Form	990
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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.

OMB No. 1545-0047 **2023**Open to Public

Addresse Britepaths, Inc. Doing business as Doing business as Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite 3959 Pender Drive 200 City or town, state or province, country, and ZIP or foreign postal code Fairfax, VA 22030 Fread Fairfax, VA 22030 Fairfax, VA 2003 F Name and address of principal officer.MS - Barbara Kurt Semended Doing business Tax-exempt status: X 501(c)(3) 501(c) (1) (Website: Dritepaths.org (Form of organization: X Corporation Trust Association Other L Year of Part I Summary Summary Coccoccoccoccocccocccccccccccccccccccc	made public	LOLU
3 Check if applicable. C Name of organization Britepaths, Inc. Address Britepaths, Inc. Doing business as Manage Doing business as Britepaths, Inc. Manage Doing business as Room/suite Manage Doing business as Room/suite Marge Systematic Systematic Address Britepaths, Inc. Room/suite Joing business as Number and street (or P.0. box if mail is not delivered to street address) Room/suite Joing business as Systematic Systematic 200 City or town, state or province, country, and ZIP or foreign postal code Fairfax, VA 22030 Fairfax, VA 22030 Partif Same as C above Same as C above Issectant Kurt Tax-exempt status: X 5010c/(3) 501(c) () (insert no.) 4947(a)(1) or 527 I Briefly describe the organization's mission or most significant activities: See last pa 0. 2 Check this box if the organization discontinued its operations or disposed of more tf 3 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Tot	formation	Open to Public
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Doing business as Doing business as Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite 3959 Pender Drive 200 City or town, state or province, country, and ZIP or foreign postal code Fairfax, VA 22030 Friedrig F Name and address of principal officer:MS • Barbara Kurt state Sol(c)() (insert no.) 4947(a)(1) or 527 Website: Dritepaths.org I 1 4947(a)(1) or 527 Website: Dritepaths.org I 1 4947(a)(1) or 527 Part I Summary Summary I 1 K corporation Trust Association 0 ther L Year of Part I Summary I Briefly describe the organization's mission or most significant activities: See last pa 0. C. Check this box I If the organization discontinued its operations or disposed of more tf Number of voting members of the governing body (Part VI, line 1a) Stotal number of volunteers (estimate if necessary) 7 Ta total number of ndividuals employed in calendar year 2023 (Part V, line 2a) Stotal number of volunteers (estimate if necessary) 1 </td <td></td> <td>incation number</td>		incation number
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aread S355 Pender Drive 200 Gity or town, state or province, country, and ZIP or foreign postal code Fairfax, VA 22030 Prefining F Name and address of principal officer:MS · Barbara Kurt Same as C above I Taxexempt status: S01(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527 Website: britcpaths.org I Form of organization; X Corporation Trust Association Other L Year of Part I Summary I Briefly describe the organization's mission or most significant activities: See last pa 0. C. If the organization discontinued its operations or disposed of more tf Number of independent voting members of the governing body (Part VI, line 1a) Number of individuals employed in calendar year 2023 (Part V, line 2a) 1 Total number of volunteers (estimate if necessary) Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Form 990-T, Part I, line 11 International difficant (A), line 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Investment income (Part VIII, column (A), lines 4. 13 Grants and similar amounts paid (Part IX, column (A), line 4. Intern	E Telephone numb	
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Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 Website: britepaths.org I Form of organization: X Corporation Trust Association Other L Year of Part I Summary I Briefly describe the organization's mission or most significant activities: See Last pa 0. I Briefly describe the organization's mission or most significant activities: See Last pa 0. I Briefly describe the organization's mission or most significant activities: See Last pa 0. I Check this box If the organization discontinued its operations or disposed of more the number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 2a) Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) Ta Total unrelated business revenue from Form Form 990-T, Part I, line 11 8 Contributions and grants (Part VIII, line 1h) Image: part of part VIII, column (A), lines 3, 4, and 7d) Image: part of part VIII, column (A), lines 3, 4, and 7d) Image: part of part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Image: part of part VIII, column	for subordinate	
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 20 Bevenue loss expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,592,567.	1,473,419.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 23 Part IX, column (A), lines 120	5,243.	20,290.
12 Flotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Bevenue loss expenses (Part IX, is the total total total structure of the total total total structure of the total total total structure of the total total structure of the total total structure of the total structure of total structure of the total s	0.	20,250.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Bevenue loss expenses (Part IX, et al. (A), lines 14, Life 24)	2,780,291.	2,930,327.
14 Behenits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Bevenue loss expenses	1,462,174.	1,238,275.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Bevenue loss expenses	0.	
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Bevenue loss expenses. 2	0.	0.
19 Revenue loss systematics 2 October 13-17 (must equal Part IX, column (A), line 25)	275,309.	266,396.
	2,975,724.	2,863,149.
Beginn	-195,433.	67,178.
	ning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,305,555.	1,612,639.
21 Total liabilities (Part X, line 26)	436,147.	676 053.
22 Net assets or fund balances. Subtract line 21 from line 20	869,408.	676,053. 936,586.
Signature block		
er penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements,	and to the boot of	In out of the second built of the

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 Eric Goldwater, Treasurer Type or print name and title	A Com	Da	te 1/3/2025
Preparer	Print/Type preparer's name Bernard M. Gordon Firm's name Bernard M. Gordon, Firm's address 9010 Stoneleigh Co Fairfax, VA 22031	Preparer's signature Beward M. S CPA, PLC urt		I self-employed F01387337 m's EIN 02-0789484
May the IF LHA For	S discuss this return with the preparer shown above Paperwork Reduction Act Notice, see the separat	e? See instructions 332001		one no. 703-472-1503 X Yes No Form 990 (2023)

Form	990 (2023) Britepaths, Inc.	52-1596259	Page
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 short-term safety-net services	to our neighbor:	s in
	need while empowering them to work toward long-term	self-sufficiend	cy.
	We deliver our services with respect, compassion, a		/S
	preserving the dignity and self-esteem of our clien		
2	Did the organization undertake any significant program services during the year which were not listed of		5 X I
	prior Form 990 or 990-EZ?		
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program s		X
5	If "Yes," describe these changes on Schedule O.		,
4	Describe the organization's program service accomplishments for each of its three largest program ser	vices, as measured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 569,370. including grants of \$ 560,707.		,000
	Emergency Rental Assistance (ERA) - Funds from Fair		
	distributed to Britepaths to disburse direct assist clients affected by the pandemic. Allowable assista		
	and rent arrears, utilities/home energy and utiliti		IL
	arrears, and other expenses related housing. In fis		
	Britepaths disbursed 150 grants to 146 unique house		
	crisis with payments to help with rent, utilities, similar needs. In fiscal year 2024, Britepaths prov 465 unique households.		to
4c	(Code:) (Expenses \$ 363,898 • including grants of \$ 880 •) (Revenue \$ 273,	. 426
	Financial Empowerment - Britepaths manages the Fina	ncial Empowermer	nt
	Center ("FEC") in partnership with Fairfax County N		
	Community Services and the United Way of the Nation		
	Britepaths provides financial coaching and related		
	FEC and through our community partners. Clients wor		
	helps them create a step-by-step plan to achieve pe		
	goals. Britepaths also has personal finance classes variety of topics, pro bono legal assistance, asist		
	small business development services. Britepaths ser		
	fiscal year 2024.		
4d	Other program services (Describe on Schedule O.)	100.000	
4	(Expenses \$ 904,472. including grants of \$ 295,494.) (Revenue \$ Total program service expenses 2,254,045.	172,223.)	
4e	Total program service expenses 2,254,045.	Form	990 /0
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5200	2		
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Form 990 (2023) 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)?			
	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			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	- 23	<u> </u>
5	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	<u> </u>		
-	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		X
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,	44-	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	23	<u> </u>
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		<u> </u>
5	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			
	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			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		XX
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u>^</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	D INC I CALL A LE A LE MARKEN CALLAR A LE Parte Land II	21		x
332003	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		990	(2023)
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 Form 990 (2023)
 Britepaths, Inc.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	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		
U	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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 that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>	OFh		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
.0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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			
	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):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If "Yes," complete Schedule L, Part IV	28c		x
9	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	x	
80	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? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Part V, line 1	34		X
35a	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 within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x	
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			
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1b	5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 31						
	······································	01	х				
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	x			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		~			
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation on Schedule O</i>	30		<u> </u>			
чa	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x			
h	If "Yes," enter the name of the foreign country	та					
5	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	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 services provided to the payor?	7a	Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		L			
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>			
8							
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>			
9	Sponsoring organizations maintaining donor advised funds.	•					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10 а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders 11a						
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	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						
	Enter the amount of reserves on hand 13c						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		 			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v			
	excess parachute payment(s) during the year?	15		X			
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		x			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16					
17	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1			
	If "Yes," complete Form 6069.	17					
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Britepaths, Inc.

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

_	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						-
			1	4 - □		Yes	N
1 a	Enter the number of voting members of the governing body at the end of the tax year	1 a		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.						
b	Enter the number of voting members included on line 1a, above, who are independent			15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh						
	officer, director, trustee, or key employee?			L	2		
3	Did the organization delegate control over management duties customarily performed by or under the	he dire	ect supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			🗋	3		2
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	🗋	4		2
5	Did the organization become aware during the year of a significant diversion of the organization's a				5		
6	Did the organization have members or stockholders?			L	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoin	t one or				
	more members of the governing body?			L	7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockł	nolders, or				
	persons other than the governing body?			L	7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by t	he following:				
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?			[8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		
iec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	ie Code.)				
				_		Yes	1
l0a	Did the organization have local chapters, branches, or affiliates?			L	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapte	rs, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
1 1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo				11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
	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				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," d	lescribe				
	on Schedule O how this was done			.	12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	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	Х	\vdash
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			···· -	10.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	with a				
iou	taxable entity during the year?				16a		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			···· -	iou		
2	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org						
					16b		
Sec	exempt status with respect to such arrangements?						
17	List the states with which a copy of this Form 990 is required to be filed None						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 90	0-T (section 501	(c)(3)s	only	avail	ah
	for public inspection. Indicate how you made these available. Check all that apply.			, 2, (3,3	y)	un	
	Own website Another's website X Upon request Other (explained of the context of t	n on S	chedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,			v and	finar	ncial	
	statements available to the public during the tax year.	Jonnio		y, anu	mai	ioial	
20	State the name, address, and telephone number of the person who possesses the organization's b	ooke e	ind records				
_0	Ms. Austin Cooper - 7032738829	0015 2					
	3959 Pender Drive, Suite 200, Fairfax, VA 22030						
2000					Form	990	()(
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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, box 6 of 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.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average		Position		Reportable	Reportable	Estimated			
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week	offi	cer an	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or din	e			ated		organization	(W-2/1099-MISC/	from the
	related	istee	truste		Ð	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	Jal tru	onal		ploye	ee com		1099-NEC)		and related
	line)	ndividual trustee or director	nstitutional trustee	Officer	ey em	Highest compensated employee	Former			organizations
(1) Lisa Whetzel	35.00	<u> </u>	<u> </u>	ò	Ŷ	тə	R			
Executive Director		1		x				140,000.	0.	4,188.
(2) Emily Barnes	1.00									
President		x		x				0.	0.	0.
(3) Karen Wheeler	1.00									
Vice President		X		X				0.	0.	0.
(4) Kathy Bold	1.00									
Secretary		X		X				0.	0.	0.
(5) Eric Goldwater	1.00									
Treasurer		X		Х				0.	0.	0.
(6) Felipe Arratia	1.00									
Director		Х						0.	0.	0.
(7) Angie Delboy	1.00									
Director		Х						0.	0.	0.
(8) Gabriel Derosier	1.00									
Director		Х						0.	0.	0.
(9) Christopher Gibson	1.00								_	_
Director		X						0.	0.	0.
(10) Kyle Grieser	1.00								_	_
Director		Х						0.	0.	0.
(11) John McWilliams	1.00								_	_
Director		х						0.	0.	0.
(12) Ed Moore	1.00									
Director		X						0.	0.	0.
(13) Rochelle Sanchirico	1.00									
Director		X						0.	0.	0.
(14) Christina Saxon	1.00									_
Director		X						0.	0.	0.
(15) May Shallal	1.00							_	_	<u>^</u>
Director	1	X						0.	0.	0.
(16) Zakiya Thomas	1.00	.,,						_	_	~
Director		X	<u> </u>					0.	0.	0.
										Farma 000 (0000)

332007 12-21-23

Form 990 (2023)

14241225 150564 BRITE

	rm 990 (2023) Britepaths, Inc. 52-1596259 Page 8										
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A) Name and title	(B) (C) Average hours per week (t), the set of the set				than d is both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
	Subtotal Total from continuation sheets to Part VI								140,000.	0	• 0.
_ <u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization								eceived more than \$100	0,000 of reportable	. 4,188. 1
3	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for</i> s	-			•	-			phest compensated emp	•	Yes No 3 X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,"	e co " <i>coi</i>	ompe mple	ensa ete S	ation Sche	n and edule	otl J <i>f</i>	her compensation from for such individual	the organization	4 X
- <u>Soc</u>	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J fe	or sı	ich j	oers	son .				5 X
1	Complete this table for your five highest co the organization. Report compensation for	•	•							•	nsation from
	(A) Name and business address NONE								(B) Description of s	services	(C) Compensation
2	Total number of independent contractors (in \$100,000 of compensation from the organized strength of the organized strength		ot lir	nite	d to	thos (tec	above) who received n	nore than	Form 990 (2023)

332008 12-21-23

Sector of the form revenue Dusiness revenue Sector of the revenue Destiness revenue Sector of the revenue <th< th=""><th></th><th></th><th></th><th>Check if Schedule O</th><th>conta</th><th>ains a respo</th><th>nse</th><th>or note to any lir</th><th>ne in this Part VIII</th><th></th><th></th><th> L</th></th<>				Check if Schedule O	conta	ains a respo	nse	or note to any lir	ne in this Part VIII			L
Book Membership quest 11 12 0 Mediad Organizations 10 10 10 1 1 10 10 10 10 1 1 10 10 10 10 10 1 1 10 10 10 10 10 1 1 10 10 10 10 10 1 1 10 10 10 10 10 1 1 10 10 10 10 10 1 1 10										Related or exempt	Unrelated	Revenue excluded
generation generation formation formation generation 2 a Emergency rent assist Belances code 600,000. 600,000. b Financial assistance c Financial empowerment Financial empowerment 561000 620,000. 600,000. d Food	nts its	1	а	Federated campaigns		1a		9,831.				
generation generation formation formation generation 2 a Emergency rent assist Belances code 600,000. 600,000. b Financial assistance c Financial empowerment Financial empowerment 561000 620,000. 600,000. d Food	àrar oun											
generation generation formation formation generation 2 a Emergency rent assist Belances code 600,000. 600,000. b Financial assistance c Financial empowerment Financial empowerment 561000 620,000. 600,000. d Food	An G		с	Fundraising events		1c						
generation generation formation formation generation 2 a Emergency rent assist Belances code 600,000. 600,000. b Financial assistance c Financial empowerment Financial empowerment 561000 620,000. 600,000. d Food	Gift lar											
generation generation formation formation generation 2 a Emergency rent assist Belances code 600,000. 600,000. b Financial assistance c Financial empowerment Financial empowerment 561000 620,000. 600,000. d Food	ini, (е	Government grants (cont	ributi	ions) 1e		679,951.				
generation generation formation formation generation 2 a Emergency rent assist Belances code 600,000. 600,000. b Financial assistance c Financial empowerment Financial empowerment 561000 620,000. 600,000. d Food	tion sr S		f	All other contributions, gifts,	grant	ts, and						
generation generation formation formation generation 2 a Emergency rent assist Belances code 600,000. 600,000. b Financial assistance c Financial empowerment Financial empowerment 561000 620,000. 600,000. d Food	the			similar amounts not included	d abov	/e 1f						
generation generation formation formation generation 2 a Emergency rent assist Belances code 600,000. 600,000. b Financial assistance c Financial empowerment Financial empowerment 561000 620,000. 600,000. d Food	df		g	Noncash contributions included in	n lines	1a-1f 1g \$		31,848.				
generation 2 a Emergency rent assist 561000 600,000. 600,000. generation b Financial assistance 561000 427,770. 427,770. generation generation 561000 427,770. 427,770. generation generation 561000 427,770. 427,770. generation generation generation 561000 427,770. generation generation generation 624100 273,426. 1624200 generation generation generation generation 1,473,419. 1 generation generation generation generation 1,473,419. 20,290. generation generation generation generation generation 1,473,419. generation generation generation generation generation generation generation generation generation generation generation generation generation generation generation generation generation <t< td=""><td>aCo</td><td></td><td>h</td><td>Total. Add lines 1a-1f</td><td></td><td></td><td></td><td></td><td>1,436,618</td><td>•</td><td></td><td></td></t<>	aCo		h	Total. Add lines 1a-1f					1,436,618	•		
Best Pinancial assistance 561000 427,770. 427,770. 427,770. e Financial empowerment 624100 273,426. 20,290. </td <td></td>												
9 Total. Add lines 2a 21 1,473,419. 3 Investment licome (including dividends, interest, and other similar amounts) 20,290. 20,291. 4 Income from Investment of tax-exempt bond proceeds 0 0 20,290. 20,291. 5 Royatties 0 0 Personal 0 0 20,290. 20,291. 6 a Gross rents 6a 0 0 0 0 0 0 0 0 0 20,290. 20,291. 0	e	2	а									
9 Total. Add lines 2a 21 1,473,419. 3 Investment licome (including dividends, interest, and other similar amounts) 20,290. 20,291. 4 Income from Investment of tax-exempt bond proceeds 0 0 20,290. 20,291. 5 Royatties 0 0 Personal 0 0 20,290. 20,291. 6 a Gross rents 6a 0 0 0 0 0 0 0 0 0 20,290. 20,291. 0	e Y											
9 Total. Add lines 2a 21 1,473,419. 3 Investment licome (including dividends, interest, and other similar amounts) 20,290. 20,291. 4 Income from Investment of tax-exempt bond proceeds 0 0 20,290. 20,291. 5 Royatties 0 0 Personal 0 0 20,290. 20,291. 6 a Gross rents 6a 0 0 0 0 0 0 0 0 0 20,290. 20,291. 0	o Si		С	Financial emp	pow	verment						
9 Total. Add lines 2a 21 1,473,419. 3 Investment licome (including dividends, interest, and other similar amounts) 20,290. 20,291. 4 Income from Investment of tax-exempt bond proceeds 0 0 20,290. 20,291. 5 Royatties 0 0 Personal 0 0 20,290. 20,291. 6 a Gross rents 6a 0 0 0 0 0 0 0 0 0 20,290. 20,291. 0	ran Sev		d	Food				624200	172,223	. 172,223.		
9 Total. Add lines 2a 21 1,473,419. 3 Investment licome (including dividends, interest, and other similar amounts) 20,290. 20,291. 4 Income from Investment of tax-exempt bond proceeds 0 0 20,290. 20,291. 5 Royatties 0 0 Personal 0 0 20,290. 20,291. 6 a Gross rents 6a 0 0 0 0 0 0 0 0 0 20,290. 20,291. 0	rog		е									
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e other similar amounts) 20,290. 20,291. 4 Income from investment of tax-exempt bond proceeds			g	Total. Add lines 2a-2f					1,473,419	•		
4 Income from investment of tax exempt bond proceeds 5 Royatties (i) Real (ii) Personal (b) (c) <li(c)< li=""> (c</li(c)<>		3		· ·	Ũ							
5 Royatties 6a (i) Personal 6a Gross rents 6a 6b 6b b Less: rental expenses 6b 6c 6c c Rental income or (loss) 6c 6c 6c d Net rental income or (loss) (ii) Securities (ii) Other assets other than inventory 7a 7b 7b 7b c Gain or (loss) 7b 7b 7b 7b c Gain or (loss) 7c 7b 7b 7b 7b d Net gain or (loss) 7c 7b 7b 7b 7c d Net gain or (loss) 7c 7c 7c 7c 7c d Net gain or (loss) 7c 7c 7c 7c 7c d Net income or (loss) from fundraising events 8a 8a 8a 8a 8a g a Gross income from gaming activities 8a 8a 8a 8a 8a 7a <									20,290	•		20,290
Openation Openation <t< td=""><td></td><td></td><td></td><td></td><td></td><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>						•						
6 a Gross rents 6a 0 0 b Less: rental expenses. 6b 0 0 c Rental income or (loss) 6c 0 0 d Net rental income or (loss) 6c 0 0 d Net rental income or (loss) 6c 0 0 d Net rental income or (loss) 7a 6ross anount from sales of assets other thasis 0 and sales expenses 7a 0 Sec: cost or other basis 0 and sales expenses 7b 7c 0 0 0 d Net gain or (loss) 7b 7c 0 0 0 d Net gain or (loss)		5		Royalties								
b Less: rental expenses 6b 6c c Rental income or (loss) 6c								(II) Personal				
e Rental income or (loss) Bc		6										
d Net rental income or (loss) i) Securities (i) Other 7 a Gross amount from sales of assets other than inventory 7a iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii					_							
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. 7b 7b 7c 7c 7c <												
assets other than inventory Ta Ta b Less: cost or other basis and sales expenses Tb Tb c Gain or (loss) Tc Tc d Net gain or (loss) Tc Tc a Gross income from fundralising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Ba b Less: direct expenses Bb c Net income or (loss) from fundralising events Pa 9 a Gross income from gaming activities. See Part IV, line 19 9a 9 a Gross ales of inventory, less returns and allowances 10a 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Ea b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Ea a All other revenue Ea c All other revenue Ea c All other revenue 2, 930, 327.1, 473, 419. 0. c Total revenue See instructions 2, 930, 327.1, 473, 419. 0.		_					 AS	(ii) Other				-
By Less: cost or other basis and sales expenses Tb Tc c Gain or (loss) To To To d Net gain or (loss) of of for contributions reported on line 1c). See Part IV, line 18 Ba Bb Bb See s Gross income from gaming activities. See Part IV, line 19 Pa Pa g Gross sincome from gaming activities. See Pa Pa Pa s Gross soles of inventory, less returns and allowances Da Da Da b Less: cost of goods sold 10b Cost Cost Cost s Less: cost of goods sold 10b Cost Cost Cost s d allowances Income or (loss) from sales of inventory Cost Cost Cost s d allowances Income or (loss) from sales of inventory Cost Cost Cost Cost c d All other revenue		'	а				00					
and sales expenses Th c Gain or (loss) Tc d Net gain or (loss) To d Net gain or (loss) To including \$			h		<u>7a</u>							
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Image: contributions reported on line 1c). See Part IV, line 18 Ba b Less: direct expenses Bb c Net income or (loss) from fundraising events Image: contribution of the second sec	ent		c									
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contributions reported on line 1c). See 8a Part IV, line 18 8b b Less: direct expenses c Net income or (loss) from fundraising events 9 Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10 a gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 2 s Net income or (loss) from sales of inventory 2 c All other revenue 2 d All other revenue 2 e Total Revenue. See instructions 2,930,327.1,473,419. 0.	oth	ľ			•	`						
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b Less: direct expenses 8b Image: State of the				•		,	8a					
c Net income or (loss) from fundraising events			b									
9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 10b c Net income or (loss) from sales of inventory 10b c Net income or (loss) from sales of inventory 10b c All other revenue 10b c Total. Add lines 11a-11d 2, 930, 327.1, 473, 419. 0. 20, 29							nts					
b Less: direct expenses9b		9	а	Gross income from gamir	ng ac	tivities. See						
c Net income or (loss) from gaming activities Image: construction of the second o				Part IV, line 19			9a					
10 a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 10b c Net income or (loss) from sales of inventory 10a 10a so of goods sold 10b 10b 10b so of goods sold 10b 10b 10b 10b so of goods sold 10b 10b 10b 10b 10b so of goods sold 11 a 10b 10b 10b 10b 10b so of goods sold 11 a 10b 10b 10b 10b 10b 10b 10b so of goods 10b			b	Less: direct expenses			9b					
and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory some or (loss) from sales of inventory Business Code b			с	Net income or (loss) from	gam	ing activities	<u> </u>					
b Less: cost of goods sold 10b C Net income or (loss) from sales of inventory Business Code C Business Code C		10	а									
c Net income or (loss) from sales of inventory Business Code Image: Control of the sale of the sal				and allowances			10a					
Business Code Image: Code Image: Code Image: Code b Image: Code Image: Code Image: Code Image: Code b Image: Code Image: Code Image: Code Image: Code Image: Code b Image: Code Image: Code <td></td>												
11 a		<u> </u>	С	Net income or (loss) from	sale	s of invento	у					
e Total. Add lines 11a-11d 2,930,327.1,473,419. 0.20,29 12 Total revenue. See instructions 2,930,327.1,473,419. 0.20,29	sn							Business Code				
e Total. Add lines 11a-11d 2,930,327.1,473,419. 0.20,29 12 Total revenue. See instructions 2,930,327.1,473,419. 0.20,29	leol	11	а					ļ				
e Total. Add lines 11a-11d 2,930,327.1,473,419. 0.20,29 12 Total revenue. See instructions 2,930,327.1,473,419. 0.20,29	/en		b					ļ		-		
e Total. Add lines 11a-11d 2,930,327.1,473,419. 0.20,29 12 Total revenue. See instructions 2,930,327.1,473,419. 0.20,29	sce Re/		С	<u></u>						-		
12 Total revenue. See instructions 2,930,327.1,473,419. 0. 20,29	Ë											
		L							2 930 337	1 173 110	0	20 200
	33000				0115				2,550,527	• - , - , - , - ,		Form 990 (2023

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9 2023.04030 Britepaths, Inc.

Form 990 (2023)

Britepaths, Inc.

Part VIII Statement of Revenue

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a response	se or note to any line in	this Part IX		
	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				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,238,275.	1,238,275.		
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	141,748.	111,981.	12,757.	17,010
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	1,064,343.	507,904.	369,794.	186,64
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	22,954.	3,096.	19,858.	
9	Other employee benefits	35,623.		35,623.	
0	Payroll taxes	93,810.	48,215.	29,755.	15,840
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	16,000.		16,000.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	20,025.	4,883.	15,142.	
2	Advertising and promotion	2,015.	2,015.		
3	Office expenses	17,892.	3,139.	5,619.	9,134
4	Information technology	24,760.	725.	24,035.	
5	Royalties				
6	Occupancy	73,634.		73,634.	
7	Travel				
В	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
D	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	22,206.		22,206.	
3	Insurance	9,844.		9,844.	
1	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	21,835.	8,176.	11,159.	2,50
b	Bank & transaction fees	8,577.	1,820.	6,757.	
	Postage and shipping	6 096	1 3/6	1 / 37	2 31

Postage and shipping с d Allocate indirect exp. e All other expenses 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)

Form **990** (2023)

3,313. 104,315.

339,061.

304.

1,437. -423,300. 39,723.

270,043.

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10 2023.04030 Britepaths, Inc.

1,346. 318,985.

2,254,045.

3,485.

6,096.

43,512.

2,863,149.

0.

11

га		Balance Sneet					
		Check if Schedule O contains a response or	note to any	line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	257,266.	1	278,038.		
	2	Savings and temporary cash investments		427,805.	2	494,123.	
	3	Pledges and grants receivable, net	174,640.	3	483,540.		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disq	ualified perse	ons (as defined			
		under section 4958(f)(1)), and persons descr		6			
ţs	7	Notes and loans receivable, net			9,739.	7	6,132
Assets	8	Inventories for sale or use			3,787.	8	4,489.
	9	Prepaid expenses and deferred charges			17,042.	9	24,589.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	89,070.			
	b	Less: accumulated depreciation		79,452.	25,888.	10c	9,618.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14,496.	14	10,810	
	15	Other assets. See Part IV, line 11		374,892.	15	301,300	
	16	Total assets. Add lines 1 through 15 (must e			1,305,555.	16	1,612,639
	17	Accounts payable and accrued expenses			80,978.	17	76,717.
	18	Grants payable		18			
	19	Deferred revenue		19	300,452		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	Schedule D		21		
es	22	Loans and other payables to any current or f	ormer office	r, director,			
Ē		trustee, key employee, creator or founder, su	ubstantial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of	hese persor	าร		22	
-	23	Secured mortgages and notes payable to un	related third	parties		23	
	24	Unsecured notes and loans payable to unrel	ated third pa	arties		24	
	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on li	nes 17-24). (Complete Part X			
		of Schedule D		······ _	355,169.		298,884.
	26	Total liabilities. Add lines 17 through 25			436,147.	26	676,053.
ç		Organizations that follow FASB ASC 958,	check here	X			
JCe		and complete lines 27, 28, 32, and 33.					014 006
alaı	27	Net assets without donor restrictions			822,000.	27	914,086.
Ö	28	Net assets with donor restrictions		······ [47,408.	28	22,500.
ñ		Organizations that do not follow FASB AS	C 958, chec	k here			
۲ ۲		and complete lines 29 through 33.					
its (29	Capital stock or trust principal, or current fur				29	
sse	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate		E	0.00 400	31	
ž	32	Total net assets or fund balances			869,408.	32	936,586.
	33	Total liabilities and net assets/fund balances			1,305,555.	33	<u>1,612,639</u> .

Form **990** (2023)

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Form 990 (2023) Part X Balance Sheet

Britepaths, Inc.

Form	1990 (2023) Britepaths, Inc.	52-1	596259	Pag	je 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,930		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,863		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,17	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	869),4()8.
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	936	5,58	36.
Pa	rt 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			_	
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

332012 12-21-23

(Form 990)

<u>Total</u>

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.

OMB No. 1545-0047
2023
Open to Public

		of the Treasury nue Service		Open to Public Inspection						
Nan	ne of	the organizati			/Form990 for instructio				Employer	identification number
		-	Brit	epaths, In	C.					2-1596259
Pa	rt I	Reason			(All organizations must o	omplete t	his part.) S	See instruction	าร.	
The	orgar				(For lines 1 through 12, o					
1	Ď		•		on of churches describe					
2					Attach Schedule E (Forr			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
3					anization described in s)(b)(1)(A)(i	ii).		
4		-	-		onjunction with a hospita			-	.)(iii). Enter	the hospital's name,
		city, and stat	-	·	, .					· /
5		An organizati	ion operated f	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in
		-	-	Complete Part II.)	с ,	•	, ,			
6		A federal, sta	ate, or local go	vernment or governr	mental unit described in	section 1	70(b)(1)(A)	(v).		
7	X				antial part of its support i				the general	public described in
				Complete Part II.)						
8		A community	v trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research or	ganization described	l in section 170(b)(1)(A)(ix) operat	ed in conju	unction with a	land-grant	college
		or university	or a non-land-	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state c	f the colleg	e or
		university:								
10		An organizati	ion that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from
		activities rela	ited to its exer	mpt functions, subje	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of	its support	from gross investment
		income and ι	unrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	ion organized	and operated exclus	sively to test for public sa	afety. See	section 5	09(a)(4).		
12		-	-	-	sively for the benefit of, to	-			-	
					ed in section 509(a)(1) o					Check the box on
	_		-	• •	of supporting organization		-		-	
а				-	supervised, or controlled	•			•••••	
			-		egularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting
				complete Part IV, Se						
b					d or controlled in connec			-		-
			-		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
_		7 Š	.,	st complete Part IV,						l
С			-		ig organization operated				ally integrate	ed with,
-					s). You must complete					
d					porting organization oper					
			-		zation generally must sa	•		-	d an attent	iveness
		- ·	•	,	mplete Part IV, Sections written determination fro					
е			•		onally integrated support			а турет, туре	еп, туре п	
f	Ent	er the number					2411011.			
g				n about the supporte	ed organization(s)					·
		(i) Name of supp	-	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	٦		(described on lines 1-10 above (see instructions))	Yes	ing document?	support (see i	nstructions)	support (see instructions)

Schedule A (Form 990) 2023

Britepaths, Inc.

52-1596259 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 GRts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2987051. 657, 112. 1816625. 1182481. 1436618. 8079887. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 2987051. 657, 112. 1816625. 1182481. 1436618. 8079887. 3 The value of services or facilities furnished by a governmental unit to the organization without charage 17, 888. 8, 944. 17, 888. 17, 888. 17, 888. 1445506. 8160383. 3004939. 666, 056. 1834513. 1200369. 1454506. 8160383. Section B. Total Support. 20209 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Calendar year (or fiscal year beginning in) 1 (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amount from line 4 3004939. 666, 056. 1834513. 1200369. 1454506. 8160383. Section B. Total Support. (a) 2019 <	Sec	ction A. Public Support						
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Schedule A (Form 990) 2023

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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.)

See	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	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						
8	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
	Add lines 10a and 10b						
11	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 the	ne organization's fi	rst, second, third,	fourth, or fifth tax	x year as a section	501(c)(3) orga	nization,
	check this box and stop here						
See	ction C. Computation of Pub	ic Support Pe	rcentage				
15	Public support percentage for 2023 (line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						line 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the						
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check	this box and see in		
3320	23 12-21-23			15		Sched	ule A (Form 990) 2023

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2023.04030 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 on line 12 of 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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	(Form 990) 2023	Britepaths,	Inc
Part IV	Supporting Org	ganizations (continued)	

1

2

3

2a

2b

За

1 ...

No

Yes No

Yes

1.4

			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	ction B. Type I Supporting Organizations	-		
			Yes	No
4	Did the acyaming body members of the acyaming body, officers acting in their official expectity, or membership of one 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	
---	--

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

Sec	Section D. All Type III Supporting Organizations				
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.

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 2023.04030 Britepaths, Inc. 3b | | | Schedule A (Form 990) 2023

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Schedule A (Form 990) 202	Schedule A	(Form	990) 202
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Bri	tepa	ths,	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) 2023

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Schedule A (Form 990) 2023 Britepaths, Inc. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (a)

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Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
-	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
-	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
·	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2020				
	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

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Britepaths, Inc.

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A, Part II, Line 10, Explanation for Other Income:

Contract revenue	e
2020 Amount: \$	123,658.
2021 Amount: \$	5,660,001.
2022 Amount: \$	1,592,567.
2023 Amount: \$	1,473,419.
	Cohodula A (Fauna 000) 00
332028 12-21-23	Schedule A (Form 990) 20 20 20 عدمی 2022 04020 Pritonatha Tra

2023.04030 Britepaths, Inc.

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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



Employer identification number

52	2 – 1	59	06ż	259

Britepaths, Inc.

Organization type (check one):			
Filers of: Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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 for an *exclusively* religious is received *nonexclusively* religious.

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).

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

Britepaths, Inc.

Name of organization

52-1596259

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>County of Fairfax, Virginia</u> 12011 Government Center Parkway Fairfax, VA 22035	\$ <u>304,728.</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 602 Washington, DC 20005	\$ <u>35,000.</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
3	Whocares Foundation, Inc. 9137 Leghorn Place Fairfax, VA 22031	\$30,000.	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
4	Philip L. Graham Fund 1812 North Moore St., Suite 2100 Arlington, VA 22209	\$ <u>35,000.</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
5	Robert Katcher 9888 Palace Green Way Vienna, VA 22181	\$ <u>30,755.</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
323452 12-2	6-23	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)
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22 2023.04030 Britepaths, Inc.

Name of o	rganization	Employer identification number	
Brite	paths, Inc.		52-1596259
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	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)	
		\$	
323453 12-2	⁶⁻²³ 23		Schedule B (Form 990) (2023)

14241225 150564 BRITE

23 2023.04030 Britepaths, Inc.

Schedule B (Form 990) (2023) Name of organization

Part III	aths, Inc. Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c		52 - 1596259
Part III (a) No. from	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c		
(a) No. from	Use duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,000 or le	v For organizations
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	[
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·			
		(e) Transfer of gift	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			
-		(e) Transfer of gift	1 t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
[.			
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee
- -			
323454 12-26-2	23		Schedule B (Form 990) (

2023.04030 Britepaths, Inc.

SCHEDULE C	Political Campaign and Lobbying Activities
	r ondoar oampaign and Eobbying / oamaoo

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	Britepa	aths, Inc.			Emplo	52-1596259
Pa		ganization is exempt und	er section 501(c)	or is a section 5	27 or	
1 2	Provide a description of the organi Political campaign activity expend Volunteer hours for political campa	zation's direct and indirect politic tures	al campaign activities i	in Part IV.	\$	-
Pa	art I-B Complete if the or	ganization is exempt und	er section 501(c)	(3).		
	Enter the amount of any excise tax					
	Enter the amount of any excise tax					
	If the organization incurred a section		• • • • • • • • • • • • • • • • • • • •			
	Was a correction made?					Ves No
	If "Yes," describe in Part IV.				F04 (- 1 (0)
	art I-C Complete if the or	· ·				c)(3).
	Enter the amount directly expende				\$	
2	Enter the amount of the filing orga		•		•	
~	exempt function activities				Þ	
3	Total exempt function expenditure line 17b				۴	
4	Did the filing organization file Form					
4 5	Enter the names, addresses, and e					
Ū	made payments. For each organiz contributions received that were p political action committee (PAC). If	ation listed, enter the amount paid romptly and directly delivered to a	d from the filing organiz a separate political org	zation's funds. Also er anization, such as a s	nter th	e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organization funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

Open to Public

Inspection

LHA 332041 11-06-23

Sch	edule C (Form 990) 2023		paths,				.596259 Page 2
Pa		-	on is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under
	expenses	g organization belor s, and share of exce	ss lobbying	• • •	Part IV each affiliated	group member's nan	ne, address, EIN,
<u> </u>		Limits on Lob	bying Expe	•		(a) Filing organization's totals	(b) Affiliated group totals
b c c	d Other exempt purpose e	ures to influence a le ures (add lines 1a an expenditures	gislative boo d 1b)	dy (direct lobbying)			
	e Total exempt purpose ex						
Ŧ	Lobbying nontaxable and If the amount on line 1e, c						
	not over \$500,000,	01011111 (a) 01 (b) 15.		bying nontaxable am the amount on line 1e.			
	over \$500,000 but not o	ver \$1,000,000		00 plus 15% of the exc			
	over \$1,000,000 but not			00 plus 10% of the exc			
	over \$1,500,000 but not			00 plus 5% of the exce			
	over \$17,000,000,		\$1,000,				
	Grassroots nontaxable a	amount (enter 25% d					
-	Subtract line 1g from line	•	,				
	Subtract line 1f from line						
j	j If there is an amount oth	ner than zero on eith					
-	reporting section 4911 ta					[Yes No
	(Some organ	Se	a section 5 e the separ	ate instructions for li	have to complete all nes 2a through 2f.)	of the five columns t	pelow.
		Lob	bying Expe	nditures During 4-Yea	ar Averaging Period		1
	Calendar year (or fiscal year beginning	, in) (a)	2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
-	Lobbying nontaxable an						
b	 Lobbying ceiling amount (150% of line 2a, column 						
	Total lobbying expenditu	ures					
d	d Grassroots nontaxable a	amount					
	Grassroots ceiling amou (150% of line 2d, column	int					

Schedule C (Form 990) 2023

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f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(7	a)	(b)
of the	lobbying activity.	Yes	No	Am	ount
	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			567.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		X		
j	Total. Add lines 1c through 1i				567.
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c))(5), or :	section	
				Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Fai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	• •			ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2t		
с	Total		20		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditures next year?		4		
	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, lines	I and 2 (see	
	ctions); and Part II-B, line 1. Also, complete this part for any additional information. t II-B, Line 1, Lobbying Activities:				
Wor	ked with the Fairfax County Alliance for Human Ser	vices	in s	peaking	g
to	Fairfax County Board of Supervisors' members about	incre	easin	g	
fur	ding for human services. Testified before the Fair	fax Co	ounty	Board	
of	Supervisors to advocate for affordable housing.				

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Schedule C (Form 990) 2023

			_
SCH	IED	ULE	DI
			_

(Form	990)
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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.



Name of the organization

Department of the Treasury Internal Revenue Service

Britepaths, Inc.

Employer identification number 52-1596259

Pa			Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advise	ed funds	(b) Funds and other accounts
-	Tatel number at and of year			
1	Total number at end of year Aggregate value of contributions to (during year)			
2 3	Aggregate value of contributions to (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the accete h	old in donor advised fu	inde
5	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ac			
U	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			
Pa				
1	Purpose(s) of conservation easements held by the organization			.,
•	Preservation of land for public use (for example, recreat	· · · · · · · · · · · · · · · · · · ·	7	torically important land area
	Protection of natural habitat		7	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contrib	nution in the form of a d	conservation easement on the last
-	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			
c	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included on line 2c acqui			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
-	year	, - ,		
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri		tion, handling of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and e	nforcing conservation	easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirement	s of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes 📖 No
9	In Part XIII, describe how the organization reports conservation	on easements in its reve	enue and expense stat	ement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization'	s financial statements	that describes the
	organization's accounting for conservation easements.	<u> </u>		
Pa	t III Organizations Maintaining Collections of		easures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958			
	of art, historical treasures, or other similar assets held for pub			rance of public
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, o	or research in furtheran	ice of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
-				
2	If the organization received or held works of art, historical trea			n, provide
	the following amounts required to be reported under FASB AS	-		
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.		Schedule D (Form 990) 2023
33205	1 09-28-23			

28 2023.04030 Britepaths, Inc.

		ths, Inc.	rt Llio	torical Tr		or Otho				Page 2
	t III Organizations Maintaining C								Scontin	uea)
3	Using the organization's acquisition, access	ion, and other record	as, chec	k any of the	following tha	t make si	gnificant	use of its		
	collection items (check all that apply).									
a L		C			hange progra					
b	Scholarly research	e		Other						
C A	Preservation for future generations	alloctions and avala	in how th	ou further t	ha araanizati	on'o ovon	ant num	aa in Dad		
4	Provide a description of the organization's c During the year, did the organization solicit of							se in Pan		
5	to be sold to raise funds rather than to be m								Yes	🗌 No
Par	t IV Escrow and Custodial Arran									
1 41	reported an amount on Form 990, Pa			organization	I allowered		0111 990,	ran iv, ii	116 9, 01	
1a	Is the organization an agent, trustee, custod		diany for	contributio	ns or other as	sets not	included			
Ia	on Form 990, Part X?								Yes	
h	If "Yes," explain the arrangement in Part XIII							······		
D		and complete the t	Jiowing						Amount	
c	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds Complete if	the organization an	swered '	'Yes" on Fo	rm 990, Part	IV, line 10).			
		(a) Current year	(b) P	rior year	(c) Two year	rs back 🛛 🌔	d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	<u>%</u>								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	at are held a	nd administe	red for th	e		г	
	organization by:									Yes No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Par	t VI Land, Buildings, and Equipm			/ line dd	De a E a ma 000					
	Complete if the organization answere									
	Description of property	(a) Cost or o			or other (othor)		cumulate	a	(d) Book	value
	L	basis (investi	nent)	Dasis	(other)	dep	reciation			
	Land									
	Buildings				2,166.		2,10	56		0.
	Leasehold improvements			Q	$\frac{2,100}{6,904}$		$\frac{2}{77,28}$			0. 9,618.
	Equipment			0	5,504.		11,20			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Other		V line 1	An antime	(D))					9,618.
Tota	. Add lines 1a through 1e. (Column (d) must e	quai roini 990, Pan	∧, iine i	oc, coluinn	ارص				-	,

Schedule D (Form 990) 2023

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Schedule D (Form 990) 2023	Britepaths,	Inc.
	12020	=======,	

Part VII Investments - Other Securities			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year 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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) Do	escription		(b) Book value

(a) Description	(b) BOOK value
(1) Gift cards	13,660.
(2) Tenant security deposit	6,765.
(3) Operating lease right of use asset	280,875.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	301,300.
Part X Other Liabilities	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	5.
	<i>(</i> ,) = , , ,

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Deposit payable	6,765.
(3) Operating lease liability	287,219.
(4) Unredeemed ODV vouchers	4,900.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	298,884.
2 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization	a's financial statements that reports the

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. 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) 2023

	dule D (Form 990) 2023 Britepaths, Inc.			52-	1596259	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With	n Revenue per F	Returr	า	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,122	,841.
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	192,514.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,514.
3	Subtract line 2e from line 1			3	2,930	,327.
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.)				2,930	<u>,327.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		th Expenses per	Retu	irn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12					
1	Total expenses and losses per audited financial statements			1	3,055	,663.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	192,514.			
b	Prior year adjustments	2 b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	192	,514.
3	Subtract line 2e from line 1			3	2,863	,149.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				_
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,863	,149.
Pa	rt XIII Supplemental Information					
_						

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

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SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service	Attach to Form 990. Open to Public Go to www.irs.gov/Form990 for the latest information. Inspection								
Name of the organizatio		а. Тиса		•				Employer identifica	tion number 596259
Part I General Inf	Britepath ormation on Grants a							52-1	596259
	ation maintain records		amount of the grants	s or assistance. the	e arantees' eliaibili	v for the grants or ass	sistance, and the selec	ction	
	vard the grants or assis								No No
2 Describe in Part IV	/ the organization's pro	ocedures for monit	oring the use of grant	funds in the Unite	d States.				
	Other Assistance to at received more than					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any	
1 (a) Name and add	dress 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 or assista	

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

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

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

Schedule I (Form 990) 2023

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	606	959,754.	0.	FMV	
'ood Program	2951	0.	202,083.	FMV	grocery gift cards, farmers' market vouchers,and in-kind
easonal Program	2745	0.	75,548.	FMV	gift cards and goods
ther programs	9	0.	890.	FMV	gift cards
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.	1
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

Open to Public

23

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.

Inspection Employer identification number 52-1596259

r

ΖU

Name of the organization

Britepaths, Inc.

Par	tl Types	s of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(Method of noncash contri	determini	-	s
1	Art - Works of a	art							
2		treasures							
3		interests							
4		olications							
5		ousehold goods							
6		r vehicles							
7		nes							
8		perty							
9		blicly traded	Х	1	1,621	FMV			
10		osely held stock							
11		rtnership, LLC, or							
12	Securities - Mis	scellaneous							
13		ervation contribution -							
	Historic structu	ures							
14		ervation contribution - Other							
15	Real estate - R	esidential							
16	Real estate - C	ommercial							
17		ther							
18									
19		/	Х	88	11,067	FMV per po	und		
20		dical supplies							
21									
22		acts							
23		imens							
24		artifacts							
25	Other (G	ift cards	X	21		.gift card	face	va	lue
26	Other (0	ther)	X	33	8,737.	.FMV			
27	Other ()							
28	Other ()							
29	Number of For	ms 8283 received by the orgar	ization durin	g the tax year for o	contributions				
	for which the c	organization completed Form 82	283, Part V, I	Donee Acknowledg	jement 29				
								Yes	No
30a	During the yea	r, did the organization receive I	by contributio	on any property rej	ported in Part I, lines 1 throu	ugh 28, that it			
	must hold for a	at least 3 years from the date o	f the initial co	ontribution, and wh	ich isn't required to be use	d for			
	exempt purpos	ses for the entire holding period	1?				30a		Х
b		ibe the arrangement in Part II.							
31	Does the organ	nization have a gift acceptance	policy that r	equires the review	of any nonstandard contrib	utions?	31		Х
32a	Does the organ	nization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncasl	า			
	contributions?						32a		X

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

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b If "Yes," describe in Part II.

Schedule M (Form 990) 2023 Britepaths, Inc.

Page **2** Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II 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, Line 32b:

Schedule M, Part I, Column (b):

Column B for lines 9, 19, 25, and 26 is number of contributions.

Schedule M (Form 990) 2023

52-1596259

332142 09-11-23

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service



Name of the organization	Employer identification number
Britepaths, Inc.	52-1596259
Form 990, Part III, Line 4d, Other Program Services:	
Food - The organization coordinates a monthly food progra	m by finding
and matching a group of volunteers to a list of clients r	referred
government agencies. The volunteers typically pay for gro	oceries and/or
gift cards and deliver them directly to the clients. In a	ddition,
Britepaths maintains a food pantry to make emergency deli	veries to
families with urgent needs. Britepaths also provides gift	cards and
other items to public school students in need.	
Workforce Development - Britepaths matches a professional	volunteer
mentor with a client to improve job seeking skills. Works	shops are
conducted on topics including resume writing and intervie	wing. Small
stipends are awarded to eligible clients for job training	٢.
Community Education - Britepaths provides information abo	out its
activities to the community and referring agents and fost	ers
relationships with donors through several mediums, includ	ling the
organization's website, social media, print materials, di	splay boards,
and newsletters.	
Advocacy program - Board members and staff advocate for E	Board-selected
issues to create an environment where Britepaths' clients	s can achieve
long-term self-sufficiency.	
Seasonal Programs - Britepaths works with Fairfax County	government
agencies, community-based organizations, faith communitie	es, area
businesses, individual families, and other volunteers to	provide school
supplies, holiday meals, gifts of clothing and toys, and	store gift
cards to clients.	
Financial Literacy - Britepaths educates clients in basic	household

Financial Literacy - Britepaths educates clients in basic household For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 LHA 332211 11-14-23

Schedule O (Form 990) 2023	Page 2							
Name of the organization Britepaths, Inc.	Employer identification number $52 - 1596259$							
budgeting and understanding credit through four programs:	one-on-one							
counseling is provided through the Financial Mentoring Pr	ogram and							
Financial Counseling Clinics, small group instruction is provided								
through budgeting classes, and eligible clients may parti	cipate in the							
MPower Loan Program in which the client is provided with	a							
zero-interest loan. Britepaths' staff train and supervise	volunteers							
who provide mentoring and classroom instruction.								
Expenses \$ 904,472. including grants of \$ 295,494. Rev	enue \$ 172,223.							

Britepaths' fiscal year 2024 form 990 is prepared by an independent certified public accountant. The form is reviewed by Britepaths' Finance Director, Treasurer, and Executive Director. It is then presented to the Board of Directors for comments. The Treasurer then approves form 990 and

it is submitted to the IRS.

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

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

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

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

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

the Executive Director's performance against predetermined goals. The

committee also reviews comparable compensation information of other

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

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

	employees.	key	any	have	not	does	currently	Britepaths	
Schedule O (Form 990) 2023								332212 11-14-23	-
		37							
BRITE1	epaths, Inc.	Brit	030	23.04	20		54 BRITE	1241225 1505	142

Britepaths, Inc.

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 short-term safety-net services to our neighbors in

need while empowering them to work toward long-term self-sufficiency.

We deliver our services with respect, compassion, and equity, always

preserving the dignity and self-esteem of our clients.

332212 11-14-23