Form **990**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For th	he 2015 calen	ıdar year, or tax year begin	ning 7/01	, 20	15, and endir	ng 6/	30		, 2016		
В	Check i	if applicable:	C		····		<u> </u>	1		ification number		
	Ac	ddress change	MvPath						3098			
	\vdash	ame change	2430 Mission Str	eet				E Telepho				
	\vdash	itial return	San Francisco, C									
	H							415	-206	<u>-084</u> 6		
	\vdash	nal return/terminated										
	\vdash	mended return	F		<u> </u>			G Gross r				
	L.J Ap	oplication pending	1	l officer: Marga	aret Libby			a group retur				
_			Same As C Above				H(D) Are all If 'No.'	l subordinates ' attach a list.	include see ins	d? Yes No		
<u>_</u>	1 ax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527											
<u>J</u>	Website: ► www.mypathus.org H(c) Group exemption number ►											
<u>K</u>	Form	of organization:		Association	Other -	L Year of format	ion: 198	9 Ms	State of I	egal domicile: CA		
:: ¹²	- 2	Summar	<u>y</u>									
	1	Briefly descri	ibe the organization's miss	ion or most sig	nificant activities:	MyPath e	ngages	low-i	ncon	e young		
ቋ		beobre 1	<u>n banking, savin</u>	<u>and</u> cred	lit-building	to impro	ove the	eir acc	ess	to college.		
8		lops, ho	ousing and afforda	able loans	s. Ultimatel	v, we tea	ach the	em how	to 1	use financial		
E		products	<u>and goal-setting</u>	g to achie	eve upward m	obility a	and the	eir pot	ent	ial.		
ğ	2	Check this bo	ox if the organization	n discontinued	its operations or d	isposed of mo	ore than 2	25% of its	net as	sets.		
행	3	Number of vo	oting members of the gove	rning body (Pa	rt VI, line 1a)			• • • • • • •	3	5		
89	5	Total number	dependent voting members	s or the govern	ing body (Part VI, 1	line ID)		• • • • • • • •	4	5		
ŧ	6	Total number	r of individuals employed ir r of volunteers (estimate if	necessary	ZUIS (Part V, line	2a)			5	13		
Activities & Governance	7a	Total unrelate	ed business revenue from	Part VIII. colum	n (C) line 12				6	50		
-	Ь.	Net unrelated	d business taxable income	from Form 990	T line 34				7a 7b	0.		
_	<u> </u>				77 1110 0 2 1 1 1 1 1 1 1			rior Year	-/-	O. Current Year		
	8	Contributions	s and grants (Part VIII, line	1h)				797,9	50	1,494,735.		
Revenue	9	Program serv	vice revenue (Part VIII, line	2a)			` -	131,3	30.	72,048.		
¥e	10	Investment in	ncome (Part VIII, column (/	A), lines 3, 4, a	nd 7d)		<u> </u>	0	00.	1,583.		
2	11	Other revenu	e (Part VIII, column (A), lir	nes 5, 6d, 8c, 9	c, 10c, and 11e)		<u> </u>		67.	2,822.		
	12	Total revenue	e - add lines 8 through 11	(must equal P	art VIII, column (A)), line 12)	<u>:</u>	801,0		1,571,188.		
	13	Grants and s	imilar amounts paid (Part I	X, column (A),	lines 1-3)			001/0		45,349.		
	14	Benefits paid	to or for members (Part I)	K, column (A),	line 4)			-		40/047.		
	15		er compensation, employed					514,0	58	732,276.		
Ехрепѕеѕ	16a		fundraising fees (Part IX,					314,0	50.			
- He	h		sing expenses (Part IX, col				100000000000000000000000000000000000000	1 5-0		1,325.		
ă	1,7											
			ses (Part IX, column (A), li					367,3		<u>522,705.</u>		
	18	Total expensi	es. Add lines 13-17 (must	equal Part IX, (column (A), line 25))		881,4	_	<u>1,301,655.</u>		
8	19	Revenue less	s expenses. Subtract line 1	8 from line 12.	***************			-80,3		<u>269,533.</u>		
2	20	Total accets	(Part V. line 16)				Beginnir	ng of Curren		End of Year		
100	21	Total liabilitie	(Part X, line 16) ss (Part X, line 26)				· ·	587,3		842,663.		
Net Assets Fund Balenc	21			•			·	79,2	45.	65,064.		
y- %	22		r fund balances. Subtract li	ne 21 from line	20		<u>. </u>	508,0	66.	<u>777,599.</u>		
131	I n 🤻 📗	Signatur			 							
com	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.											
_												
Sig	100	Signatu	ure of officer				Da Da	ate				
He	ju re	Man	assat Tibb									
		Type or	garet Libby r print name and title.				Exect	<u>utive l</u>	ur.			
			preparer's name	Premarer's signatu	ire 4 -	Date		lobi	1., 1	PTIN		
D-	:		•	11000	Kaneda	Loll	17	Check _	J"			
Pa	ıa epare		Kaneda		·worked	<u> </u>	- ()	self-employe	ed	P01664922		
	epare e On	de a l	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT									
V 3	- OII	Firm's addre	2370 DEGGGGG					Firm's ElN	/			
N 4 -	. Ala - 1	 DO ====================================	Oakland, CA		 			Phone no.	(510			
			nis return with the preparer	snown above?	(see instructions)	· · · · · · · · · · · · · · · · · · ·				. X Yes No		

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To . de an Exempt Organization Return

File a separate application for each return.

►Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

• If you ar	● If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).								
Do not com	plete Part II unless you have already been grante	d an autom	atic 3-month extension on a previously	filed Fo	orm 8868.				
Electronic fi corporation request an ex Associated N electronic fil	iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not xtension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which m ling of this form, visit www.irs.gov/efile and click of	if you nee t automatic I or Part II v ust be sent on <i>e-file for</i>	d a 3-month automatic extension of time 3-month extension of time. You can ele with the exception of Form 8870, Information to the IRS in paper format (see instruct Charities & Nonprofits.	to file ectronic Returnions). I	(6 months cally file Font for Transf For more o	s for a orm 8868 to ers details on the			
Automatic 3-Month Extension of Time. Only submit original (no copies needed).									
A corporation	n required to file Form 990-T and requesting an a			comple	ete Part I d	only ▶ □			
	rporations (including 1120-C filers), partnerships		nd trusts must use Form 7004 to request	an ex	tension of	time to file			
Name of exempt organization or other filer, see instructions. Employer identification or other filer, see instructions.									
Type or print MyPath 94-3098928									
File by the due date for	Number, street, and room or suite number. If a P.O. box, see in	istructions.		Social	security numb	er (SSN)			
filing your	2430 Mission Street								
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	ctions.						
	San Francisco, CA 94110								
Enter the Re	eturn code for the return that this application is fo	or (file a sep	parate application for each return)		• • • • • • • • • • • • • • • • • • • •	01			
Application Is For		Return Code	Application Is For	Return Code					
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)	07					
Form 990-B	L	02	Form 1041-A			08			
Form 4720 (i		03	Form 4720 (other than individual)			09			
Form 990-P		04	Form 5227			10			
****	(section 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-T	(trust other than above)	06	Form 8870			12			
Telephor If the ore If this is check the	tes are in the care of ► Margaret Libby the No. ► 415-206-0846 ganization does not have an office or place of but for a Group Return, enter the organization's four his box	siness in th digit Group theck this b	Exemption Number (GEN) If ox ▶ ☐ and attach a list with the na	this is	for the wh	nole group,			
until The ex	est an automatic 3-month (6 months for a corporation 2/15 , 20 17 , to file the exempt organization is for the organization's return for: calendar year 20	, and endir	turn for the organization named above. $\frac{6}{30} = \frac{20}{16}$	al retu	ĸn				
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions									
tax pa	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit								
EFTPS	ce due. Subtract line 3b from line 3a. Include you 6 (Electronic Federal Tax Payment System). See	instructions		3с		0.			
Caution. If y payment ins	you are going to make an electronic funds withdra structions.	awal (direct	debit) with this Form 8868, see Form 84	53-EO	and Form	8879-EO for			

2011	Total (COIO) Myracii	94-3	09892	8	Page :	2
2 1	Statement of Program Service Accomplishments					_
	Check if Schedule O contains a response or note to any line in this Part III					٦
1	and the organization's mission.					_
	MyPath positions low-income youth to take control of their finar economic mobility.					_
						-
						_
2	Did the organization undertake any significant program services during the year which were not listed on the pi	rior				_
	Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O.	• • • • • • • • • • • • • • • • • • • •	🔲	Yes [X No	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s			D		
_	If 'Yes,' describe these changes on Schedule O.	services?	· 📙 -	Yes	X No	
4	Describe the organization's program service accomplishments for each of its three largest program ser Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	rvices, as nons to other	neasure rs, the to	d by ex otal exp	penses. enses,	
4a	(Code:) (Expenses \$ 1,017,001. including grants of \$ 45,349.)	Pevenue	è	70	040	_
	MyPath's groundbreaking financial capability program models react of youth and young adults this year, in some cases delivered directors, and in other cases, through partnerships using MyPath's massistance and train-the-trainer program, and our online platfor MyPath reached over 4,000 low-income working youth in 6 cities were supported by the support of the suppor	ched gro rectly l new tech	owing oy Myl nnical	numb Path		, - - -
	education, financial products, incentives and peer support, resu	ilting :	in im	TOWN	<u>-</u>	-
	credit scores, increased savings, new emergency savings funds an	14 + pe 4	72034;	TOVE	<u>u</u>	_
	use of personal budgets. 85% of participants met their personal	TO CITE OF	TEGL	roii a	<u> 110</u>	_
	credit-building goals. MyPath outside evaluation results also sh	Savina:	o and			-
	increases in confidence, as well as improved future outlook and	financi	111166	<u> </u>		_
			rai			_
	Sett-etiticacy.					-
4b	(Code:) (Expenses \$including grants of \$) (Revenue	ė			_
		Revenue	ې)	ı
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40	(Code:) (Expenses \$ including grants of \$		_			_
	(Code:) (Expenses \$ including grants of \$) (F	Revenue	Ş)	
						_
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						_
4 d	Other program services. (Describe in Schedule O.)					_
	7 (Nevertue \$)		_
	total program service expenses ► 1,017,001.					

Form 990 (2015) MyPath 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		v	
2	2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	-
;	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.		Λ	v
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.	3	-	X
į		4		X
		5	-	X
•	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
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		8		x
9		9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		x
	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.			H Z
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	x	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 Б		
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11c	\neg	<u></u>
	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	11 d		x
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	$\neg +$	$\frac{x}{x}$
	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	111	x	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	x	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	- -	X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	$\neg +$	$\frac{x}{x}$
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.		7	
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.	14b	\dashv	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.	15	\dashv	<u>x</u> x
17		17	+	<u>^</u>
18		18	\top	X
19		19	\top	<u>x</u>

Form 990 (2015) MyPath Checklist of Required Schedules (continued)

_		_		
202	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	200	Yes	No
		20a		
	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	\vdash	
4 1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
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	х	
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
24 8	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a	·	х
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		х
t	s 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? If 'Yes,' complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part I!	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
8	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
Ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
ď	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV			
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M			
31		30		X
_	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Ves' complete	31		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		х
35 a	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)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
	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		х
	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		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
3AA		Form	gan "	201E

Form 990 (2015) MyPath Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or rate to any line in this Bull.

	Check it Schedule O contains a response or note to any line in this Part V.	, , ,		. [
_			Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1	
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	23		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners?	1 c	х	100
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-	v	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Х	
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?		-	v
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3a	_	X
4	At any time during the calendar year, did the argenization have an interest in any at its angle of the calendar year.	3 b	-	
•	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
	b If 'Yes,' enter the name of the foreign country:			
=	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
9	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a 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
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	\neg	
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	a 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?			
П	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7a	-	X
į	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7Ь	\longrightarrow	
	1 Of III 6262 :	7 c		X
(d If 'Yes,' indicate the number of Forms 8282 filed during the year			
(Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
- 1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	\dashv	X
(g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	\neg	
1	l If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		\neg	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7h Parka		
_	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
i	a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ا	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9Ь		
	Section 501(c)(7) organizations. Enter:			
4	a Initiation fees and capital contributions included on Part VIII, line 12			
11 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:		-14	
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
128	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	of Yes, enter the amount of tax-exempt interest received or accrued during the year		441	7
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
8	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.			
ı	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			
•	Enter the account of many		13	
142	Did the organization receive any navments for indeer termine and included their that	14		v
ŀ	of Voc I had it filed a Farm 700 to annual II	14a 14b	\dashv	<u> </u>
ΑA		14 D	gan /	การง

Form **990** (2015) MyPath 94-3098928 Page 6 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year.....
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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent..... 5 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?..... 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 X 5 X 6 Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.... X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?.... 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a **b** Each committee with authority to act on behalf of the governing body?..... 8 b X is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?.... 10a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.... 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done...See Schedule O. 12c 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?..... 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. See. Schedule . 0 15 a X **b** Other officers or key employees of the organization..... 15b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records:

Margaret Libby 2430 Mission Street San Francisco CA 94110 415-206-0846

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

- 1 a 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.									
(A) Name and Title	(B) Average hours	l l	dir	ector	ot che unles officer trust	eck more ss person and a ee)	compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Leslie Chard	2		П		Г				
President	0	X		Х			7,485.	0.	0.
(2) Gerald Richards	_1_								
Treasurer	0	X		Х			0.	0.	0.
(3) Michelle Jun	1_1_								
Secretary	0	X		X			0.	0.	0.
(4) Jenny Flores	1_1_						'	·	
Board Member	0	X					0.	0.	0.
(5) Jeanette Tevis	1_1_								
Board Member	0	X			L		0.	0.	0.
(6) Margaret Libby	50								
Executive Dir.	0	<u></u>		Х			113,380.	0.	6,835.
_ Claudia Stillwell	40_								
Finance/Adm Dir	0			Х			0.	0.	0.
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
DAA	-	_	_	_	_				

Section A. Officers, Directors, Ti	ustees,	ney	tn	1 p ic		es, a	апс	d Highest Con	pensated Emp	loyees (continued)
(A) Name and title	Average hours per	box	i, unie	Pos check	sition more erson direct	than of the thick the thic	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza tions below dotted line)	or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)							П			
[16]		\vdash								
77)		-					Н			
18)		+					Н			
19)	 	\vdash								
20)		\vdash	-				Н			
21)	<u> </u>	_	H			Н				
22)		-	H							
23)		_	H			Н	H			
24)		1	H							
25)		1-	-		_					
	1	1_								
1 b Sub-total								120,865.	0.	6,835
d Total (add lines 1b and 1c).								0. 120,865.	0.	6,835
2 Total number of individuals (including but not limite from the organization ► 1							ved			ensation
Tont the organization										Yes No
3 Did the organization list any former officer, dire on line 1a? If 'Yes,' complete Schedule J for su	ctor, or tru ch individu	ıstee, <i>ıal</i>	, ke	y en	nplo	yee, «	or h	nighest compensa	ted employee	3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual.	of reportab ter than \$1	ole co 150,0	mpe 00?	ensa If '\	ition	and comp	oth plet	er compensation e Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accr for services rendered to the organization? If 'Ye	ue comper es.' comple	nsatio	on fr	om dule	any J fo	unre	late	ed organization or	individual	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compe- compensation from the organization. Report compensation.	nsated ind insation for	lepen the c	den alen	t co dar	ntra year	ctors endi	tha ng v	it received more to with or within the or	han \$100,000 of ganization's tax year	
(A) Name and business ad	dress							Description	of services	(C) Compensation
Joy Hahn 265 North Point, #4559 San Franc	isco, CA	941	.33					Financial Man	agement	101,561.
2. Total number of index and out a standard in the standard in	hud 1 1"	• ادمات	_ 11		lii	1.1		ha assa	46	
Total number of independent contractors (including \$100,000 of compensation from the organization)		ntea t	o th	use	iistei	1 abo.	ve)	wno received more	tnan	
RΔΔ		TEFA	กากย	10/	19/15					Form 900 (2018

Form 990 (2015) MyPath Statement of Revenue

-		Check if Schedule O contains a re	esponse or note to an	y line in this Part VII	I <i></i>		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
at at			a				
Contributions, Gifts, Grants and Other Similar Amounts		•	b				
A M			С		- Car		
重			d		100		
Ø E	е	Government grants (contributions) 1	e 363,758.	2 10 15	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
5 2	f	All other contributions, gifts, grants, and similar amounts not included above	30				171-518
夏美			f 1,130,977.	ME WELL	1000		
₽ ë		Noncash contributions included in lines 1a-1f;	\$ 1,524.		334 7 3		
	h	Total. Add lines 1a-1f	>	1,494,735.	e mi a la		
Program Service Revenue		_	Business Code	(No. of the first
8	2 a	Program Service Fees		72,048.	72,048.		
9	Þ						
5	C						
8	a						
Ē	e z	All other program service revenue	· ·				
8	'.	Total. Add lines 2a-2f					
	3	Investment income (including divider		72,048.			
	3	other similar amounts)	nds, interest and	1,583.			1 500
	4	Income from investment of tax-exem		1,565.			1,583.
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents					
		Less: rental expenses				100	111111111111111111111111111111111111111
		Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	Ь	Less: cost or other basis					
		and sales expenses					
		Gain or (loss)		25 20 70 70			
		Net gain or (loss)					
5	8 a	Gross income from fundraising event (not including\$	ts				
ē		of contributions reported on line 1c).	-]	de la manada de			
Other Reven		See Part IV, line 18	1				
ē	b	Less: direct expenses					
ㅎ		Net income or (loss) from fundraising					
		Gross income from gaming activities See Part IV, line 19				HUER	
		Less: direct expenses				THE PARTY OF THE	
	C	Net income or (loss) from gaming ac	tivities	-	-		
		Gross sales of inventory, less returns and allowances					no sale il
	b	Less: cost of goods sold	. b			E-v 1/15	
		Net income or (loss) from sales of in					
		Miscellaneous Revenue	Business Code		2.2 A 3.3	14 14 14 14 14 14 14 14 14 14 14 14 14 1	
	11 a	Miscellaneous		2,822.	ু কাৰ এ	Section of the second	2,822.
	b						
	C	=======================================					
		All other revenue	1				
		Total. Add lines 11a-11d		2,822.			
	12	Total revenue. See instructions		1,571,188.	72,048.	0.	4,405.

Statement of Functional Expenses

Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	organizations and domestic governments. See Part IV, line 21	3,815.	3,815.	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22	41,534.	41,534.		
3		41,334.	41,534.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	148,395.	95,057.	41,963.	11 276
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		93,031.	41, 903.	11,375.
_		0.	0.	0.	0.
7	The state of the s	491,565.	459,149.	_5,387.	27,029.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	38,881.	33,800.	3,142.	1,939.
10	Payroll taxes	53,435.	46,516.	3,742.	3,177.
11	Fees for services (non-employees):				
	Management	· .			
	Legal				
	Accounting	165,396.		165,396.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	1,325.			1,325.
	Investment management fees				
	I Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.S.Ch. (Advertising and promotion	205,232.	199,521.	4,818.	893.
13	Office expenses	24,982.	21,212.	2,772.	000
14	Information technology	13,448.	12,292.	500.	998.
15	Róyalties		12,232.	500.	656.
16	Occupancy	51,220.	46,049.	2,890.	2,281.
17	Travel	25,211.	24,190.	972.	2,281.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	20, 21.	24,130.	912.	45.
	Conferences, conventions, and meetings	14,026.	14,026.		
20	Interest			: -	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,339.	12,108.	126.	105.
23		2,391.	627.	1,734.	30.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
i	Miscellaneous	8,460.	7,105.	1,050.	305.
•	:				
•	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,301,655.	1,017,001.	234,492.	50,162.
26	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)	·			,
BAA		TEEA0110L 11/	10/15		Form 990 (2015)

Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	91,999.	1	320.
	2	Savings and temporary cash investments	274,787.	2	314,937.
	3	Pledges and grants receivable, net	125,173.	3	397,000.
	4	Accounts receivable, net	63,606.	4	53,976.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
9	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges.	28,556.	9	21 E11
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	20,550.		21,511.
	ь	Less: accumulated depreciation	2 100	100	E4 010
	11	Investments – publicly traded securities.	3,190.	10 c	54,919.
	12	Investments – other securities. See Part IV, line 11.		12	
	13	Investments – program-related. See Part IV, line 11.		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11.		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34).	E07 044		0.10
-	17	Accounts payable and accrued expenses	587,311.	16	842,663.
	18	Grants payable	79,245.	17 18	65,064.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
60	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	N Production	22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	79,245.	26	65,064.
8		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets.	184,422.	27	261,870.
뻍	28	Temporarily restricted net assets	323,644.	28	515,729.
9	29	Permanently restricted net assets	323,044.	29	313,123.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds		30	
a l	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
S	32	Retained earnings, endowment, accumulated income, or other funds		32	-
et	33	Total net assets or fund balances	E00 066	33	777 500
ᆂ	34	Total liabilities and net assets/fund balances	508,066.	34	777,599.
BA			587,311.	<i>-</i>	842,663. Form 990 (2015)

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Form	990	(2015)	MvPath

94-3098928

Page 12

	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12).	1		71,1	88.
2	Total expenses (must equal Part IX, column (A), line 25)	2	•	01,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		69,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		08,0	
5	Net unrealized gains (losses) on investments.	5		00,0	
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B)).	10	7	77, 5	99.
1	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
				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 in Schedule O.				
2	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	d on a			
- 1	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 separa basis, consolidated basis, or both:	te			
	Separate basis Consolidated basis Both consolidated and separate basis				
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	. M,	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 8	AS a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		х
	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	t 	Зь		
BAA			Form	990 (2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Fublic 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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Employer Identification number

MyP							94-309892	В			
- July 18	李嶷	Reason for Public Cha	rity Status (All o	rganizations must o	comple	te this	part.) See instruct	ions.			
The o	orga	nization is not a private found	lation because it is:	(For lines 1 through 11,	check o	nly one	box.)				
1	П	A church, convention of church	es, or association of c	hurches described in sec	tion 170(b)(1)(A)(i).				
2	П	A school described in section 1					•				
3	Н	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Н	A medical research organiza	-				* * *	nter the hospital's			
	ш	name, city, and state:	op 0.000 00,	and the second	200050	556		itor the ricopital c			
5		An organization operated for the 170(b)(1)(A)(iv). (Complete F	ne benefit of a college	or university owned or op	erated by	a gover	nmental unit described in	section			
6	П	A federal, state, or local government		ental unit described in s	ection 1	70(b)(1)	(A)(v).				
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial					lic described			
8	Ш	A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part	I.)						
9		An organization that normally r from activities related to its exe investment income and unre June 30, 1975. See section 9	ous(a)(z). (Complete	Part III.)				ross receipts of from gross he organization after			
10	Ш	An organization organized as									
11		An organization organized as or more publicly supported of lines 11a through 11d that de	nd operated exclusive rganizations describe escribes the type of s	ely for the benefit of, to ed in section 509(a)(1) (supporting organization	perform or sectio and com	the fun n 509(a) nolete lii	ctions of, or to carry ou ((2). See section 509(a) nes 11e. 11f. and 11g.	t the purposes of one (3). Check the box in			
a		Type I. A supporting organization organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise	ed, or controlled by its sur	ported o	roanizati	on(s), typically by giving	the supported n. You must			
b		Type II. A supporting organize management of the supporting must complete Part IV, Section 11.	ation supervised or or or an area or a contraction vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by l the supported organizati	naving control or on(s). You			
c		Type III functionally integrated organization(s) (see instructi		tion operated in connection	n with, ar A, D, an d	nd function	onally integrated with, its s	supported			
d		Type III non-functionally integrated. The constructions). You must com	rated. A supporting or	ganization operated in cor	nection	with its s	supported organization(s)	that is not			
е		Check this box if the organiz integrated, or Type III non-fu	ation received a writ	ten determination from	the IRS						
f		ter the number of supported					• • • • • • • • • • • • • • • • • • • •				
g	Pr	ovide the following informatio	n about the supporte	ed organization(s).							
		(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above (see instructions))	organizat	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)											
(B)											
(B)	_										
(C)											
(D)											
(E)											
Tota		r Paperwork Reduction Act N	otice see the Inst-	cliane for Form 000 and	200 57		Cohodula # /	000 or 000 ET 0015			
	ru	Labermork Reduction ACLIN	ouce, see the instru	COOLS IOL LOLW 220 OL:	フプリービム.		Schedule A (Form	990 or 990-EZ) 2015			

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.)

<u> 260</u>	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	352,194.	838,678.	841,863.	797,958.	1,494,735.	4,325,428.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					1713177001	0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge			,			0.
4	Total. Add lines 1 through 3	352,194.	838,678.	841,863.	797,958.	1,494,735.	4,325,428.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,186,885.
	Public support. Subtract line 5 from line 4						3,138,543.
<u>Sec</u>	tion B. Total Support						
begi:	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	352,194.	838,678.	841,863.	797 <u>, 9</u> 58.	1,494,735.	4,325,428.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	43.	123.	230.	900.	1,583.	2,879.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.	7,845.			2,167.	2,822.	12,834.
	Total support. Add lines 7 through 10						4,341,141.
12	Gross receipts from related activi	ities, etc. (see ins	tructions)				465,696.
13	First five years. If the Form 990 is to organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
Sec	tion C. Computation of Pub	olic Support P	ercentage				
	Public support percentage for 20						72.30 %
	Public support percentage from 2						83.99%
16 a	33-1/3% support test — 2015. If and stop here. The organization	the organization of qualifies as a pub	lid not check the t licly supported or	oox on line 13, ar ganization	d line 14 is 33-1/	3% or more, chec	k this box
b	33-1/3% support test — 2014. If to and stop here. The organization	he organization di qualifies as a put	d not check a box dicly supported or	c on line 13 or 16 ganization	a, and line 15 is 3	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	st – 2015. If the omeets the 'facts-a -and-circumstance	organization did no nd-circumstances es' test. The organ	ot check a box on test, check this nization qualifies	line 13, 16a, or box and stop her as a publicly sup	16b, and line 14 is e. Explain in Part ported organizatio	s 10% VI how n►
	10%-facts-and-circumstances te or more, and if the organization i organization meets the 'facts-and	meets the Tacts-a d-circumstances' t	nd-circumstances est. The organiza	` test, check this tion qualifies as a	box and stop her publicly support	e. Explain in Part ed organization	VI how the ▶ □
	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	tructions 🕨 🔲
BAA					6-1	adula # /Farm 00	0 000 FT 0015

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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.)

	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Calend	lar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization'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						-
	Total. Add lines 1 through 5 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.)						·
Sec	tion B. Total Support		······································	····	· · · · · · · · · · · · · · · · · · ·		
Calend	dar year (or fiscal year beginning in) 🟲	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(1) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			·			
_	acquired after June 30, 1975						
11	Net income from unrelated business activities not included in 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3)	▶∏
	<u>tion C. Computation of Pul</u>	olic Support P	ercentage				
	Public support percentage for 20						્રે
	Public support percentage from 2				· · · · · · · · · · · · · · · · · · ·	16	96
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	e			
17	Investment income percentage for	or 2015 (line 10c,	column (f) divide	ed by line 13, colu			8
	Investment income percentage fa						8
	33-1/3% support tests - 2015. If	the organization	did not check the	box on line 14. a	and line 15 is more	e than 33-1/3% an	d line 17
	is not more than 33-1/3%, check 3 3-1/3% support tests — 2014, (f	this box and stop the organization	p here. The orgar did not check a b	nization qualifies a nox on line 14 or li	is a publicly suppline 19a, and line	orted organization. 16 is more than 33.	
	line 18 is not more than 33-1/3%	, chèck this box a	and stop here. Th	ie organization qu	alifies as a public	ly supported organi	ization ▶ │ │
20	Private foundation. If the organize	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	see instructions	▶ 🗍

Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
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	_1	.	
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).	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
	and (b) below	5a		
ı	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.	3b		10
	Cid the annual time to the state of the stat			
•	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	3с		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and			
	if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
١	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	4b		
(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	4c		
	and the state of t	70	-	
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) 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).	5a		
ı	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?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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 .	6		
	the thing digaraction dapped and digaractional in 100, provide datas in 100 and an incident an			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7	.,	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes.'			
	complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9	a 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	9a		l .
	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI</i>	9b		(EE)
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		94
10	a 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 10b below.	10a		
	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.).	10b		

, r.	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported 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.	.2		
Se	ction 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		
Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Se	ction 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 year (see instructions): a	ns).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	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.	2a		
	b Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			15
	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? <i>Provide details in Part VI</i>	3a		
	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	3b	555	

14.75	Type in Noti-Functionally integrated 309(a)(3) Supporting Orga	IIIZat	IOIIS .	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	vembe Section	r 20, 1970. See instructi ons A through E.	ons. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	· ·	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current 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):		- Miller	
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
-	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions).	grated		
BAA			Schedule A (Fo	rm 990 or 990-EZ) 2015

94-3098928

100	1 ype III Non-runctionally integrated 509(a)(5) 50	pporting Organiza	tions (continuea)	
	tion D — Distributions			Current Year
	Amounts paid to supported organizations to accomplish exempt pur			
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	f supported organization	s,	
3	Administrative expenses paid to accomplish exempt purposes of su			
4	Amounts paid to acquire exempt-use assets			•
5	Qualified set-aside amounts (prior IRS approval required)		********	
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization in Part VI). See instructions.	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions).			
3	Excess distributions carryover, if any, to 2015:			
a				
ь				
С				
	From 2013			part age
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
]	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2015 from Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
s				
Ŀ				
C	Excess from 2013			
C	Excess from 2014			
•	Excess from 2015			

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.)

Part II, Line 10 - Other Income

Nature and Source		2015	 2014	2013	 2012		2011
Miscellaneous	Total	\$ 2,822. 2,822.	\$ 2,167. 2,167.	\$ 0.	\$ 0.	ş	7,845. 7,845.

Schedule B

(Form 990, 990-EZ, or <mark>990-PF</mark>)

Department of the Treasury Internal Revenue Service PUBLIC DISCLOSURE COPY

Schedule of Contributors

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2015

Name of the organization Employer identification number MyPath 94-3098928 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not 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.....

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

	B (Form 990, 990-EZ, or 990-PF) 、 15)	Page	1 of 2 of Part I
Name of org	12.11	1 ' '	r identification number
MyPath			098928
Part	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$313,758.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$30,000.	Person X Payroll

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Part	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>52,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$650,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_		\$ 80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
RAA	TEE 007021 10/12/15	Schedule R (Form 99	0 000 E7 av 000 DE) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) Name of organization

J15)

Page

2 of

Employer identification number

2 of Part I

Page

1 to

1 of Part II Employer identification number

MyPath

94-3098928

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
RAA	Sche	edula R (Form 990, 990-F7	or 990-PE) (201E

	5 (FORM 990, 990-EZ, OF 990-PF) 15)			Page	1 to 1 of Part III
Name of organ MyPath	nization				Employer identification number 94-3098928
Partill	Exclusively religious, charitable, e or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contrib ompleting Part III, enter the tota (Enter this information once, S	outor. Completed of exclusive	te columns (a)	in section 501(c)(7), (8), through (e) and charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Desci	(d) ription of how gift is held
	N/A				
				·- 	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of t	ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Descr	(d) ription of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of t	ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Descr	(d) ription of how gift is held
	Transferee's name, addres	(e) Transfer of gift	Pala	tionship of t	ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Descr	(d) iption of how gift is held
		(e)			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of t	ransferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its Instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public inspection
Employer identification number

	MyPath			94-3098928
***	Organizations Maintaining Dono	r Advised Funds or Other S	imilar Funds or Ac	
	Complete if the organization answ	vered 'Yes' on Form 990, Pa	rt IV, line 6.	
	.	(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		·	
5	Did the organization inform all donors and don are the organization's property, subject to the	or advisors in writing that the asse	ts held in donor advised	I funds
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit	s, and donor advisors in writing the	at grant funds can be us	sed only
St. Com	impermissible private benefit?			Yes No
	Complete if the organization answ			
1	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g., re	· L	eservation of a historica	
	Protection of natural habitat	□Pr	eservation of a certified	historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization halast day of the tax year.	eld a qualified conservation contributi	on in the form of a conse	rvation easement on the
	last day of the tax year.			Held at the End of the Tax Year
	a Total number of conservation easements			neid at the End of the Tax Tear
	b Total acreage restricted by conservation easen			
	c Number of conservation easements on a certifi			-
	d Number of conservation easements included in	•	· -	·
	structure listed in the National Register	· (c) acquired after 6/17/00, and no	2d	
3	Number of conservation easements modified, transtax year ▶	sferred, released, extinguished, or ter	minated by the organizati	on during the
4	Number of states where property subject to conser	vation easement is located >		
5	Does the organization have a written policy reg and enforcement of the conservation easemen	parding the periodic monitoring, instanting the periodic monitoring.	spection, handling of vio	lations, Yes No
6	Staff and volunteer hours devoted to monitoring, in	nspecting, handling of violations, and	enforcing conservation ea	asements during the year
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and enfo	rcing conservation easem	ents during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the require	ments of section 170(h)	(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to	conservation easements in its revenu	e and expense statement	and balance sheet, and
· Pa	conservation easements. Organizations Maintaining Collection	ctions of Art, Historical Trea	sures, or Other Si	nilar Assets.
	Complete if the organization answ			
1	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	SFAS 116 (ASC 958), not to report of for public exhibition, education, or recial statements that describes these	rt in its revenue stateme research in furtherance of se items.	ent and balance sheet works of public service, provide,
	b If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items:	r public exhibition, education, or rese	arch in furtherance of pub	lic service, provide the
	(i) Revenue included on Form 990, Part VIII,	ine 1		►\$
	(ii) Assets included in Form 990, Part X	***************************************		►\$
2	amounts required to be reported under SFAS	116 (ASC 958) relating to these iter	ms:	_
	a Revenue included on Form 990, Part VIII, line			
	b Assets included in Form 990, Part X			►\$

Schedule	D	(Form	990)	2015	MyPath
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94-3098928

Page 2

Organizations Mainta	ining Colle	<u>ections</u>	of Art, Histo	prical Treasure	es, or O	ther Si	milar Ass	ets (c	ontinu	ied)
3 Using the organization's acquisitior items (check all that apply):	n, accession, a	and other	records, check a	ny of the following	that are a	significa	nt use of its	collectio	n	
a Public exhibition			d Loan	or exchange prog	rams					
b Scholarly research			e Other							
c Preservation for future gener	rations			-	-					
4 Provide a description of the organiz Part XIII.	zation's collect	tions and	explain how they	further the organiz	zation's ex	cempt pur	pose in			
5 During the year, did the organiza to be sold to raise funds rather t	ntion solicit or han to be ma	r receive	donations of an	t, historical treasu	res, or of	ther simil	ar assets	Yes	Γ	No
Escrow and Custodia line 9, or reported an	l Arranger	nents. (Complete if t	he organizatio	n answ	ered 'Y	es' on Fo	rm 99	0, Par	
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodia	an or oth	er intermediary	for contributions	or other a	ssets no	t included	Yes		
b If 'Yes,' explain the arrangement									L	No
		2.12 00117		ing tobic:	ı			Amoun		
c Beginning balance						1 c		7 11 FIOGRA		
d Additions during the year										
e Distributions during the year						1e				
f Ending balance				****		- 1f				
2 a Did the organization include an a										No
b If 'Yes,' explain the arrangement	in Part XIII.	Check he	ere if the explan	nation has been p	rovided o	n Part XI	II	_		1
Endowment Funds. C			<u>lanization an</u>	swered 'Yes' o	n Form	990, F	art IV, lir	ne 10.		
4 - Danissis - dan subut	(a) Curren	t year	(b) Prior year	(c) Two yea	rs back	(d) Thre	e years back	(e)	Four years	s back
1 a Beginning of year balance								_		
b Contributions								<u> </u>		
c Net investment earnings, gains, and losses										
d Grants or scholarships										
e Other expenditures for facilities and programs							·			
f Administrative expenses										
g End of year balance						<u> </u>				
2 Provide the estimated percentag		ent year e	end balance (lin	e 1g, column (a))	held as:					
a Board designated or quasi-endowm			[*]							
b Permanent endowment		5	8							
c Temporarily restricted endowments The percentages on lines 2a, 2b, a		adust 100	-							
3a Are there endowment funds not in too organization by:	he possession	of the or	ganization that a	re held and admini	stered for	the		Г	Yes	No
(i) unrelated organizations								3a(i)	163	NO
(ii) related organizations								3a(ii)		
b If 'Yes' on line 3a(ii), are the rela								3b	-	
_4 Describe in Part XIII the intended								الستنسا		
Radivie Land, Buildings, and	Equipmen	t.	· · · · · · · · · · · · · · · · · · ·							
Complete if the organ	ization ans	wered	'Yes' on Forn	n 990, Part IV,	line 11	a. See	Form 99	0, Par	t X, lir	ne 10.
Description of property		(a) Cost	or other basis	(b) Cost or other	er ((c) Accur	nulated	(d) E	Book va	lue
1a Land		<u> </u>			l l					
b Buildings							7,65,7			
c Leasehold improvements										
d Equipment				79,5	32.	2	4,613.		54.	919.
e Other						_				
Total. Add lines 1a through 1e. (Colum	nn (d) must e	qual Fori	n 990, Part X, c	column (B), line 1	Oc.)					919.
BAA							Schedu	ile D (Fo		

Investments - Other Securities.		N/A	
), Part IV, line 11b. See Form 990, Part X	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	alue
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
<u>©</u>			
(D) (E)			
(E) (F)	,		
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >			
Investments — Program Related. Complete if the organization answered		N/A	
), Part IV, line 11c. See Form 990, Part X	t, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year mar	ket value
(1)			
(2)			
(3)			
(4)			
(5)		<u> </u>	
(6) (7)			
(8)			
(9)			-
(10)		· · ·	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Other Assets.	N/A	Dort IV line 11d See Form 000 Port V	/ line 15
	scription	D, Part IV, line 11d. See Form 990, Part X	k value
(1)	3011ption	(3) 200.	T Talia
(2)			
(3)			
(4)			
(5)			
(6)			_
(7) (8)			
(9)		-	
(10)			
Total. (Column (b) must equal Form 990, Part X, column ((B) line 15.)		
Part X Other Liabilities.			
Complete if the organization answered 'Yes' on	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
(a) Description of liability (1) Federal income taxes	(b) Book value		
(2)			
(3)			
(4)			
(5)			
(6)		TEACHER AND SEE SHAPE AND SEE	
(7)			
(8)		(表表的特别。 <u>(1925年)[1928年</u>]	
(10)			
(11)			
Total: (Column (b) must equal Form 990, Part X, column (B) line 25.)	. •		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the f	cotnote to the organization's f	inancial statements that reports the organization's liability for unc	certain
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote	has been provided in Part XI	NSee Part.	XIII X

	4-3U989 <i>2</i> 8	rage 4
Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	1,617,388.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants	00	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	. 2e	46,200.
3 Subtract line 2e from line 1	\rightarrow	1,571,188.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	1000	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	1,571,188.
Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		1 347 855
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		1,347,855.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	. 1	1,347,855.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	. 1	1,347,855.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 46,200.	. 1	1,347,855.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 december 12a. 2 december 25: 2 december 25: 2 december 26: 2 december 26: 2 december 27: 3 december 27: 4 dec	. 1	1,347,855.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.).	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	. 1 . 2e	46,200.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	. 1 . 2e	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	. 1 . 2e	46,200.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). 4 Ab	2e 3	46,200.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2e 3	46,200.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). 4 Ab	2e 3	46,200.

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FIN 48 Footnote

The Organization has evaluated its current tax positions as of June 30, 2016 and is not aware of any significant uncertain tax positions for which a reserve would be necessary

SCHEDULE (Form 990)	Grants and Other Assistance to Org Governments, and Individuals in the
	Complete if the organization answered 'Yes' on Form 990.
Department of the Treasury Internal Revenue Service	▶ Information about Schedule I (Form 990) and its instructions

Name of the organization

3, Part IV, line 21 or 22. ganizations, United States

OMB No. 1545-0047 2015

Open to Public Inspection

Employer identification number

94-3098928

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

8768606-46	the grants or assistance, the grantees' eligibility for the grants or assistance, and	See Part IV	lizations and Domestic Governments. Complete if the organization answered 'Yes' on eceived more than \$5,000. Part II can be duplicated if additional space is needed.	(d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation (g) Description of assistance (book, FMV, appraisal, non-cash assistance or assistance of grant other)											ions listed in the line 1 table	
	ty for the grants or assistance,		ints. Complete if the or can be duplicated if ad			-		:							 	
	tance, the grantees' eligibilit	the United States.	Domestic Governme than \$5,000. Part II												line 1 table	
ance		g the use of grant funds ir		(c) IRC section (d) if applicable									•		ganizations listed in the	14011
rants and Assist	to substantiate the am	rocedures for monitorin	nce to Domestic , for any recipient	(P) EIN			,								3) and government or	cail adt at batail agait
Myrath Part General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Part II Grants and Other Assistance to Domestic Organ Form 990, Part IV, line 21, for any recipient that	1 (a) Name and address of organization or government		(2)		(3)		(<u>6)</u>	(9)	<u>w</u>		(8)	2 Enter total number of section 501(c)(3) and government organizat	3 - Cates total misselves of other examinations listed in the line of table

94-3098928

Page 2

Schedule I (Form 990) (2015) MyPath

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.

			, ,	1		1 =	ı	9
(f) Description of non-cash assistance	Gift cards	2 2 2 2 2						required in Part I, line 2, Part III, column (b), and any other additional information.
(e) Method of valuation (book, FMV, appraisal, other)								umn (b), and any othe
(d) Amount of non-cash assistance	2,465. FMV							line 2, Part III, col
(c) Amount of cash grant	39, 069.							required in Part I,
(b) Number of recipients	350							de the information
(a) Type of grant or assistance	Student Stipends and 1 Incentives							Part IV Supplemental Information. Provide the information
	Stı 1 Inc	8	m	4	ru	ဖ	7	Part IV

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

The organization provided small stipends and incentives to its interns, volunteers

and participants in recognition of their assistance and participation in its

financial capacity programs.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047 2015

Open to Public inspection

Department of the Treasury Internal Revenue Service

at www.irs.gov/form990. Name of the organization

MyPath

Employer identification number 94-3098928

Form 990, Part VI, Line 11b - Form 990 Review Process

The Executive Director and the Treasurer review the 990 draft and provide the whole Board of Directors with a recommendation, and a copy of the final 990 to be submitted to the IRS, prior to the Board vote to approve the 990.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Board of Directors annually sign a conflict of interest policy form to determine whether any conflicts have arisen. In addition, the Board discusses potential conflicts of interest when city contracts are being reviewed and approved.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Board of Directors reviewed the most recent Nonprofit Compensation Survey Report and 990s from peer organizations in our field before determining Executive Director compensation.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Upon request.

Form 990, Part IX, Line 11g **Other Fees For Services**

		(A)	(B)	(C)	(D)
		<u> Total</u>	Program <u>Services</u>	Management <u>& General</u>	Fund- <u>raising</u>
Other contract services Program tool development		80,748. 124,484.	75,037. 124,484.	4,818.	893.
· ·	Total		\$ 199,521.	\$ 4,818.	\$ 893.

199

Calendar Yo	ear 2015 or fiscal y	ear beginning (mm/dd/yyyy)	7/01/201	5 , and ending ((mm/dd/yyyy) 6/30	/201	6 .	
Corporation/O	rganization name		77017.201		. 3222 0730	7201	California corporation n	umber
MYPATH							1640744	
Additional imo	rmation. See instruction	IS.				- 1	FEIN	
Street address	(suite or room)	· · · · · · · · · · · · · · · · · · ·					94-3098928 PMB no.	
	ISSION STRE	ET						
City SAN FRA	ANCISCO				State CA		ZIP code 94110	
Foreign country					Foreign province/state/court	$\overline{}$	Foreign postal code	
			Yes X No		R&TC Section 23701d, has t	the		
		• • • • • • • • • • • • • • • • • • • •			aged in political activities?		Yes	X No
			Yes X No				4 🚨	.
	ormation Return? hissolved • \ \ S	urrendered (Withdrawn)	aread /Dansoniand	K is the organizati	on exempt under R&TC Sect	ion 2370	1g? • Yes	X No
	e (mm/dd/yyyy) ●	nticingeren (Attrinismit) - 1 Mi	ergeuz keorganizeg	If 'Yes,' enter the	e gross receipts from rces	ç		_
E Check ac	counting met <u>hod</u> :			L If organization is	s exempt under R&TC Section	n 23701		-
		al 3 Other		and meets the fil	ling fee exception, check box equired			
	eturn filed? 1 • her 990 series]990T 2 ●	Sch H (990)	l	•			X No
		uctions • [Yes X No	_	on a Limited Liability Compa tion file Form 100 or Form 1	-		Z NO
-	3 F MM 9			taxable income?			Yes	X No
			Yes X No	O Is the organization	on under audit by the IRS or	has the	IRS	
It 'Yes,' v	what is the parent's na	me?			or year?		=	X No
I Did the e	ranization have say	hanna la ita anidaliana			1023/1024 pending?		Yes	X No
not repor	ted to the FTB? See in	hanges to its guidelines structions	Yes X No	Date filed with II	K2		CACA1112L	12/21/16
Part I		unless not required to file thi		neral Instructions	B and C.		Chantitz	1231713
	1 Gross sales	or receipts from other source	es. From Side 2	2, Part II, line 8		1	76	5,453.
Dessista		and assessments from mem						
Receipts _ and		ibutions, gifts, grants, and si			SEE SCH. B.	3	1,494	735.
Revenues	4 Total gross	receipts for filing requirement	t test. Add line	1 through line 3.				
		ust be completed. If the results sold			eral Instruction B	4	1,571	,188.
		er basis, and sales expenses				- 200		
		Add line 5 and line 6				7		
	8 Total gross	income. Subtract line 7 from	line 4	<u> </u>		8	1,571	,188.
Expenses	9 Total exper	nses and disbursements. From	n Side 2, Part I	l, fine 18		9	 	,655.
<u> </u>		eceipts over expenses and di					269	,533.
	11 Total paym	entsee General Instruction K				11	 	
		palance. If line 11 is more that						
Filina		ance. If line 12 is more than					1	
Fee	1	10 or \$25. See General Instru				15	 	
	1	nd Interest. See General Inst				16	 	
		Add line 12, line 15, and line 16. The					 	0.
Sign		jury, I declare that I have examined this Declaration of preparer (other than tax					knowledge and belief,	
Here	Signature of officer	Declaration of preparer (other than tax	Title	ill information of which	preparer has any knowledge. Date		 Telephone 	
	of officer	1	EXECU	TIVE DIR.			415-206-084	6
Date	Preparer's >	adele Kane	da	Date	Check if self-	_ 1	• PTIN	
Paid Preparer's		CROSBY & KANEDA, O	PAS	1 ,124	employed		P01664922 ● FEIN	
Use Only	Firm's name (or yours, if self-employed)	1970 BROADWAY STE					N/A	
	self-employed) and address	OAKLAND, CA 94612					Telephone	
	Ad-, the second						(510) 835-2	
	May the FTB dis	scuss this return with the prep	parer shown abo	ove? See instructi	ons		X Yes	No

Organizations with gross receipts of more than \$50,000 and private foundations Part II

		rega	rdless of amount of gross receipts -	 complete Part II or turnish 	i substitute intormation.		
		1	Gross sales or receipts from all	business activities. See in	nstructions		1
		2	Interest				2 1,583
		3	Dividends			_	3
Rece	ipts	Δ	Gross rents			· -	4
from Othe	,	5	Gross royalties				5
Sour	ces	-	Gross amount received from sal				6
		7	Other income. Attach schedule .				*
		8	Total gross sales or receipts from other				11/070
		9	Contributions, gifts, grants, and similar a				70/100
	- 1	10	Disbursements to or for member				- 10/515
							0
		11	Compensation of officers, direct				
Expe	nses	12	Other salaries and wages				131/000
and		13	Interest				3
Disb		14	Taxes				00/100
	~	15	Rents				
		16	Depreciation and depletion (See				
		17	Other Expenses and Disburseme				177/002
		18	Total expenses and disbursements. Add	line 9 through line 17. Enter here	e and on Side 1, Part I, line 9.		8 1,301,655
<u>Sch</u>	edule	<u>: L</u>	Balance Sheet	Beginning of t	axable year	End of t	taxable year
Asse				(a)	(b)	(c)	(d)
1			• • • • • • • • • • • • • • • • • • • •		366,786.		9 315,257
2			receivable		188,779.		450,976
3			eivable				-
4			Andreas and an abstract of the state of the				•
5			state government obligations				
6			in other bonds				•
7			in stock				·
8			m\$				-
9			ments. Attach schedule				
			assets		2 100	79,532.	
			lated depreciation	12,274.	3,190.	24,613.	54,919
			. Attach schedule		00.556		21 511
12					28,556.		21,311
13					587,311.		842,663
			net worth		70.045		65 064
14			/able		79,245.		65,064
15			s, gifts, or grants payable				
16			otes payable		-		-
17 18			ayable				
19					-		•
20			or principal fund		-		-
21			nings or income fund		508,066.		777,599
			ties and net worth		587,311.		842,663
	edule			r books with income per			012/003
			Do not complete this schedule	if the amount on Schedule I	, line 13, column (d), is	less than \$50,000.	
1	Net inc	ome i	per books			ooks this year not included	
2			me tax			schedule:	•
3	Excess	of ca	pital losses over capital gains		8 Deductions in this rel	turn not charged	
4				A	against book income		
			iule				•
5						line 8	
			n. Attach schedule	242	10 Net income per r		
6_	ı otal.	add li	ne 1 through line 5	269,533.	Subtract line 9 fr	om line 6	269,533

2015 Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FOR	M 3885 ONLY	_					
Corporation name						-	Californi	a corporat	ion number
MYF	PATH	10				640744			
Parl	Election To Ex	pense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction under IRC Section 179 for California.							1	\$25,000
2	Total cost of IRC Se	Total cost of IRC Section 179 property placed in service						2	
3	Threshold cost of IR							3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0							5	
5		Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0							
6_	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	cost		- 17 m
		·				,			
									The second
7	Listed property (elec							- T	
8	Total elected cost of							8	
9	Tentative deduction.							9	
10 11	Carryover of disallov Business income lim							10 11	
12	IRC Section 179 exp							12	
13	Carryover of disallov							12	
Parl			ional First Year Dep				156		
14	(a)	(b)	(c)	(d)	(e)	(1)	(g)		(h)
	Description	Date acquired	Cost or	Depreciation	Depreciation	Life or	Depreciat	ion for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this y	ear	year depreciation
				earlier years					depreciation
FURNITURE/EQUIP VA		VARIOUS	18,220.	12,274.	S/L	3	2,120.		
SOF	TWARE	1/01/2016	61,312.		S/L	3		,219.	
				,			•		
15	Add the amounts in	column (a) and col	lumn (h). The total	of column (h) may	not exceed				
	\$2,000. See instruct	ions for line 14, co	lumn (h)		· · · · · · · · · · · · · · · · · · ·	15	12	,339.	
Parl	t III Summary								
16	Total: If the corporal	tion is electing:	. " 10 1						
	IRC Section 179 exp Additional first year	iense, add the amo depreciation under	ount on line 12 and R&TC Section 243	line 15, column (g 56, add the amour) or its on line 1:	5 columns (n) and (h)	or	
	Depreciation (if no e	election is made), e	nter the amount fro	om line 15, column	(g)			. 16	
	Total depreciation cl							17	
18	Depreciation adjusts Form 100W, Side 1,	nent. If line 17 is g	reater than line 16,	enter the difference	ce here and	on Form 100	or		
	Form 100W, Side 2.	line 12. (If Californ	nia depreciation am	ounts are used to	determine n	et income be	efore		
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is necessary.)				. 18	
Par									
19	(a) Description	(b) Date acquire	(c)		(d)	(e) R&TC	(1)	_	(g)
	of property	(mm/dd/yyyy	d Cost o		tization r allowable	section	Period of percentage		Amortization for this year
				in earli	er years	(see instr)			Tor the your
	<u>.</u>								
	<u> </u>								
20	Total. Add the amou							20	
21	Total amortization c						-	21	
22	Amortization adjustr Form 100W, Side 1,	ment. If line 21 is g	reater than line 20,	enter the different	ce here and	on Form 100	or		
	Form 100W, Side 1, Form 100W, Side 2,	line b. If line 21 is	iess than line 20,	enter the difference	e nere and o	on Form 100	or	22	
						· · · · · · · · · · · · · · · · · · ·			

CACA3501L 11/20/15 059 7621154 FTB 3885 2015

2015	California Statements	Page 1 94-3098928	
Client MSFCFC	MyPath		
1/24/17 Statement 1 Form 199, Part II, Line 7 Other Income		06:49PN	
Miscellaneous Program Service Revenue	* Total **	2,822. 72,048. 74,870.	
Statement 2 Form 199, Part II, Line 9 Contributions, Gifts, Grants, and Si	milar Amounts Paid		
Class of Activity: Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given:	Youth Incentive Program 3 Mini-grants to organizations c/o 2430 Mission Street San Francisco CA 94110 \$	3,815.	
Class of Activity: Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given: Description of Property:	Student Stipends and Incentives Youth Prog Participants c/o 2430 Mission Street San Francisco, CA 94110 Gift cards	39,069.	
Method Used to Determine BV: Fair Market Value:	FMV	2,465.	
	Total \$	45,349.	
Conferences, Conventions, an Information Technology	d Meetings	165,396. 14,026. 13,448. 2,391. 8,460. 24,982. 38,881. 205,232. 1,325. 25,211. 499,352.	
Statement 4 Form 199, Schedule L, Line 12 Other Assets Prepaid Expenses and Deferre	d Charges Total \$	21,511. 21,511.	

2015

California Supplemental Information

Page 1

Client MSFCFC

MyPath

94-3098928

1/24/17

05:16PM

Statement 5 Form 199, Part II, Line 11 Compensation of Officers, Directors, and Trustees

Leslie Chard, President Compensation: \$4,755 Other Compensation: \$0

Gerald Richards, Treasurer Compensation: \$0

Other Compensation: \$0

Michelle Jun, Secretary Compensation: \$0 Other Compensation: \$0

Jeanette Tevis, Member Compensation: \$0 Other Compensation: \$0

Jenny Flores, Member Compensation: \$0 Other Compensation: \$0

Margaret Libby, Executive Director Compensation: \$119,559 Other Compensation: \$6,835

Claudia Stillwell Compensation: \$17,246 Other Compensation: \$0 IN MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1, IRS extensions will be honored.



State Charity Registration Number	076622	Check if:									
The state of the s	Change of address										
MYPATH	Amended report										
Name of Organization											
2430 MISSION STREET Address (Number and Street)	Corporate or Organization No. 1640744										
SAN FRANCISCO, CA 9411	.0	Federal Employer I.D. No. 94-3098928									
City or Town State ZIP Code											
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts											
Gross Annual Revenue	Fee Gro	oss Annual Re	venue	Fee Gross Annual Revenue							
Less than \$25,000	0 Bet	Between \$100,001 and \$250,00		\$50	Between \$	n \$	150				
Between \$25,000 and \$100,000	\$25 Bet	tween \$250,00°	1 and \$1 millio	n \$75		10,000,001 and \$50 milli on \$50 million		225 300			
PART A – ACTIVITIES Greater than \$50 million \$300											
For your most recent full acco	ounting period (beginning	7/01/15	ending	6/30/	16) list:					
Gross annual revenue \$	1,5	71,188.	Total assets		842,6	· · · · · · · · · · · · · · · · · · ·					
PART B – STATEMENTS RE	EGARDING O	RGANIZAT	ION DURING	THE PERIO	DD OF TH	IS REPORT					
PART B — STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.											
1 During this reporting period w	vere there any co	ontracts loans	leases or othe	ar financial tran	eastions had	augen the	Yes	No			
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 1							X				
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?								X			
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?								X			
During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.								X			
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service							X				
SEE STATEMENT Z											
the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 3							X	Ш			
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.								X			
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.								X			
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?											
Organization's area code and telephone number 415-206-0846											
Organization's e-mail address MARGARET@MYPATHUS.ORG											
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.											
!	MARGAR	ET LIBBY		EXECUTIVE	DIR.						
Signature of authorized officer	Printed Name			Title		Date					

2015

California Statements

Page 1

Client MSFCFC

MvPath

94-3098928

1/24/17

05:16PM

Statement 1
Form RRF-1, Part B, line 1
Financial Transactions

Board President Leslie Chard provided legal consultation services to the organization and was compensated \$4,755 during fiscal year ended June 30, 2016.

Board Member, Jenny Flores works for Bank of the West as Head of Community Affairs. MyPath received a \$10,000 grant from Bank of the West during the fiscal year.

Statement 2 Form RRF-1, Part B, Line 5 Fundraisers Used

Christine Comella 5357 Hillen Drive Oakland, CA 94619 cc@christinecomella.com

Statement 3
Form RRF-1, Part B, Line 6
Government Agency That Provided Funding

San Francisco Mayor's Office of Housing Community Development Division 1 So. Van Ness Ave, 5th Fl. San Francisco, CA 94103 Contact: Doris Lee 415-701-5582

San Francisco Department of Children, Youth and Their Families 1390 Market St., Ste. 900 San Francisco, CA 94102 Contact: Prishni Murillo 415-934-4840