Form 5768 (ele	tion unde
	heck 🕨	address, EIN, expenses, and s	gs to an affiliated group (and list in Part IV each affi share of excess lobbying expenditures).	liated group membe	r's name,
	heck 🟲	if the filing organization check	ed box A and "limited control" provisions apply.		
			ying Expenditures	(a) Filing	(b) Affiliated
		(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
1a	Total lo	obbying expenditures to influence	public opinion (grass roots lobbying)		
b			a legislative body (direct lobbying)		
C		bbying expenditures (add lines 1a			
d		exempt purpose expenditures			
е			lines 1c and 1d)		
f	Lobbyi	ng nontaxable amount. Enter ti	he amount from the following table in both		
	If the ar	nount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		LE PLY
	Not ove	r \$500,000	20% of the amount on line 1e.		
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
		500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$1	7,000,000	\$1,000,000.		
g	Grassr	oots nontaxable amount (enter 25%	% of line 1f)		
h		ct line 1g from line 1a. If zero or les			
i		ct line 1f from line 1c. If zero or less			
j	If there		on either line 1h or line 1i, did the organization		Yes 🗀
	(Som	e organizations that made a sect	ar Averaging Period Under Section 501(h) tion 501(h) election do not have to complete all separate instructions for lines 2a through 2f.)		below.

Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total			
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column (e))	HEIDE IN			May and				
C	Total lobbying expenditures								
d	Grassroots nontaxable amount					-			
е	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(6	a)	(b)
desc	ription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
а	referendum, through the use of: Volunteers?	155		
b		1		
c	Media advertisements?	4	1	
d	Mailings to members, legislators, or the public?	1	Y	E74
е	Publications, or published or broadcast statements?	1		571
f	Grants to other organizations for lobbying purposes?	Ť	1	·
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	1		571
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	1		572
i	Other activities?		1	
j	Total. Add lines 1c through 1i . ,		THE STREET	1,714
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1	
b	If "Yes," enter the amount of any tax incurred under section 4912	1000		
d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.	15000		
distance of the last of the la	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)			
	501(c)(6).	Ko), c	r seci	ion
	186		,	Yes No
1 2	Were substantially all (90% or more) dues received nondeductible by members?	1 (6)	.	1
3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		1	2
13/5	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior	ear?	3
	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."	(5), 0 R (b)	r sect Part il	ion I-A, line 3, is
1	Dues, assessments and similar amounts from members	. [	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts	of	Ye	
	political expenses for which the section 527(f) tax was paid).		1.2	
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) dues .	.	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the	-55	
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?		OB:	
5	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)		4	
Part	Supplemental Information	•	5	
STREET, SQUARE, SQUARE	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounds)	ın liet)	· Davi II	A lines 1 and
2 (see	instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ір посу	9 1 645 6 11	- A, III GO I QII G
	LB line 1 (detailed description of labelian auti-title)			
rdit 1	-b, line 1 (detailed description of lobbying activities)			**************************************
o M	let with elected officials in order to educate and influence them.			******************
n F	acilitated a client speaking at a state legislative committee hearing.			
	achieses a client speaking at a state registative committee nearing.			

o Worked with the Fairfax County Alliance for Human Services in advocating for the Fairfax County Board of Supervisors to maintain

funds allocated to human services in the Fairfax County budget.

Schedule C (Form 990 or 990-EZ) 2018 Page							
Part IV	Supplemental Information (continued)	, 290					
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	700 M	44-4					
		*************					
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*****************		**********					

## 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.lrs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization		Employer Identification number
Brite	paths, Inc.		52-1596259
Pa	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 6.	
	_	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4 5	Aggregate value at end of year		
J	Did the organization inform all donors and donor funds are the organization's property, subject to the	advisors in writing that the assets he organization's exclusive legal control	eld in donor advised  DI? Yes . No
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the benef conferring impermissible private benefit?	nd donor advisors in writing that grain	nt funds can be used. or any other purpose
Pai	Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recreat	ion or education) 🔲 Preservation of	f a historically important land area
	Protection of natural habitat	☐ Preservation of	a certified historic structure
2	Preservation of open space	fall a group DP of	
_	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	id a qualified conservation contribution	
а	Total number of conservation easements		Held at the End of the Tax Year
b	Total acreage restricted by conservation easements		2a
C	Number of conservation easements on a certified h	istoric structure included in (a)	2b
d	Number of conservation easements included in (	c) acquired after 7/25/06, and not	on a
	historic structure listed in the National Register .		2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	ninated by the organization during the
	tax year		
4	Number of states where property subject to consen	vation easement is located	FF = 140 = 140 = 1
5	Does the organization have a written policy reg violations, and enforcement of the conservation eas	ements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	. handling of violations, and enforcing of	concentration agreements during the year
	•		
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
9			· · · · · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports of	onservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text of organization's accounting for conservation easemer	the loothole to the organization's fina	ancial statements that describes the
Part			Other Similar Assets
	Complete if the organization answered "Y	res" on Form 990. Part IV. line 8	outer offittial Assets.
1a	If the organization elected, as permitted under SFA	S 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar a	assets held for public exhibition, edu	ication, or research in furtherance of
	public service, provide, in Part XIII, the text of the for	otnote to its financial statements that	describes these items.
Ь	If the organization elected, as permitted under SF, works of art, historical treasures, or other similar a public service, provide the following amounts relating	assets held for public exhibition, edu	cation, or research in furtherance of
	(i) Hevenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		▶ \$
	following amounts required to be reported under SF	AS 116 (ASC 958) relating to these its	assets for financial gain, provide the
a	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		> \$
D	Assets included in Form 990, Part X		\$

-	ule D (Form 990) 2018									Page 2
Pa 3	Using the organizations Maintaining C Using the organization's acquisition, ac collection items (check all that apply):	cession, and ot	Art, Hi her rec	<b>storical</b> ords, che	Treasure: eck any of t	s, or C he follo	ther Similar wing that are	Asse a sig	<b>ets</b> <i>(cont</i> nificant u	inued) se of its
а	Public exhibition			ш.						
b			d	L.oa	n or exchan	ge pro	grams			
C	-		е	☐ Oth	er				***********	
4	Provide a description of the organization	n'e collections s	nd ove	Join how	Alaman Carathani	- Al				
	XIII.	n a collections e	uid exp	raiii ; iOw	mey furmer	r the or	ganization's e	xemp	t purpose	e in Part
5	During the year, did the organization so assets to be sold to raise funds rather the	olicit or receive	donatio	ins of art	, historical t	treasure	es, or other si			П.
Pai	t IV Escrow and Custodial Arran	gements.		portort	no organiza	LIOIT 3 C	Ollection	<u> </u>	☐ Yes	□ NO
	Complete if the organization a 990, Part X, line 21.	nswered "Yes'	on Fo	лтт <b>990,</b>	Part IV, lin	e 9, or	reported an	amo	unt on F	orm
1a		ustodian or oth	er inter	mediary	for contribu	tions o	r other assets	not	☐ Yes	ПМа
b	If "Yes," explain the arrangement in Part	XIII and comple	te the f	ollowing	table:				☐ 162	□ NO
	•			onomig	LUDIO.			Amr	ount	
C	Beginning balance					10		- 11.10	J G 1 1 1	
d	Additions during the year			nen .	15.	10				
е	Distributions during the year			320		10				
f	Ending balance			500	2 1 1	11				
2a	Did the organization include an amount of	on Form 990, Pa	rt X, lin	e 21, for	escrow or c	ustodia	l account liab	ilitv?	□ Yes	□ No
b	If "Yes," explain the arrangement in Part	XIII. Check here	if the e	xplanatio	on has been	provid	ed on Part XIII			Π
Par	Endowment Funds.									
	Complete if the organization ar	nswered "Yes"	on Fo	rm 990,	Part IV, line	e 10.				
		(a) Current year	(b) Pr	ior year	(c) Two year	rs back	(d) Three years t	ack	(e) Four yea	rs back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	C. C. Contonia on po									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses ,									
9	End of year balance									
2	Provide the estimated percentage of the	current year end	l baland	e (line 1g	g, column (a	)) held a	as:			
а	Board designated or quasi-endowment		%							
b		%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c s	should equal 10	0%.							
Sa	Are there endowment funds not in the po	ossession of the	organi	zation th	at are held a	and ad	ministered for	the		
	organization by:								Yes	No No
	(i) unrelated organizations					292	(6)	.	3a(i)	
	(II) related organizations						95 (95		3a(ii)	
4	If "Yes" on line 3a(ii), are the related organ Describe in Part XIII the intended uses of	the organization	ıs requi i's endo	red on So owment fo	chedule R? unds.			. [	3b	
Part	,									
	Complete if the organization an	swered "Yes"	on For	m 990, F	Part IV, line	11a. S	See Form 99	0, Pa	rt X, line	10.
	Description of property	(a) Cost or othe (investment	r basis	(b) Cost o	or other basis other)	(c) /	ccumulated preciation		d) Book val	
1a	Land									
b	Buildings									

c Leasehold improvements

d Equipment . . . . .

e Other . . . . . .

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

2,058

40,787

108

21,494

2,166

62,281

	Investments—Other Securities		000 D. LIV II	44.6.5.000.000
	Complete if the organization and (a) Description of security or category	swered "Yes" on Form		
	(including name of security)	иу	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	derivatives			
	neld equity interests			
Other				
(A)	=======================================			
(B) (C)	200 ± 20 ± 20 ± 20 ± 20 ± 20 ± 20 ± 20	***************************************		
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.) ▶			1000 - Transmission and
art VIII	Investments—Program Relate	d.		
and the state of	Complete if the organization ans		990 Part IV line	11c See Form 990 Part V line
	(a) Description of Investment	100 0111 0111	(b) Book value	(c) Method of valuation:
	.,		(w) Dook value	Cost or end-of-year market value
1)				
2)				
3)				
\$)				
5)				
5)				
)				
3)				
9)				
	) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization ans		990, Part IV, line 1	
		a) Description		(b) Book value
n)				
	,,			
2)	,			
2)	,			
2) 1) 4)	,			
2) 1) 5)				
2) 3) 6) 5)				
2) (i) (i) (i) (i)				
2) 3) 5) 5) 7)				
2) 3) 4) 5) 6) 7)	nn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		
1) 2) 3) 4) 5) 6) 7) 3) 9) <b>otal.</b> (Colun		ol. (B) line 15.)		
2) 3) 4) 5) 7) 8) 9)	nn (b) must equal Form 990, Part X, co <b>Other Liabilities.</b>		990, Part IV, line 1	
2) 3) 4) 5) 7) 6) 7) 8)	nn (b) must equal Form 990, Part X, co		990, Part IV, line 1	
2) (b) (b) (c) (d) (d) (d) (d)	onn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability		990, Part IV, line 1	
2) (b) (b) (c) (c) (c) (c) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	onn (b) must equal Form 990, Part X, co.  Other Liabilities.  Complete if the organization answers.  line 25.  (a) Description of liability come taxes	wered "Yes" on Form	990, Part IV, line 1	
tal. (Column	on (b) must equal Form 990, Part X, concepts of the Complete of the organization answers.  (a) Description of liability come taxes rent payable	wered "Yes" on Form		
b) Federal inc. Deposit p	on (b) must equal Form 990, Part X, concepts of the Complete of the organization answers.  (a) Description of liability come taxes rent payable	wered "Yes" on Form (	$\overline{n}$	
Pederal inco Deposit p	on (b) must equal Form 990, Part X, concepts of the Complete of the organization answers.  (a) Description of liability come taxes rent payable	wered "Yes" on Form (b) Book value	$\overline{n}$	
) Federal inc. ) Deferred in Deposit p	on (b) must equal Form 990, Part X, concepts of the Complete of the organization answers.  (a) Description of liability come taxes rent payable	wered "Yes" on Form (b) Book value	$\overline{n}$	
) Federal inc ) Deferred () Deposit p )	on (b) must equal Form 990, Part X, concepts of the Complete of the organization answers.  (a) Description of liability come taxes rent payable	wered "Yes" on Form (b) Book value	$\overline{n}$	
property (Column )  Federal inc (Column )  Deferred (Column )  Deposit p (Column )	on (b) must equal Form 990, Part X, concepts of the Complete of the organization answers.  (a) Description of liability come taxes rent payable	wered "Yes" on Form (b) Book value	$\overline{n}$	
property (Column)  Federal inc  Deferred inc  Deposit p  Deposit p  Deposit p	on (b) must equal Form 990, Part X, concepts of the Complete of the organization answers.  (a) Description of liability come taxes rent payable	wered "Yes" on Form (b) Book value	$\overline{n}$	
Pederal inc Deposit p	on (b) must equal Form 990, Part X, concepts of the Complete of the organization answers.  (a) Description of liability come taxes rent payable	wered "Yes" on Form (b) Book value	$\overline{n}$	

Pan	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,	ents V	Vith Revenue per	Return.	
1	Total revenue, gains, and other support per audited financial statements			1	1,444,990
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1 15 N 1 150.		1,717,000
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	244,217		
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
0	Add lines 2a through 2d	e	90 • • (96) • •	2e	244,217
3	Subtract line 2e from line 1	و بي	6 360	3	1,200,773
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		301	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b	9		4c	
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.) .		5	1,200,773
Part	and the state of t	nents '	With Expenses pe	r Return	•
4	Complete if the organization answered "Yes" on Form 990,	Part IV	, line 12a.		
1	Total expenses and losses per audited financial statements		. (9)	1	1,475,604
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ř.			
a	Donated services and use of facilities	2a	244,217		
b	Prior year adjustments	2b			
C	Other losses	2c		1 1_1	
d	Other (Describe in Part XIII.)	2d			
е 3	Add lines 2a through 2d			2e	244,217
-	Subtract line 2e from line 1	i i		3	1,231,387
a	Amounts included on Form 990, Part IX, line 25, but not on line 1:			7.07	
b	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)	4a		A	
				21	
	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line	- 101		4c	
Part 2	Supplemental Information.	e 10.) .		5	1,231,387
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
					***************************************
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			· 三百 予 今 4 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		*************************

## SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundralsing or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Gc to www.irs.gov/Form990 for Instructions and the latest Information.

	or trie organization					Employer identif	ication number
	paths, Inc.					52	-1596259
Pai	Form 990-EZ filers are	not required to	complete	this part.		orm 990, Part IV	line 17.
1	Indicate whether the organizati	on raised funds	through an	y of the foll	lowing activities. C	heck all that apply,	
a			e (	Solicitat	tion of non-governr	ment grants	
b	Internet and email solicitation	ons			tion of government		
C	☐ Phone solicitations		g		fundraising events		
đ	☐ In-person solicitations						
2a	Did the organization have a wr	itten or oral agre	ement with	any indivi	dual finaludina offic	ara directore to a	
b	If "Yes," list the 10 highest pair	n 990, Part VII) o d individuals or (	er entity in c entities (fun	connection	with professional for	undraising services	? 🗌 Yes 🗌 No
	compensated at least \$5,000 b	y the organization	on.				
	(i) Name and address of individual or entity (fundralser)	(ii) Activity	custody	ndraiser have or control of butions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
otal							
3	List all states in which the orga registration or licensing.	nization is regis	tered or lic	ensed to so	olicit contributions	or has been notifie	ed it is exempt from
							4 hadee 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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						******	
			*********			********	
		***					

Ф			(a) Event #1 Gathering - A.L. (event type)	(b) Event #2 Gathering - Wine (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	51,597	19,626		71,22
	2	Less: Contributions Gross income (line 1 minus	32,421	16,440		48,86
		line 2)	19,176	3,186		22,36
	4	Cash prizes , , , .				
	5	Noncash prizes ,				
Direct Expenses	6	Rent/facility costs ,				
i rxp	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	19,176	3,186		22,362
	10 11	Direct expense summary. Add Net income summary. Subtra	d lines 4 through 9 in co		- 000 + 00 × 00 + 1	22,362
_		Direct expense summary. Add Net income summary. Subtra <b>Gaming.</b> Complete if the \$15,000 on Form 990-EZ	ct line 10 from line 3, co organization answer	lumn (d)		or reported more than
_	11	Net income summary. Subtra <b>Gaming.</b> Complete if the \$15,000 on Form 990-EZ	ct line 10 from line 3, co e organization answer i, line 6a.	red "Yes" on Form 9	90, Part IV, line 19, o	22,362 Or reported more than (d) Total gaming (add col. (a) through col. (c))
	11 rt III	Net income summary. Subtra Gaming. Complete if the	ct line 10 from line 3, co e organization answer i, line 6a.	red "Yes" on Form 9	90, Part IV, line 19, o	or reported more than
פאפו	11 rt III	Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-EZ	ct line 10 from line 3, co e organization answer i, line 6a.	red "Yes" on Form 9	90, Part IV, line 19, o	or reported more than
פאפו	11 rt      1	Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue	ct line 10 from line 3, co e organization answer i, line 6a.	red "Yes" on Form 9	90, Part IV, line 19, o	or reported more than
פאפו	11 rt III 1 2 3	Net income summary. Subtra  Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue  Cash prizes  Noncash prizes	ct line 10 from line 3, co e organization answer i, line 6a.	red "Yes" on Form 9	90, Part IV, line 19, o	or reported more than
	11 rt III 2 3 4	Net income summary. Subtraction Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue.  Cash prizes.  Noncash prizes.  Rent/facility costs.	ct line 10 from line 3, co e organization answer i, line 6a.	red "Yes" on Form 9	90, Part IV, line 19, o	or reported more than
	11 rt III 2 3 4 5	Net income summary. Subtrace Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	ct line 10 from line 3, core organization answer , line 6a.  (a) Bingo	Jumn (d)	90, Part IV, line 19, (c) Other gaming	or reported more than
	11 1 2 3 4 5 6	Net income summary. Subtrace Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue .  Cash prizes .  Noncash prizes .  Rent/facility costs .  Other direct expenses	ct line 10 from line 3, core organization answer 1, line 6a.  (a) Bingo  Yes	Jumn (d)	90, Part IV, line 19, (c) Other gaming  Yes%  No	or reported more than

scheat	38 G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13	Indicate the percentage of gaming activity conducted in:	□	
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		1
	Address ▶		
15a			
104	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ Voc	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	□ Tes	□ NO
	amount of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	•		
	Name >		
	Address ▶	*********	********
16	Gaming manager information:		
	Name >		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	i) and (v al inforn	r); and nation.
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# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

Employer identification number

Britepaths, Inc. Part I General Information on Grants and Ass	n Grants and	Assistance					52-1596259
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?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	records to subs vard the grants ation's procedur	stantiate the amore or assistance?	ant of the grants of	r assistance, the ginds in the United	grantees' eligibility for	for the grants or assistance	ce, and
Part II Grants and Other Assis	istance to Do	mestic Organiz	ations and Dona	nestic Government of the control of	ients. Complete if t	he organization ansvace is needed.	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 or government	(c) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(Book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
(1)					(Jann)		ממחומים נס
82							
(6)							
(4)							
(9)							
(9)							
ω							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	1(c)(3) and governizations listed	ernment organizat	ions listed in the li	ne 1 table		***************************************	A. A.
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	the Instructions	s for Form 990.			Cat. No. 50055P	•	Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

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. Part III

1 Financial assistance         671         63,258         636FMV         auto repair service           2 Food Bridge Program         1,458         0         109,368FMV         groceries and gift cards           3 Seasonal Programs         3,571         0         170,711 FMV         gift cards, school supplies           4 Other programs         2,167         3,323         7,789 FMV         gift cards and supplies           6         7         7,789 FMV         gift cards and supplies	(a) Type of grant or assistance	(b) Number of recipients	(o) Amount of cash grent	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
3,571 0 170,711 FMV 2,167 3,323 7,789 FMV	Financial assistance	671	63,258	636	FMV	auto repair service
3,571 0 170,711 FMV 2,167 3,323 7,789 FMV	Food Bridge Program	1,458	0	109,368	FMV	groceries and gift cards
2,167 3,323 7,789 FMV	Seasonal Programs	3,571	o	170,711	FMV	gift cards, school supplies, meals
	Other programs	2,167	3,323	7.789	FMV	oift cards and sumplies

Schedule I (Form 990), part 1, line 2 - Most of the recipients of Britepaths grants are referred to the organization by Fairfax County, Virginia social services agencies. These agencies determine a client's eligibility for Britepaths' programs prior to referral. Britepaths maintains a client database, which contains information for grant awards.

## SCHEDULE M (Form 990)

# **Noncash Contributions**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

**Employer** identification number Britepaths, Inc. 52-1596259

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	(d) of det	erminii ion am	ng lounts
1	Art—Works of art			TOTH 930, I dit VIII, III e Ig				
2	Art—Historical treasures						_	_
3	Art—Fractional interests				-			
4	Books and publications		THE PROPERTY					
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 trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate - Residential							
16	Real estate—Commercial							
17	Real estate-Other							
18	Collectibles							
19	Food inventory	/	22,798 pounds	39 212	fair market v	م مرادر	er noi	und
20	Drugs and medical supplies			00/2 (2	Ton manes	- CITOLO	or por	4110
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							_
25	Other ► ( gift cards )	1	65 contributions	27 495	face value of	fnift c	arde	
26	Other ► ( school items; other )	1	195 contributions		fair market v		w u s	
27	Other ► ()			110,270	idii iiidiinet i	diac		
28	Other ► (							
29	Number of Forms 8283 received which the organization completed	by the org Form 8283,	anization during the tax ye, Part IV, Donee Acknowled	ear for contributions for gement	29	0		
							Yes	No
30a	During the year, did the organizati	ion receive	by contribution any proper	rty reported in Part I, lines	1 through	1210	118	
	28, that it must hold for at least th	iree years fi	rom the date of the initial o	contribution, and which isn	't required			
l.	to be used for exempt purposes for	or the entire	holding period?			30a		1
	If "Yes," describe the arrangement					135		
31	Does the organization have a	gift accept	tance policy that requires	s the review of any no	nstandard	- 19	6.1	
	contributions?					31		1
32a	Does the organization hire or use	third partie	es or related organizations	to solicit, process, or se	i noncash			
	contributions?					32a		1
b	If "Yes," describe in Part II.						1	
33	If the organization didn't report an a describe in Part II.	amount in c	olumn (c) for a type of prop	erty for which column (a) is	s checked,			

	Pag 2018
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received or a combination of both. Also complete this part for any additional information.
\$	
##b = # + = = = = = <u>= =</u> =	
B 4: 4: 4:	
	788
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### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization Employer Identification number Britepaths, Inc. 52-1596259 Form 990, Part III, Line 4d (Other program services) - Other program services include: o Financial Literacy - The program provides trained volunteers to educate clients in basic household budgeting and understanding credit. Education is provided through one-on-on 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 specific needs. o Community Education - Britepaths provides information about its 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. o 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. o 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 interviewing. Small stipends are awarded to eligible clients for job training. o 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. o Naomi Project - The progam matches high-risk pregnant or newly parenting women with trained mentors who are committed to promoting healthy pregnancies and healthy babies. Form 990, Part VI, Line 11b - Britepaths' 2018 form 990 is prepared by an independent certified public accountant. The form is reviewed by Britepaths' Finance Manager, 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.

Marso of the process of the	Facel and the stiff action were been
Name of the organization  Britepaths, Inc.	Employer identification number 52-1596259
Form 990, Part VI, Line 12c - The Executive Director and President of the Board monitor	or compliance with the conflict of interest
policy, which requires all interested persons to file a disclosure statement at least ann	nually.
~~~~~~440~~~~~	
Form 990, Part VI, Line 15a and 15b - On an annual basis, an ad hoc committee compr	ised of Board members reviews the
Executive Director's performance against predetermined goals. The committee also re	eviews 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, Line 19 - Britepaths' financial statements are made available to the	public on its website. Britepaths'
governing documents and conflict of interest policy are available to the public upon re	equest,
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