Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

AF	or th	e 2021 calendar year, or tax year beginning $\c{JUL}1$, $\c{2021}$ and en	nding J	UN 30, 2022	•
B c a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre chang				
	Name Chang	Doing business as		52-15962	59
	Initial return		oom/suite	E Telephone number	
	Final	, 3959 Pender Drive 20	00	703-273-	
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,531,362.
	Amen return			H(a) Is this a group re	
	Applio tion pendi			for subordinates	
		same as c above		H(b) Are all subordinates in	
		empt status: 🗴 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🛄 4947(a)(1) or [527	,	list. See instructions
		te: britepaths.org		H(c) Group exemption	
		forganization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year o	of formation: 1989 N	State of legal domicile: VA
Pa	rt I	Summary		amagmaph of	Cabadula
e	1	Briefly describe the organization's mission or most significant activities: See $1a$	ast p	aragraph or	schedule
Activities & Governance	_	Check this box	d of more	then 25% of its not as	
veri	2 3			I I	15 sets.
ဗီ	4	Number of voting members of the governing body (Part VI, line 1a)			15
s S		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			29
itie		Total number of volunteers (estimate if necessary)			404
ctiv	0 7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		, , ,		Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		657,112.	1,816,625.
Revenue	9	Program service revenue (Part VIII, line 2g)		123,658.	5,660,001.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,285.	2,768.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		784,055.	7,479,394.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		170,404.	5,807,025.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \ldots		441,680.	1,171,750.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	0.	0.
Expenses				126 050	212 112
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		126,050.	243,113.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		738,134. 45,921.	7,221,888. 257,506.
- 2	19	Revenue less expenses. Subtract line 18 from line 12		-	
Net Assets or Fund Balances	~	Tatal accests (Dart V. June 10)		ginning of Current Year 2,225,104.	End of Year 1,631,072.
Asse Bala		Total assets (Part X, line 16)		1,417,769.	566,231.
Vet ∕ und		Total liabilities (Part X, line 26)		807,335.	1,064,841.
		Net assets or fund balances. Subtract line 21 from line 20		007,333.	1,001,041.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Date Eric Goldwater, Treasurer Type or print name and title							
Paid	Print/Type preparer's name Bernard M. Gordon	Preparer's signature Iserrard M.		self-employed FOLJO/JJ/				
Preparer	Firm's name 🍗 Bernard M. Gordo			Firm's EIN 02-0789484				
Use Only	Firm's address 9010 Stoneleigh	Court						
	Fairfax, VA 22031 Phone no.703-472-1503							
May the I	May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)								

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Britepaths provides our neighbors in need with short-term safety-net
	services and empowers them to work toward long-term self-sufficiency.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,324,454. including grants of \$ 5,121,109.) (Revenue \$ 5,401,78
Ĩ	Emergency Rental Assistance (ERA) - Federal funds received by Fairfax
	County were distributed to Britepaths to support direct assistance
	payments to clients affected by the pandemic. Allowable assistance
	included rent and rent arrears, utilities/home energy and
	utilities/home energy arrears, and other expenses related housing. In
	Fiscal year 2022, Britepaths disbursed 645 grants to 582 unique
	households.
4b	(Code:) (Expenses \$365,391. including grants of \$357,285.) (Revenue \$
т	Financial Assistance Program - Britepaths' Financial Assistance Progr
	provides grants to families in financial crisis with payments to help
	with rent (not pandemic related), utilities (not pandemic related), c
	repair, or similar needs. In fiscal year 2022, Britepaths provided 61
	grants to 543 unique households.
	graneb co 545 anique noubenoiab.
4c	(Code:) (Expenses \$ 246,627. including grants of \$ 680.) (Revenue \$ 190,60
	Financial Empowerment Center (FEC) - Britepaths manages the FEC in
	partnership with Fairfax County government and the United Way of the
	National Capital Area. The FEC provides financial coaching and relate
	services both at the FEC and through our community partners.Clients
	work with a coach, who helps them create a step-by-step plan to achie
	personal financial goals. The FEC also has budgeting classes, credit
	and banking classes, workshops on a variety of topics, pro bono legal
	assistance, asistance with taxes, and small business development
	services. The FEC served 1,926 clients in fiscal year 2022.
4 -1	
4d	Other program services (Describe on Schedule O.) (Expenses \$ 871,821. including grants of \$ 327,951.) (Revenue \$ 67,613.)
40	(Expenses \$ 071,021 · including grants of \$ 327,331 ·) (Revenue \$ 07,013 ·) Total program service expenses ► 6,808,293 ·) 6,808,293 ·) 6,808,293 ·)
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Form 990 (2021) Britepaths, Inc.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	<u>л</u>	
b		11b		x
<u>د</u>	 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total 			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
10	foreign organization ? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X (2021)
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 Form 990 (2021)
 Britepaths, Inc.

 Part IV
 Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
22	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22	X	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
4	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
LJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
5	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			<u>.</u> .
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	000		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200	<u> </u>	
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
4	Enter the number reported in box 2 of Form 1006. Enter 0, if not enables		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b	5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
C	(gambling) winnings to prize winners?	1c	x	
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Par	990 (2021) Britepaths, Inc. V Statements Regarding Other IRS Filings and Tax Compliance (continued))			· ·
			I		Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		20		
	filed for the calendar year ending with or within the year covered by this return	2a	29		v
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retr			2b	X
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction	ns		_	
				3a	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedul			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or othe				
	financial account in a foreign country (such as a bank account, securities account, or other financia	l accou	nt)?	4a	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did				
	any contributions that were not tax deductible as charitable contributions?			6a	
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		-		
	were not tax deductible?			6b	
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices p	provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was a self or the self of	vas req	uired		
	to file Form 8282?			7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?		7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file	Form 88	399 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi	zation f	ile a Form 1098-C?	7h	
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	е		
	sponsoring organization have excess business holdings at any time during the year?			8	
)	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	
)	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041'	?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
				14a	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched	ule O		14b	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remur				
	excess parachute payment(s) during the year?			15	
	If "Yes," see the instructions and file Form 4720, Schedule N.				
3	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt inco	me?	16	
	If "Yes," complete Form 4720, Schedule O.				
		2 2014			
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage i	rany			1
				17	
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17	

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Britepaths, Inc.

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

Х

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

		1.1	4 F		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	1a	15			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1 5			
	Enter the number of voting members included on line 1a, above, who are independent		15			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	. ,		-		v
	officer, director, trustee, or key employee?			2		X
	Did the organization delegate control over management duties customarily performed by or under the standard st			•		x
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
	Did the organization make any significant changes to its governing documents since the prior Form			4 5		X
	Did the organization become aware during the year of a significant diversion of the organization's a Did the organization have members or stackholders?			5 6		X
	Did the organization have members or stockholders?			0		- 11
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	•	•			
	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
ect	ion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Cod	e.)		<u>v</u>	
0-	Did the eventiation have lead aborton humanabas, or officiate 0			10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such	•		104		
1	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b 11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo Describe on Schedule O the process, if any, used by the organization to review this Form 990.	buy before fill	ig the lonn?	па	21	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			120		
	on Schedule O how this was done			12c	х	
	Did the organization have a written whistleblower policy?			13	X	
	Did the organization have a written document retention and destruction policy?			14	X	
	Did the process for determining compensation of the following persons include a review and appro					
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	•				
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	-				
	exempt status with respect to such arrangements?			16b		
	ion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed None					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (se	ection 501(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	in on Schedu	(a ())			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,		,	d fina	Icial	
	statements available to the public during the tax year.		arear policy, dfl	u midi	icial	
	State the name, address, and telephone number of the person who possesses the organization's b	ooks and rec	ords			
	Ms. Austin Cooper - 7032738829					
	3959 Pender Drive, Suite 200, Fairfax, VA 22030					
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Form 990 (2021)	Britepaths, Inc.	52-1596259	Page 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated						
Employees, and Independent Contractors						
Check if Sche	edule O contains a response or note to any line in this Part VII					
Section A. Officers, Di	rectors, Trustees, Key Employees, and Highest Compensated	d Employees				

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and title Average hours per weak (ist any book on biter and attraction and biter	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per week (list any hours per view of a metalization organizations below isou metale person is bein any income and a metalization of the organizations (W-2/1039-MISC) 1039-NEC) compensation other compensation from the organizations (W-2/1039-MISC) 1039-NEC) amount of other compensation from the organizations (W-2/1039-MISC) 1039-NEC) amount of other compensation from the organizations (W-2/1039-MISC) (1) Lisa Whetzel 35.000 X X 0. 0. 3,626. (2) May Shila1 1.000 X X 0. 0. 0. (3) Emily Barnes 1.000 X X 0. 0. 0. (4) Kathy Bold 1.000 X X 0. 0. 0. (5) Rd Moore 1.000 X X 0. 0. 0. Precident 1.000 X X 0. 0. 0. (6) Pelipe Arratia 1.000 X X 0. 0. 0. Director X X 0. 0. 0. 0. (10) John MeWilliams 1.000 X 0. 0. 0. Director X 0. 0. 0. 0. (10) John MeWilliams 1.000 X 0. 0. 0. Director X 0.	Name and title	Average	(do	not c	Pos	ition) than	one	Reportable	Reportable	
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Director X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(15) Karen Wheeler 1.00 X 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(14) Alan Tom	1.00									_
Director X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. <t< td=""><td>Director</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	Director		Х						0.	0.	0.
(16) Dave Wiemer 1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(15) Karen Wheeler	1.00									-
Director X 0. 0. 0. 0.			X						0.	0.	0.
		1.00							_		_
	Director		X						0.	0.	0.

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	990 (2021) Britepath									52-1	596	259	P	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box, offic	not c , unle	ss pe	ition ^{more} rson i	than o is botl pr/trus	h an	from	(E) Reportable compensatio from related	on I	an	(F) timate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)		fr org and	pensa om th anizat d relat anizati	e ion ed
						~	1.0							
1h	Subtotal								111,575.		0.		3,6	26.
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A			· · · · · · · ·		 		0. 111,575.		0.		0. 3,626.	
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed at	DOVE	e) wr	10 r	eceived more than \$100	1,000 of reportab	le 		Yes	1 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su	uch individual										3		X
4 5	and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? <i>If "Yes,</i> Iccrue comper	" <i>coi</i> nsati	<i>mple</i> ion f	ete S rom	Sche any	edule v unr	e <i>J f</i> elat	for such individual ted organization or indiv	dual for services		4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or si	uch	pers	son .					5		Х
1	Complete this table for your five highest con the organization. Report compensation for t										Ipens	ation f	rom	
	(A) Name and business	address	NC	ONE	Ξ				(B) Description of s	ervices	С	(C comper		n
								_						
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lir	nite	d to		se lis)	stec	d above) who received n	nore than				
												Form	990 (2021)

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			Check if Schedule O	conta	ains a respo	nse	or note to any lir	ne in this P	Part VIII			
				001110				(A Total re	A)	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under
ts	1	2	Federated campaigns		1a		17,724.					sections 512 - 514
ran			Membership dues				_ , ,					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events				41,643.					
ìifts ar A			Related organizations				,					
s, G milå			Government grants (contr				961,617.					
ŝ			All other contributions, gifts,									
but		-	similar amounts not included				795,641.					
i O I		a	Noncash contributions included in				46,608.					
anc		-	Total. Add lines 1a-1f					1,816	,625.			
							Business Code					
ø	2	а	Emergency ren	nt -	assist		561000	5,401	,788.	5,401,788.		
εŽ		b	Finl Empowerm	nen	t Ctr		624100		,600.			
Se		с	CARES				561000	67	,613.	67,613.		
am eve		d										
Program Service Revenue		е										
ሻ		f	All other program service	rever	nue							
		g	Total. Add lines 2a-2f				►	5,660	,001.			
	3		Investment income (inclue	ding	dividends, iı	ntere	est, and					
			other similar amounts)				►	2	,768.			2,768.
	4		Income from investment of	of tax	-exempt bo	nd p	roceeds 🕨					
	5		Royalties									
					(i) Real		(ii) Personal					
	6	а	Gross rents	6a								
		b	Less: rental expenses \dots	6b								
		С	Rental income or (loss)	6c								
			Net rental income or (loss)			🕨					
	7	а	Gross amount from sales of		(i) Securit	es	(ii) Other					
			assets other than inventory	7a								
~		b	Less: cost or other basis									
nu			and sales expenses	7b								
Revenue			Gain or (loss)	7c								
r B			Net gain or (loss)				>					
ther	8	а	Gross income from fundraisi		`							
δ					43. of							
			contributions reported on		,		51,968.					
			Part IV, line 18			8a	51,968.					
			Less: direct expenses			8b	-		0.			
			Net income or (loss) from				····· >		0.			
	9	а	Gross income from gamin									
		Ŀ.	Part IV, line 19			9a						
			Less: direct expenses			9b						
	10		Net income or (loss) from	-	-	s	>					
	10	a	Gross sales of inventory, I			10-						
		h	and allowances Less: cost of goods sold			10a 10b						
			Net income or (loss) from									
		U		Sales	5 OF ITVELLUI	у	Business Code					
sno	11	а										
nue		a b										
ella ∍vei		c				_						
Miscellaneous Revenue		-	All other revenue									
Σ			Total. Add lines 11a-11d				· · · · · · · · · · · · · · · · · · ·					
	12		Total revenue. See instruction					7,479	,394.	5,660,001.	0.	2,768.
13200							P		-			Form 990 (2021

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9 2021.05070 Britepaths, Inc.

Form 990 (2021) Britepaths, Inc.
Part VIII Statement of Revenue

	t IX Statement of Functional Expense on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must og	molete column (A)	
Secu			-		
	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		oxperiece	general expenses	oxponded
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	5,807,025.	5,807,025.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	121,601.	104,577.	8,512.	8,512
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	921,694.	549,522.	220,629.	151,543
8	Pension plan accruals and contributions (include	,			
•	section 401(k) and 403(b) employer contributions)	20,657.		20,657.	
9	Other employee benefits	17,539.		17,539.	
0	Payroll taxes	90,259.	56,588.	19,824.	13,847
1	Fees for services (nonemployees):		,	- / -	- / -
	Management				
b	Legal				
	Accounting	12,000.		12,000.	
d	Lobbying				
e e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)	11,375.	775.	10,600.	
~		1,960.	1,960.	10,000.	
2	Advertising and promotion	16,790.	4,109.	8,360.	4,321
3	Office expenses	22,965.	2,264.	20,701.	Ŧ, J Z J
4	Information technology	22,505.	2,204.	20,7010	
5	Royalties	69,135.		69,135.	
6	Occupancy	09,135.		09,133.	
17	Travel				
8	Payments of travel or entertainment expenses				
~	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0					
21	Payments to affiliates	22,710.		22,710.	
2	Depreciation, depletion, and amortization	18,295.		18,295.	
3		10,295.		10,295.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Dues and subscriptions	18,171.	3,266.	13,857.	1,048
b	Postage and shipping	7,391.	1,889.	3,674.	1,828
č	Allocate indirect exp.	0.	265,452.	-330,407.	64,955
d					,
-		12 321	10 866	30 703	750

42,321. e All other expenses 7,221,888. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here _____ if following SOP 98-2 (ASC 958-720)

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10 2021.05070 Britepaths, Inc.

10,866. 6,808,293.

30,703. 166,789.

246,806.

752.

	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sec [.]	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			13,296.	7	13,769.
Assets	8	Inventories for sale or use				8	2,217.
◄	9	Prepaid expenses and deferred charges			19,762.	9	30,835.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	130,240.			
	b	Less: accumulated depreciation	10b	83,342.	38,223.	10c	46,898.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets	1,533.	14	14,491.		
	15	Other assets. See Part IV, line 11			34,384.	15	50,512.
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	2,225,104.	16	1,631,072.
	17	Accounts payable and accrued expenses		70,169.	17	244,686.	
	18	Grants payable			18		
	19	Deferred revenue			1,158,863.	19	299,264.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	er, director,			
iliti		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes			22		
-	23	Secured mortgages and notes payable to unrela		1 6 0 0 0 0	23		
	24	Unsecured notes and loans payable to unrelated			160,000.	24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			00 001
		of Schedule D			28,737.	25	22,281. 566,231.
	26	Total liabilities. Add lines 17 through 25			1,417,769.	26	566,231.
ŝ		Organizations that follow FASB ASC 958, che	ck here				
nce		and complete lines 27, 28, 32, and 33.			707 225		1 050 041
ala	27	Net assets without donor restrictions			797,335.	27	1,059,841.
Fund Balances	28	Net assets with donor restrictions			10,000.	28	5,000.
'n		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🛄			
ъ		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq			30		
Net Assets	31	Retained earnings, endowment, accumulated in		007 335	31	1 064 041	
ž	32	Total net assets or fund balances		807,335.	32	1,064,841.	
	33	Total liabilities and net assets/fund balances			2,225,104.	33	1,631,072.
							Form 990 (2021)

Britepaths, Inc. Part X Balance Sheet

Pledges and grants receivable, net

Accounts receivable, net

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

Cash - non-interest-bearing

Savings and temporary cash investments

Form 990 (2021)

1

2

3

4

(B) End of year

331,859.

628,933.

511,558.

(A) Beginning of year

207,909.

275,563.

1,634,434.

1

2

3

4

Form 9	990 (2021) Britepaths, Inc.	52-15	96259	Pag	ge 12
Part	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				-	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,479		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,221		
3	Revenue less expenses. Subtract line 2 from line 1	3	257		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	807	', 3	35.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,064	.,8	41.
Part	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

Department of the Treasury

Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

Nar	me of	the organization							identification number		
			epaths, In						2-1596259		
Pa	art I	Reason for Public (Charity Status.	(All organizations must o	complete th	nis part.) S	ee instructior	IS.			
The 1 2 3 4		ization is not a private found A church, convention of ch A school described in sect i A hospital or a cooperative A medical research organiz city, and state:	urches, or associatic ion 170(b)(1)(A)(ii). (hospital service orga ation operated in co	on of churches described Attach Schedule E (Forn anization described in s e njunction with a hospita	d in sectio n 990).) ection 170 I described	on 170(b)(1 (b)(1)(A)(i d in sectio	I)(A)(i). ii). n 170(b)(1)(A				
5 6 7 8		An organization operated for section 170(b)(1)(A)(iv). (C A federal, state, or local gov An organization that norma section 170(b)(1)(A)(vi). (C A community trust describe	Complete Part II.) vernment or governn Ily receives a substa omplete Part II.)	nental unit described in Intial part of its support f	section 17	70(b)(1)(A)	(v).				
9		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:									
10 11 12		 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). 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 on 									
	a 🗆	 lines 12a through 12d that Type I. A supporting orgative supported organization organization. You must of Type II. A supporting org control or management of organization(s). You must of the support of the support	describes the type of anization operated, s on(s) the power to re complete Part IV, Se anization supervised f the supporting orga	of supporting organization supervised, or controlled gularly appoint or elect a ections A and B. If or controlled in connect anization vested in the s	n and com by its sup a majority o tion with it	nplete lines ported org of the dire	s 12e, 12f, and ganization(s), f ctors or truste ed organizatio	d 12g. typically by ees of the s on(s), by ha	r giving supporting iving		
		 Type III functionally interits supported organization Type III non-functionally interits is not functionally interequirement (see instruct Check this box if the organization 	egrated. A supporting n(s) (see instructions r integrated. A supp regrated. The organiz ions). You must con anization received a	g organization operated s). You must complete l porting organization oper zation generally must sa nplete Part IV, Sections written determination fro	Part IV, Se rated in co tisfy a dist s A and D, om the IRS	ections A, nnection v ribution re and Part that it is a	D, and E. vith its suppo quirement and V.	rted organi d an attent	ization(s) iveness		
	f Ent	functionally integrated, or er the number of supported of	<i>.</i>	nally integrated support	ing organiz	zation.					
		vide the following information	•	ed organization(s)					· [
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)		
Tot	al										

Schedule A	(Form 990)) 2021
Someaule / (0000	, 202 -

Britepaths, Inc.

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1200701.	1400076.	2987051.	657,112.	1816625.	8061565.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	46,359.	17,888.	17,888.	8,944.	17,888.	108,967.
4	Total. Add lines 1 through 3	1247060.	1417964.	3004939.	666,056.	1834513.	8170532.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						8170532.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1247060.	1417964.	3004939.	666,056.	1834513.	8170532.
	Gross income from interest,			00010000		20010201	01/00011
0	dividends, payments received on						
	securities loans, rents, royalties,	72.	64.	1,831.	3,285.	2,768.	8,020.
•	and income from similar sources	12.	040	1,051.	5,205.	2,700.	0,020.
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital				123,658.	5660001.	5783659.
	assets (Explain in Part VI.)				125,050.		13962211.
	Total support. Add lines 7 through 10		\ \				13902211.
	Gross receipts from related activities,	, i	,			12	
13	First 5 years. If the Form 990 is for th	-	rst, second, third,	fourth, or fifth tax	year as a section t	501(c)(3)	
<u> </u>	organization, check this box and stor						
-	ction C. Computation of Publ		-	1 (7)			58.52 %
	Public support percentage for 2021 (14	
	Public support percentage from 2020					15	
16a	33 1/3% support test - 2021. If the d	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	•	•		•		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ		-				▶└─┤
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a		
						Cohodulo A	(Form 000) 2021

Schedule A (Form 990) 2021

132022 01-04-22

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
1	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	nization,
							>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	Investment income percentage for 20)	17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2020. If the						/3%, and
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
	23 01-04-22			, c			ule A (Form 990) 2021
	- ·			15		20.00	

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2021.05070 Britepaths, Inc.

Britepaths, Inc.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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16 2021.05070 Britepaths, Inc.

	(Form 990) 2021	Britepaths,	Inc
Part IV	Supporting Org	ganizations _(continued)	

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
-	Did the acyuming hady, members of the acyuming hady, officers acting in their official canacity, or membership of any or			

2	Did the organization operate for the benefit of any supported organization other than the supported
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1
 1
 1

 Section D. All Type III Supporting Organizations
 1
 1
 1
 1

-				
		_	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section 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).
- a 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 instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a 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.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

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17 2021.05070 Britepaths, Inc. 3b | Schedule A (Form 990) 2021

2a

2b

За

Yes No

Schedule A (Form 990) 202	Schedule /	A (Form	1 990)) 202
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Britepaths,	Inc
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Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Distrik Unde able o Exces a From **b** From c From d From e From f Total g Appli h Appli Carry Rema Distri line 7 a Appli b Appli c Rema Rema any. than 6 Rema and 4 Part 7 Exce and 4d 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018

Britepaths, Inc. Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Amounts paid to perform activity that directly furthers exempt purposes of supported

Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Amounts paid to acquire exempt-use assets

Section D - Distributions

2

3

4

5

6

7 8

52-1596259 Page 7

1

2 3

4

5

6

7

Current Year

	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	D Line 8 amount divided by line 9 amount			10	
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				

c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021	Britepaths				52-1596259 Page
Part IV, Section A, lines line 1; Part IV, Section I	D, lines 2 and 3; Part IV,	6, 9a, 9b, 9c, 11a, 11b Section E, lines 1c, 2a,	, and 11c; Part IV, S 2b, 3a, and 3b; Par	ection B, lines 1 t V, line 1; Part V,	and 2; Part IV, Section C, Section B, line 1e; Part V,
Section D, lines 5, 6, an (See instructions.)	nd 8; and Part V, Section	E, lines 2, 5, and 6. Als	so complete this par	t for any addition	al information.
Schedule A, Part I	I, Line 10,	Explanation	for Other	Income:	
Contract revenue					
2020 Amount: \$ 1	23,658.				
2021 Amount: \$ 5	,660,001.				
132028 01-04-22		20			Schedule A (Form 990) 20
490412 150564 BRITE	E 202	20 21.05070 Bri		nc.	BRITE

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

52-1	5962	50
27-T	2902	122

Britepaths,	Inc.
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Section:
X 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
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

X 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), 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) 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 $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Britepaths, Inc.

Name of organization

Page 2
Employer identification number

52-1596259

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	County of Fairfax, Virginia 12000 Government Center Parkway, Suite 427 Fairfax, VA 22035	\$ <u>525,200.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Foundation for Financial Planning 1425 K Street NW, Suite 750 Washington, DC 20005	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	VA Dept. of Social Services Division of Finance P.O. Box 606 Richmond, VA 23218	\$ <u>197,852.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-1	¹⁻²¹ 22		Schedule B (Form 990) (2021)

2021.05070 Britepaths, Inc.

	B (Form 990) (2021) rganization		Page 3
Brite	paths, Inc.		52-1596259
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is neede	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
123453 11-1	23		Schedule B (Form 990) (2021)

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2021.05070 Britepaths, Inc.

BRITE__1

14490412 150564 BRITE

no or orge	anization		Employer identification numb
itepa	aths, Inc.		52-1596259
art III) through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	[
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
i) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 - -		(e) Transfer of gif	 ft
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 - -		(a) Transfer of si	
-	Transferee's name, address, a	(e) Transfer of gif nd ZIP + 4	Relationship of transferor to transferee
-			

SCHEDULE D	
(Form 990)	

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

OMB No. 1545-0047
0004
2021
Open to Public
Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 52-1596259

Ham	Britepaths, Inc.		52-1596259
Par		ed Funds or Other Similar Funds or	
	organization answered "Yes" on Form 990, Part IV, lin		
	3	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year		
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education)	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic str	ructure included in (a)	2c
	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year 🕨		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	►		0,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	► \$		C <i>i</i>
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4))(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements	that describes the
	organization's accounting for conservation easements.	-	
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtherar	nce of public service,
	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 tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021
	10-28-21		- · ·
		25	

	25	
2021.05070	Britepaths,	Inc.

Schedule D (Form 990	_{) 2021} Britepa zations Maintaining C	ths, Inc.	rt Hist	torical Tr		or Othe		52-15 ar Asse			age 2
	zation's acquisition, access								JCOIL	iueu)	
	check all that apply):	ion, and other record	us, chec	k any or the	rollowing the	at make s	ignincarit	use of its			
_			•	l oan or ovel	hange progra	am					
		(
	b Scholarly research e Other c Preservation for future generations Preservation for future generations										
	-	allastions and availab	in how th	ov furthor t	ha araanizati	ion'n ovo	mot ouro	ooo in Dor			
	ption of the organization's c							use in Par			
	did the organization solicit o								Vee		
	e funds rather than to be m and Custodial Arran								Yes		No
	an amount on Form 990, Pa		ete ir the	organizatio	n answered	res on	Form 990	J, Part IV,	line 9, or		
			diam (for	aantributian	o or other or	aata nat	included				
	on an agent, trustee, custod								Yes		No
	irt X?							L	l tes		
b il res, explain	the arrangement in Part XIII	and complete the it	bilowing	lable.					Amoun	•	
 Designing holes 							4.		Amoun		
	ce										
	the year										
	ing the year										
											1
-	tion include an amount on F						• • • • • • • • • • • • • • • • • • • •	L	Yes	-	_ No
	the arrangement in Part XIII										
Part V Endow	ment Funds. Complete		1	rior year	(c) Two yea			voare back	(a) Four	Voare	back
		(a) Current year		nor year	(C) 1 WU yea	15 Dack	(u) mee y	Cais Dack	(e) i oui	years	Dack
	ar balance										
	earnings, gains, and losses										
	rships										
e Other expenditu	res for facilities										
and programs											
f Administrative e	xpenses										
	nce										
2 Provide the estir	nated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
a Board designate	d or quasi-endowment 🕨		_%								
b Permanent endo	wment 🕨	%									
c Term endowmer	nt 🕨	<u>%</u>									
The percentages	s on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a Are there endow	ment funds not in the posse	ession of the organiz	ation that	at are held a	nd administe	ered for th	ne organiz	zation			
by:										Yes	No
(i) Unrelated or	ganizations								3a(i)		
	anizations								3a(ii)		
b If "Yes" on line 3	a(ii), are the related organiza	ations listed as requi	ired on S	chedule R?					3b		
4 Describe in Part	XIII the intended uses of the	e organization's ende	owment	funds.							
Part VI Land, E	Buildings, and Equipn	nent.									
Complete	e if the organization answere	d "Yes" on Form 99	0, Part IV	/, line 11a. S	See Form 990	D, Part X,	line 10.				
Descri	otion of property	(a) Cost or c	other	(b) Cost	or other	(c) Ad	cumulate	ed	(d) Boo	k valu	e
		basis (investi	ment)	basis	(other)	dep	preciation				
1a Land											
	vements				2,166.		1,6	27.		5	39.
					8,074.		81,7		4	6,3	59.
										-	
	ough 1e. (Column (d) must e		t X, colur	nn (B), line 1	0c.)				4	6,8	98.

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" (a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	of-vear market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	of-year market value
(1)			-
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	,		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Deferred rent payable			15,516
(3) Deposit payable			6,765
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		22,281
	,		

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 Britepaths, Inc.			52-2	1596259 _{Page} 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With	n Revenue per R	eturr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,624,052.
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	144,658.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	144,658.
3	Subtract line 2e from line 1			3	7,479,394.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				7,479,394.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		th Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	· · ·		
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	2a.	· · ·	Retu	rn. 7 , 366 , 546 .
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a.			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a	· · ·		
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2b			
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a 2b 2c			
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	144,658.	1	7,366,546.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2b 2c 2d	144,658.	1 2e	7,366,546.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2b 2c 2d	144,658.	1	7,366,546.
1 2 6 6 8 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2d	144,658.	1 2e	7,366,546.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2d 2d	144,658.	1 2e	7,366,546.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d 2d	144,658.	1 2e 3	7,366,546. 144,658. 7,221,888.
1 2 a b c d e 3 4 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a. 2a 2b 2c 2d 2d 4a 4b	144,658.	1 2e 3 4c	7,366,546. 144,658. 7,221,888. 0.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d 2d 4a 4b	144,658.	1 2e 3	7,366,546. 144,658. 7,221,888.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 990)		ntal Information Regarding e organization answered "Yes" on						OMB No. 1545-0047	
(10111 330)		organization entered more than \$15				פות	, or it the	202 I	
Department of the Treasury Internal Revenue Service			Open to Public Inspection						
Name of the organizatio		_{o to} www.irs.gov/Form990 for instru	lction	s and	the latest mormat	ion.	Employer ide	entification number	
		ths, Inc.					52-1596		
	complete this par	 Complete if the organization answe t. 	red "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not	
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions I email solicitations itations blicitations on have a written o ted in Form 990, P D highest paid indiv	s f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (incluo rofess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribi	ustoay trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
-									
		on is registered or licensed to solicit o		outions	s or has been notified	d it is	exempt from r	egistration	
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form S	990 or	990-1	EZ.		Schedule	e G (Form 990) 2021	

132081 10-21-21

Britepaths, Inc.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

				(b)Event#2 Gathering-Ar tful Living	(c) Other events None	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	51,348.	42,263.		93,611
	2	Less: Contributions	28,691.	12,952.		41,643
╡	3	Gross income (line 1 minus line 2)	22,657.	29,311.		51,968
	4	Cash prizes				
,	5	Noncash prizes				
	6	Rent/facility costs		17,707.		17,707
	7	Food and beverages				
ڏ	8	Entertainment	00.657	11 604		24.061
	9	Other direct expenses		11,604.		34,261
		Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from				51,968
T		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
00000	4	Gross revenue				(-)
	<u> </u>					
202	2	Cash prizes				
	3	Noncash prizes				
5	4	Rent/facility costs				
<u>د</u>	5	Other direct expenses				
2	5		└── Yes % └── No	└── Yes % └── No	Yes % No	
	5	Other direct expenses	└── Yes % └── No	·	No	
	5 6 7	Other direct expenses	yh 5 in column (d)	No No	No No	
	5 6 7 8	Other direct expenses	Yes% No sh 5 in column (d) 7 from line 1, column (d)	No No	No No	
) a	5 6 7 8 Ent	Other direct expenses	yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: _ activities in each of these	No No states?	No ►	
) a	5 6 7 8 Ent	Other direct expenses	yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: _ activities in each of these	No No states?	No ►	
) a b	5 6 7 8 Is t If " 	Other direct expenses	yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these	states?	No	
ab	5 6 7 8 Is t If " 	Other direct expenses	yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these	states?	No	

Schedule G (Form 990) 2021	Britepaths,	Inc.	<u> </u>	1596259	Page
11 Does the organization condu	ct gaming activities with non	nembers?		Yes	
••••		ist, or a member of a partnership or	•	Yes	
13 Indicate the percentage of ga					
				13a	
14 Enter the name and address	of the person who prepares	he organization's gaming/special e	vents books and records:		
Name 🕨					
Address 🕨					
15a Does the organization have a	contract with a third party fr	om whom the organization receives	gaming revenue?	Yes	
h If "Yes " enter the amount of	naming revenue received by	the organization 🕨 \$	and the amount		
of gaming revenue retained b					
c If "Yes," enter name and add					
Name 🕨					
Address 🕨					
16 Gaming manager information					
Name					
Gaming manager compensat	ion 🕨 \$	_			
Description of services provid					
Director/officer	Employee	Independent contractor			
17 Mandatory distributions:					
•	nder state law to make chari	table distributions from the gaming	proceeds to		
•				Yes	
		to be distributed to other exempt of			
organization's own exempt a	•	•	5		
Part IV Supplemental Ir	formation. Provide the ex	planations required by Part I, line 2	b, columns (iii) and (v); and F	Part III, lines 9,	9b, 10
15b, 15c, 16, and 17	b, as applicable. Also provide	e any additional information. See ins	structions.		
			0-1-	dulo O /Familia	0001 (
32083 10-21-21		31		dule G (Form	99U) 2
90412 150564 BRI	re 2021	.05070 Britepaths	, Inc.	BRI	ΓE

Schedule G	G (Form 990)	Britepaths,	Inc.
Part IV	Supplemen	tal Information (continued)	

132084 11-18-21	32	
		Schedule G (Form 990)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go	irants and Oth vernments, an ete if the organizatio Go to www.ir	n d Individua n answered "Yes" Attach to For	ls in the Un i ' on Form 990, Pa	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2021 Open to Public Inspection
Name of the organizati		-						Employer identification number
Part I General Ir	Britepath formation on Grants a							52-1596259
1 Does the organiz criteria used to a	ation maintain records ward the grants or assi IV the organization's pro-	to substantiate the stance?		·····				
Part II Grants an	d Other Assistance to nat received more than	Domestic Organi	zations and Domesti	c Governments. (Complete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
.,	ldress of organization /ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Enter total numb	er of section 501(c)(3) a er of other organization	s listed in the line	1 table	e line 1 table			•	▶
LHA For Paperwork	Reduction Act Notice	, see the Instructi	ions for Form 990.					Schedule I (Form 990) 2021

Part III 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.

(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
inancial assistance	592	5,563,777.	0.	FMV	
Food Program	841	0.	166,438.		groceries, gift cards, food vouchers
Seasonal Program	6400	0.	74,900.	FMV	gift cards
other programs	20	0.	1 010	DM17	gift cards
Lher programs	20	0.	1,910.	r m v	
Part IV Supplemental Information. Provide the information	ation required in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	-
Part I, Line 2:					

Most of the recipients of Britepaths grants are referred to the

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

OMB No. 1545-0047

21 Ľ

ſ

Employer identification number 52-1596259

Department of the Treasury	
Internal Revenue Service	

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.

Open to Public . Inspection

Name of the organization

Britepaths, Inc.

Par	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contrib amounts reporte		Method o noncash cont		•	
		applicable	items contributed	Form 990, Part VIII,	line 1g		noution a	mount	5
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	Х	2	1,	671.	FMV			
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	Х	384	18,	189.	FMV per p	ound		
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (Gift cards)	Х	23	21,	051.	gift card	face	va	lue
26	Other (Other)	Х	56	5,	697.	FMV			
27	Other (
28	Other ()								
29	Number of Forms 8283 received by the organized	zation durin	g the tax year for c	ontributions					
	for which the organization completed Form 828	83, Part V, I	onee Acknowledd	ement	29			0	
	G			· ····· <u> </u>				Yes	No
30a	During the year, did the organization receive by	v contributio	on any property rep	oorted in Part I, lines	1 throu	gh 28, that it			
	must hold for at least three years from the date								
	exempt purposes for the entire holding period?			•			30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	oolicy that r	equires the review	of any nonstandard	contribi	itions?	31		х
	Does the organization hire or use third parties								
	contributions?		•				32a		х
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.								
		Alle a llis address a	1:	^		0 - 1		- 0001	0004

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

Schedule M (Form 990) 2021

132141 11-17-21

Schedule M (Form 990) 2021 Brite	epaths, I	nc.
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Part II Supplemental Information. 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.

Schedule M, Part I, Column (b):

Column B for lines 9, 25 and 26 is number of contributions. Column B

for line 19 is pounds.

Schedule M (Form 990) 2021

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service	
Name of the organization	n

Britepaths, Inc.



52-1596259

Britepaths, Inc.	52-1596259
Form 990, Part III, Line 4d, Other Program Services:	
Food - The Food Program provides emergency food and toile	etries from our
pantry, grocery gift cards, and farmers' market vouchers	to families in
crisis. We also provide supplemental food for clients wor	king with
mentor, caseworker, or in a job training program in the f	orm of grocery
cards. We offer farmer's market vouchers to all food clie	ents from May
to October to purchase fresh produce. We also support 21	school weekend
food backpack programs, including pantries at 3 high scho	ools.
Community Education - The program provides information ab	oout
Britepaths' activities to the community and referring age	ents and
fosters relationships with donors through several mediums	s, including
the organization's website, social media, print materials	s, display
boards, and newsletters.	_
Advocacy program - Board members and staff advocate for E	Board-selected
issues in order to create an environment where Britepaths	s' clients can
achieve long-term self-sufficiency.	
Seasonal Programs - The program provides school supplies	to students at
Fairfax County Public Schools and grocery gift cards to f	amilies of
these same students for Thanksgiving and winter holiday m	neals.
CARES - The program provides financial assistance grants	for rent and
other basic needs. Program funding was obtained from Coun	ty of Fairfax
funds that the County received from the federal governmen	it due to the
Covid-19 pandemic.	
Workforce Development - The program offers information te	echnology
training and certification, workforce coaching, workshops	s related to
career development and employability skills, ESL and comp	uter classes
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2021

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37 2021.05070 Britepaths, Inc.

Name of the organization Britepaths, Inc.	Employer identification numb 52-1596259
and professional network mentoring.	
Financial Literacy - Britepaths educates clients	in basic bousebold
budgeting and understanding credit through four p	programs: one-on-one
counseling is provided through the Financial Ment	toring Program and
Financial Counseling Clinics, small group instruc	ction is provided
through budgeting classes, and eligible clients r	may participate in the
MPower Loan Program in which the client is provid	ded with a
zero-interest loan. Britepaths staff train and su	upervise volunteers who
provide mentoring and classroom instruction.	
Expenses \$ 871,821. including grants of \$ 327,9	951. Revenue \$ 67,613.
Form 990, Part VI, Section B, line 11b:	
Britepaths' 2021 form 990 is prepared by an indep	pendent certified public
accountant. The form is reviewed by Britepaths'	Finance Director,
Treasurer, and Executive Director. It is then p	resented to the Board of

Directors for comments. The Treasurer then approves form 990 and it is submitted to the IRS.

Form 990, Part VI, Section B, Line 12c: The Executive Director and President of the Board monitor compliance with the conflict of interest policy, which requires all interested persons to file a disclosure statement at least annually.

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

 On an annual basis, an ad hoc committee comprised of Board members reviews

 the Executive Director's performance against predetermined goals. The

 committee also reviews comparable compensation information of other

 not-for-profit organizations of similar size. The committee recommends a

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 14490412 150564 BRITE
 2021.05070 Britepaths, Inc.

salary for the Executive Director to the entire Board for approval.

Britepaths currently does not have any key employees.

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

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 request.

Form 990, Page 1, Line 1 (Organization's Mission):

Britepaths provides our neighbors in need with short-term safety-net

services and empowers them to work toward long-term self-sufficiency.