Form 990

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

◆ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2020 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For th	ne 2020 calendar year, or tax year beginning , and ending		3.000	
В	Check if	applicable: C Name of organization	300	0 Employe	r identification number
	Address	dange The New Path, Inc.			
П	Name d	Penge Doing business as	859A	31-1	710997
	Initial ret	Number and street (or P.O. box if mail is not delivered to street address)  7695 S. County Rd 25-A	Room/suite	E Telephon	
Н	Final ret			93/-	<u>667-5375                                  </u>
Ш	terminate	ad a second of the second of t		20	N
	Amende	d return F Name and address of principal officer.	100	G Gross red	eipts\$ 1,807,888
П	Apolicatio	on pending William Lutz	H(a) Isthisa gro	up return for s	subordinates? Yes X No
	7,675	" " " Data	1000 1000	- 35 1 - 3046 ( - 350 )	<b>7</b>
		7695 S. County Rd 25-A	H(b) Are all sub		a series are a constant and a series of the
10-	<u>a</u> versee	Tipp City OH 45371  mot status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(4) or 527	If "No,"	attach a list.	See instructions
- <u>Li</u>	SANCTO CONTINUES.		200		
<u>J.</u>	Website		H(c) Group exer		
K	330 31-25000		Year of formation; 2	000	M State of legal domicile: OH
<u>r</u>	art I	Summary			201
		Briefly describe the organization's mission or most significant activities:			
92		To assist families and individuals in financial crisis	3 <b>.</b>		
2					
Governance	F	· · · · · · · · · · · · · · · · · · ·	· · · · <b></b>		
ဖိ	2	Check this box ◆ if the organization discontinued its operations or disposed of more than 2	25% of its net ass	ets.	
త	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
Activities	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
₹	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	15
Ą	6	Total number of volunteers (estimate if necessary)		6	0
1012	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	Ö
			Prior Yea	r	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1,895	,540	1,631,767
Š	9	Program service revenue (Part VIII, line 2g)	A5,050A	.23(0)	0
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	145.00	146	1,411
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	204	,586	174,710
100-100	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,100		1,807,888
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		-/	0
		Benefits paid to or for members (Part IX, column (A), line 4)			0
cA.	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	306	, 685	301,996
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		,,,,,,	0
蔥	ь	Total fundraising expenses (Part IX, column (D), line 25) ◆ 29,329			<del></del>
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,697	120	1,325,669
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,003		1,627,665
	19	Revenue less expenses. Subtract line 18 from line 12		,467	180,223
8	8	The state of the s	Beginning of Curr		End of Year
Net Assets or	20	Total assets (Part X, line 16)		,464	929,195
Sag.	21	Total liabilities (Part X, line 26)		,686	40,101
₹.	22	Net assets or fund balances. Subtract line 21 from line 20		,778	889,094
F	art II	Signature Block	, ,	7774	005/054
1.8	-	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statement			
tn	ue, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	ents, and to the bes has any knowledge	stormykn	owledge and belief, it is
13	**********	1 2/1/1/2	Two dily Michieoge	100.0	7 7 2521
Sig	ın	Signature of officer		Date	F. 1, 2061
He					
ne	16	Type or print name and title	tive Dir	ector	<u> </u>
				-	
Pai	d	00000E 0E 0E	Date	Check	if PTIN
	u parer	Sam B. Brown	09/27/	Tran   110(0)/20/12	
		Firm's name " Sam Brown, CPA, Inc	Fir	m's EIN "	47-3123679
<b>U</b> 56	Only	PO Box 1027			
_		Firm's address " Troy, OH 45373-8027	Ph	one no.	937-875-9510
		S discuss this return with the preparer shown above? See instructions			Yes No
For DAA	Paperw	rork Reduction Act Notice, see the separate instructions.	1000		Form 990 (2020)
41					

	1 990 (2020) The New Path, Inc. 31-1710997	Page 2
Pa	art III Statement of Program Service Accomplishments	<b></b>
35	Check if Schedule O contains a response or note to any line in this Part III	X
	Briefly describe the organization's mission:	
	o assist families and individuals in financial crisis.	
	3	
	2	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	Price Form 000 000 F70	Yes X No
	If "Yes," describe these new services on Schedule O.	I tes 🔼 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	2007/2003	Yes X No
	If "Yes," describe these changes on Schedule O.	🗀 163 🖭 110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
	380 380 387 387 387 387 387 387 387 387 387 387	
4a	(Code: ) (Expenses \$ 1,158,366 including grants of \$ ) (Revenue \$	ĭ
S	See Schedule O	
	2	
	***************************************	
	***************************************	
	***************************************	
	**************************************	
	·	
4D	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ Resale shop for "gently used clothing" to provide clothing	)
a	t no cost families in emergency situations and generate	
r	evenue to support all of the Organizations programs	
E	ach household in emergency situations may receive	
C	lothing based on the size of the household every six	
	onths.	
	VALUE THE PROPERTY AND ADDRESS OF SECRETARIES AN	
	VID-MINISTER A PRIMARY DESCRIPTION OF THE PRIMARY STATE OF THE PRIMARY S	
	**************************************	
4c	(Code: ) (Expenses \$ 21,966 including grants of \$ ) (Revenue \$	)
H	(Code: ) (Expenses \$ 21,966 including grants of \$ ) (Revenue \$ lousehold good provided to families in emergency	
	ituations. The Organization provided household goods to 125	
i	ndividuals.	
	7	
	**************************************	
	· · · · · · · · · · · · · · · · · · ·	
	1	W. 77 77 72 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2
_		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 373,855 including grants of \$ ) (Revenue \$	)
0.04 H. K.	Total program service expenses ◆ 1 554 187	

Form 990 (2020) The New Path, Inc.
Part IV Checklist of Required Schedules

4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	<u> </u>	Yes	No
8	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			20 20
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			120,81400
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	202000		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			1000000
50232	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			120204
100.20	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			12020
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.	1	80	1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44	v	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a	Х	10
100	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	116		
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	3	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		3	
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		0)	-0.5-0.8- n.
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	8	1.11	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			160)0
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	9,011130		
1-200	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	St.	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	100		
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Checklist of Required Schedules (continued) Yes No 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 X 22 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 X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a 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 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 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 X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II, III, or IV. and Part V, line 1 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners?

-	State Magarang State Mo Filings and Tax Compliance (Continued)		10000	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
			. S	İ
ь	Statements, filed for the calendar year ending with or within the year covered by this return  [2a   15]  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-		
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			1000
b	If "Yes" has it filed a Form 900 T for this year? ##le" to "the "the "the "the "the "the "the "the	3a	8	X
4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
	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)?	8 8		1000
b		4a		X
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		ļ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	8		
b	Did any taxable party notify the organization that it was or is a party to a partition to the law shallow at all the same of its analytic and the same of its analytic and the same of its analytic and the same of its analytic analytic and the same of its analytic a	5a		X
c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b	2	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
	organization solicit any contributions that were not tax deductible as charitable contributions?	421	8	17-
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	(0	X
	gifts were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).	6b	- 2	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	1		88
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
-		7 <u>.22</u> 5		
d	If "Voc " indicate the gumber of Farm 1999 St. I d	7c		-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		3	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f	-	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<u>7g</u>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		5
28	Sponsoring organization have excess business holdings at any time during the year?	100	3	ł
9	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the sponsoring granization make any tayable distributions under section 40552		8	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		-
10	Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Port VIII. time 42			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	4 1		
11	Section 501(c)(12) organizations. Enter:	1 1		
а	Gross income from members or shareholders	1 1		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	l	
	against amounts due or received from them)		Ī	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1,22		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	-	-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1 [		
a	Is the grounization licensed to issue qualified health plans in more than one state?	120		
	Note: See the instructions for additional information the organization must report on Schedule Q.	13a		-
ь	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	Also consistent to prove any second s	1	l	
c	Enter the amount of reserves on hand	-		
14a	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	1	_	<del></del> _
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a	<u> </u>	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b	-	
				37
	If "Yes," see instructions and file Form 4720, Schedule N.	15	-	<u>x</u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	احرا		32
v-13 <del>-</del> 151	If "Yes," complete Form 4720, Schedule O.	16		<u>X</u>
- 8:	1 100, Complete Form 4120, Scriedule C.		1	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 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? X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a 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 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a b Each committee with authority to act on behalf of the governing body? X d8 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 on Schedule O. X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 X 14 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? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization X 15b 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? X 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ◆ OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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. Own website Another's website X Upon request Other (explain on Schedule O) Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records • Linda Kremer 7695 South County Rd. 25A Tipp City 937-667-5375

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
(1) William Lutz	40.00							* *			
	40.00			77	1			75 474	_	^	
Executive Director	0.00	6 6	22 - 6	X		$\vdash$	$\dashv$	75,474	0	0	
(2) Bruce Boyd	F 00										
Vice-Pres.	5.00 0.00	x		x						0	
(3) Nathan Combs	0.00		00 - 60	<u> </u>		$\vdash$	$\dashv$	0	0	U	
(3) Nathan Combs	5.00										
Board Member	0.00	x						0	o	0	
(4) Dr. Jake Mathias			0 6			H	$\dashv$				
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.00										
President	0.00	x	2 820	х				0	o	0	
(5) Margie DeHays	1,120,911.3	<b></b>			-						
	5.00					1 1					
Board Member	0.00	X						0	0	0	
(6) Margie Gariety		0 40	o) (s						50. 50.		
	5.00							Sec.		70.0	
Board Member	0.00	X	3 9				_	0	0	0	
(7) Beth Handwerker	CON 10/2011/01										
2223333	5.00			20.23					N (2)	360	
Treasurer	0.00	X	00 - 40	X			_	0	0	0	
(8) Sonia Holycross	F 00										
Transferinal management	5.00								_		
Board Member	0.00	X	-					0	0	0	
(9) Tiffany Thompson	5.00										
Anna within	0.00	x	133					o	o	О	
Board Member (10) Susan Westfall	0.00	Λ	* *			┥	$\dashv$	0	<u> </u>	U	
(IN) SUSAII MESCLAIL	5.00										
Board Member	0.00	x						0	o	0	
(11)	0.00	4.	-		-	$\vdash$	$\dashv$	Ĭ		•	
28.606.00											
							- 1		1		

<u>_Pč</u>	(A) Name and title	(B) (C) Average Position Average (do not check more than of box, unless person is both officer and a director/trustr						one a an	(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
		hours for related organizations below dotted line)	or director	Institution	Officer	Key employee	Highest compensated employee	- 33	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		from rganizati ted orga	on and	
essesse														
								5						
	*													
								333				×× <u></u>		<u> </u>
					<u>0. 20</u>	3) S	(100)					į.	28	
			0				2			, <u>-</u>				
				S 30		2.00								
1b c	Subtotal							•	75,474					
d	Total from continuation shee  Total (add lines 1b and 1c)	is to Part VII, S					292	•	75,474					<u> </u>
2	Total number of individuals (inc	auding but not lin	nited	to t	hose	e list	ed al	bove	e) who received more than	\$100,000 of		-	12	
	reportable compensation from	the organization	•	0	-	-			#					
3	Did the organization list any for	rmer officer, dire	ector	. trus	stee.	kev	emo	love	e or highest compensated		ı		Yes	No
4	employee on line 1a? If "Yes,"	complete Sched	ule .	l for	suct	ind	ividu	al				3	ļ	X
1. T.	For any individual listed on line organization and related organi	izations greater t	br re than	915	9DIE 0.00	com 0? //	pens "Yes	atioi s." c	n and other compensation to Complete Schedule J for suc	rom the h				
5	المناب الماد الماد											4		X
370	for services rendered to the org	ganization? If "Ye	es," (	comp	olete	Sch	edule	e J f	for such person	inamara	reservan	5	88	x
100	on B. Independent Contractor			20 1000	50								1040	-
1	Complete this table for your five compensation from the organization	e highest compe ation. Report cor	nsat mper	ed in	ndep on fo	ende	ent o	ontra enda	actors that received more the	nan \$100,000 of	ar			
	Name and I	(A) business address					آ			(B) in of services	aı. T	<u> </u>	(C) npensati	
				či.	5925		F .	12	сезори	ITO SOLVES		<u>ua</u>	persan	on
	<u> </u>	- 00	0: 00				_		· · · · · · · · · · · · · · · · · · ·				2200	
	20						ĺ							
	88		470					300	7.7					14,500
				. I save			$\dashv$	- 10	<del></del>	7=4				
9/1							_							
	30	- An								<del></del> -				
2	Total number of independent co	ontractors (includ	ling !	but s	ot ti	mito	1 10 1	hoe	e listed shows) who					-
500	received more than \$100,000 o	f compensation	from	the	orga	aniza	tion	<b>•</b>	- ISIGG GOOVE) WITO	O				

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt (D) Revenue excluded Unrelated Total revenue from lax under sections 512-514 function revenue business revenue 1a Federated campaigns ..... b Membership dues ..... 15 c Fundraising events 1¢ d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ...... 1f 1,631,767 g Noncash contributions included in lines 1a-1f 10,000 1g h Total. Add lines 1a-1f...... 1,631,767 **Business Code** Service f All other program service revenue ..... g\_Total. Add lines 2a-2f ٠ 3 Investment income (including dividends, interest, and other similar amounts) 507 507 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (li) Personal 6<u>a</u> 6a Gross rents b Less rental expenses 6b C Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 904 other than inventory b Less: cost or other basis and sales excs. 7b 904 c Gain or (loss) 7c d Net gain or (loss) 904 904 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c), See Part IV, line 18 8a b Less: direct expenses 86 c Net income or (loss) from fundraising events 9a Gross income from garning activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from garning activities 10a Gross sales of inventory, less returns and allowances 164,665 10a b Less: cost of goods sold ...... 10b c Net income or (loss) from sales of inventory 164,665 164,665 Business Code 11a Fundraising 10,045 10,045 d All other revenue e Total. Add lines 11a-11d 10,045 12 Total revenue. See instructions ... 1,807,888 176,121 0 0

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part iV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ..... 75,474 33,963 18,869 22,642 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 188,273 199,760 11,487 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 26,762 21,137 3,043 2,582 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, fine 17. Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 13 Office expenses 14 Information technology Royalties 10,000 9,278 328 394 Occupancy 16 1,289 1,289 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 5,686 3,475 19 Conferences, conventions, and meetings 1,922 289 20 Payments to affiliates 21 17,633 22 Depreciation, depletion, and amortization 17.633 23 Insurance 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule (O.) a Food Pantry 1,094,366 1,094,366 Gleaning Place 55,063 55,063 c G.I.V.E. 43,581 43,581 d Financial Help 31,904 31,904 66,147 55,778 3,422 6,947 e All other expenses 1,627,665 1,554,187 44,149 29.329 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ◆ if following SOP 98-2 (ASC 958-720)

For	m 990	(2020) The New Path, Inc.		31-	1710997		Page <b>1</b> 1
P	art )				-22.65		*
		Check if Schedule O contains a response or note	e to any line ir	n this Part X			<u></u>
0:		459			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			109,678	1	135,773
	2	Savings and temporary cash investments			48,517	2	118,891
	3	Pledges and grants receivable, net				3	***
	4	Accounts receivable, net				4	150
	5	Loans and other receivables from any current or former	r officer, direc	ctor,	3.27	\$6 p3	*
		trustee, key employee, creator or founder, substantial	contributor, or	35%			
		controlled entity or family member of any of these pers	ons			5	
	6	Loans and other receivables from other disqualified pe				10 1	, C
B		under section 4958(f)(1)), and persons described in se	ction 4958(c)	(3)(B)		6	*
Assets	7	Notes and loans receivable, net	•		- 300	7	
¥	8	Inventories for sale or use			335,947	8	384,913
	9	Despeid sympasses and deferred shares			56,501	9	52,032
	10a	Land, buildings, and equipment: cost or other	1	*******			
	10000000	basis. Complete Part VI of Schedule D	10a	374,008			
	ь	Less: accumulated depreciation	10b	163,603	213,821	10c	210,405
	11	Investments—publicly traded securities	g <del>et d'anne</del>		AND MARKET	11	
	12	Investments—other securities. See Part IV, line 11			134.4000	12	
	13	Investments—program-related, See Part IV, line 11		1.11.4.11.4.1.4.1		13	N.W.
	14	Intangible assets		14.14.14.14.14.14.14.14.1	50000	14	
	15	Other assets. See Part IV, line 11				15	27,031
	16	Total assets. Add lines 1 through 15 (must equal line	33)		764,464	16	929,195
	17	Accounts payable and accrued expenses			56,686	17	40,101
	18	Grants payable				18	
	19	Deferred revenue			estation .	19	
	20	Tax-exempt bond liabilities		-1:-::-::-::-:-:-	salves.	20	
	21	Escrow or custodial account liability. Complete Part IV	of Schedule [	D		21	
S	22	Loans and other payables to any current or former offi-	er, director.		3 V VVVIIII		100000 Dec 100000
Llabilities		trustee, key employee, creator or founder, substantial		35%			
abil		controlled entity or family member of any of these pers			55 ES	22	
	23	Secured mortgages and notes payable to unrelated this	rd parties			23	
	24	Unsecured notes and toans payable to unrelated third				24	
	25						
		parties, and other liabilities not included on lines 17-24	). Complete P	art X			
		of Schedule D	ž.			25	
	26	Total liabilities. Add lines 17 through 25			56,686	26	40,101
		Organizations that follow FASB ASC 958, check he		3	ile illustra		
es		and complete lines 27, 28, 32, and 33.	-				
ā	27	Net assets without donor restrictions		L	605,248	27	751,664
Ba	28				102,530	28	137,430
2		Organizations that do not follow FASB ASC 958, ch	eck here 🌩				707
昰		and complete lines 29 through 33.		-	A		
9	29	Capital stock or trust principal, or current funds			# ## ## ## ## ## ## ## ## ## ## ## ## #	29	
iets	30	Paid-in or capital surplus, or land, building, or equipme	nt fund			30	92
455	31	Retained earnings, endowment, accumulated income,	or other funds	3	ASO =	31	100,000
Net Assets or Fund Balances	32	Tatal and access and all t			707,778	32	889,094
Z	33	Total liabilities and net assets/fund balances			764,464	33	929,195

929,195 Form 990 (2020)

опт	990 (2020) The New Path, Inc. 31-1710997			Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets		850	:30	-
	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	1,80	07,1	888
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,62	27,	665
3	Revenue less expenses. Subtract line 2 from line 1	3	1	30,	223
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	07,	778
5	Net unrealized gains (losses) on investments	5			093
6	Donated services and use of facilities	6	988	- 5	- V. P. J. V. C.
7	Investment expenses	7	1000-1000		
8	Prior period adjustments	8	100.000.000		- 10
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	81	39.	094
Pa	rt XII Financial Statements and Reporting			532 Se	60.00
	Check if Schedule O contains a response or note to any line in this Part XII				П
		30. 49	1000000000	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			(5)	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	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				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Ware the organization's financial statements audited by an independent persuater?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				- 20
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				28
C	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?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				$\vdash$
	Schedule O.				
3.0	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Single Audit Act and OMB Circular A-133?		9-		
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3a	-	-
			3b		Š
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	) (2020)
			Fon	n サゴし	s (2020)

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

**Public Charity Status and Public Support** 

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

Employer Identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

◆ Attach to Form 990 or Form 990-EZ,

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

The New Path, Inc. 31-1710997

	art I			Status. (All organization				ons.
he	orga	nization is not	t a private foundation becaus	se it is: (For lines 1 through 12,	check on	y one box	:.}	i Estab
1	Ш	A church, co	onvention of churches, or ass	sociation of churches described	l in sectio	n 170(b)(	1)(A)(i).	
2		A school des	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (For	m 990 or	990-EZ).)		
3				ice organization described in s			760.	
4				d in conjunction with a hospital				nospital's name
	_	city, and stat						Topical o Hallio,
5	П	An organizat	ion operated for the benefit	of a college or university owner	d or opera	ted by a n	overnmental unit described in	***********************
	-		(b)(1)(A)(iv). (Complete Part		o or opera	.ou by u g	overnmental and accorded in	
6	П			governmental unit described in	section 1	70(b)(1)(A	M(v).	
7	X	An organizat	tion that normally receives a	substantial part of its support f				S
8			section 170(b)(1)(A)(vi). (C	170(b)(1)(A)(vi). (Complete Pa	-4 II S			
9	Н			scribed in section 170(b)(1)(A)				
Petri		or university university:	or a non-land-grant college	of agriculture (see instructions).	Enter the	name, cit	y, and state of the college or	ge
10	П	5.0	tion that normally receives: (	1) more than 33 1/3% of its su	poort from	contribution	ons membershin fees and on	
	_	receipts from	activities related to its exen	npt functions, subject to certain	exception	s; and (2)	no more than 331/3% of its	033
		support from	gross investment income a	nd unrelated business taxable i	income (le	ss section	511 tax) from businesses	
				30, 1975. See section 509(a)(2				
11	Н			exclusively to test for public sa				
12	Ц	An organizati	ion organized and operated	exclusively for the benefit of, to	perform t	he function	ns of, or to carry out the purpo	oses
		Of one or mo	ore publicly supported organi	zations described in section 5	09(a)(1) or	section	509(a)(2). See section 509(a)	(3).
				that describes the type of suppo				
	а	the sunn	a supporung organization op- orted organization(s) the nov	erated, supervised, or controlle wer to regularly appoint or elect	a by its si	upponed d	organization(s), typically by givi	ng
		supportin	o organization. You must c	complete Part IV, Sections A	a majority and B.	y or use un	ectors or musices or the	
	þ			pervised or controlled in conne		its suppo	ded omanization(s), by having	
	-	control o	r management of the suppor	rting organization vested in the	same per	sons that	control or manage the support	ed
				Part IV, Sections A and C.				••
	C	Type III	functionally integrated. A s	supporting organization operate	d in conn	ection with	, and functionally integrated w	ith,
	a			structions). You must complete				2000 <b>3</b> 00 <b>3</b> 00 <b>3</b> 00
	d	that is no	non-runctionally integrated. The	<ul> <li>d. A supporting organization op e organization generally must s</li> </ul>	erated in	connection	with its supported organization	on(s)
				must complete Part IV, Section				C55
	e	_	1958 B	eived a written determination fr				
		functiona	lly integrated, or Type III no	on-functionally integrated suppo	rting orga	nization.	a Type it Type iit Type iii	76 <u></u>
			mber of supported organizati					
	g	Provide the f	following information about the	he supported organization(s).			•••	
(1)		e of supported	(ii) EIN	(iii) Type of organization	122/2015/2015/2015	organization	(v) Amount of monetary	(vi) Amount of
	org	anization		(described on lines 1–10 above (see instructions))	1.60-1009000000000000000000000000000000000	urgoverning ment?	support (see instructions)	other support (see
				3 dans (000 11100001012)	Yes	No	made dona)	instructions)
(A)			7.0		100	"	de Control	
-								
B)		1000	200 - N		1			<del>- 2</del> 2
٠,								
C)			-	•••	-			<u> </u>
155				handparent			Secretary and a most	MONROCIUS 1775
D)								
								8
E)						1		
otal				8				1
القال			1	i				

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

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

	Part III. II the organization	talls to quality t	under the tests	listed below, p	ilease complete	e Part III.)	
Sec	tion A. Public Support		100.000		e	530 334.	80 8
Cale	ndar year (or fiscal year beginning in) 🔷	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Co not include any "unusual grants.")	1,612,463	2,237,309	2,023,483	1,895,540	1,631,76	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities fumished by a governmental unit to the organization without charge			20			
4	Total. Add lines 1 through 3	1,612,463	2,237,309	2,023,483	1,895,540	1,631,76	9,400,562
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on fine 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						9,400,562
Sec	tion B. Total Support	900 L					3,400,502
	ndar year (or fiscal year beginning in) 🗼	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,612,463	2,237,309	2,023,483	1,895,540	1,631,76	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	121	146	, , , , , , ,		2,434,12	267
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	100					
11	Total support. Add lines 7 through 10		5	. **	0.00		9,400,829
12	Gross receipts from related activities, etc.	(see instructions)				12	11 100 300 300 3000
13	First 5 years. If the Form 990 is for the org	ganization's first, se	cond, third, fourth,	or fifth tax year a	s a section 501(c)	(3)	<del></del>
	organization, check this box and stop here		<u></u> .,				▶□
Sec	tion C. Computation of Public Su	pport Percenta	age				
14	Public support percentage for 2020 (line 6,	column (f) divided	by line 11, column	(f))		14	100.00 %
15	Public support percentage from 2019 Schei	dule A, Part II, line	14			15	99.22 %
16a			the box on line 1	<ol> <li>and line 14 is 3</li> </ol>	3 1/3% or more, d	heck this	17 <u></u>
	box and stop here. The organization qualif						<b>&gt;</b> 🗵
þ					5 is 33 1/3% or mo	ore, check	3 <u></u> 2
	this box and stop here. The organization q	· · · · · · · · · · · · · · · · · · ·	<del>-</del>				▶∐
17a	10%-facts-and-circumstances test—2020						
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fa	cts-and-circumstand	ces" test. The orga	anization qualifies	as a publicly supp	orted	. 🗀
200.7	organization						▶∐
D	10%-facts-and-circumstances test—2019			300			
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the						, m
	organization			.,			▶ 📙
8	Private foundation. If the organization did						, m
	instructions					• • • • • • • • • • • • • • • • • • • •	▶ ∐

Schedule A (Form 990 or 990-EZ) 2020

The New Path, Inc.

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

Sec	If the organization fails to	quality under ti	he tests listed t	pelow, please o	omplete Part I	[.)	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(4) 2040	(*) 2020	(B. Tatal
1	Gifs, grants, contributions, and membership fees	(a) 2010	(0) 2017	(6) 2018	(d) 2019	(e) 2020	(f) Total
•	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				200 april		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities fumished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		- X				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		3.50				
	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						
С 8	Add lines 7a and 7b  Public support. (Subtract line 7c from line 6.)				14-14/2		-35
Sec	tion B. Total Support	C Service	1000000	No. Walk			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6			#2.1			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						****
C	Add lines 10a and 10b						
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.)				3		,
13	Total support. (Add lines 9, 10c, 11,		Bdd ad				****
14	First 5 years. If the Form 990 is for the or	nanization's feet -	ogond third fourth	os 60h tau wasa	o o oneli 504/-	\	
14	organization, check this box and stop here			85 U.S.C	40 AS	575.50	□
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2020 (line 8,			n (f))		15	%
16	Public support percentage from 2019 Sche	dule A. Part III. lin	ne 15	"'''"		16	%
	tion D. Computation of Investmen	nt Income Per	rcentage				
17	Investment income percentage for 2020 (li	ne 10c, column (f)	, divided by line 13	, column (f))	8.595.92	17	%
18	Investment income percentage from 2019 S	Schedule A, Part II	I, line 17			18	%
19a	33 1/3% support tests-2020. If the organ	nization did not che	eck the box on line	14, and line 15 is	more than 33 1/3	%, and line	
	17 is not more than 33 1/3%, check this bo	x and stop here.	The organization of	jualifies as a publi	dy supported orga	inization	▶ ∐
b	33 1/3% support tests—2019. If the organ						
	line 18 is not more than 33 1/3%, check thi						
20	Private foundation. If the organization did	not check a box of	on line 14, 19a, or	19b, check this bo	x and see instruct	ions ,	▶ ∐

## Part IV Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2020

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

Section	A.	All	Supporting	Organizations
---------	----	-----	------------	---------------

- Are all of the organization's supported organizations listed by name in the organization's governing 1 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. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- 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.)

		Yes	No
	1		
	2		
	3a		
	- Uu		
	3b		
	533	83	
l	3c		
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3	2000	33	
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ı		i	
	9a		
	9b		- 38
F	9c		
	100		
	10a		
	10b	or 990-E	2) 2020

	ule A (Form 990 or 990-EZ) 2020	1-1710997		Page 5
<u>Pa</u>	rt IV Supporting Organizations (continued)			, age o
144	Occupied and the second		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			74
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
h	11c below, the governing body of a supported organization?  A family member of a person described in line 11a above?	<u>11a</u>	_	ļ
		11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	70,8556.7		
Sect	ion B. Type I Supporting Organizations	11c	<u> </u>	<u> </u>
40,768			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership	of one or	185	NO
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	s officers.		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization	(s)		1
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one	supported	1	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated an	nong the	İ	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		•	-50.50000
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.			
C4	supervised, or controlled the supporting organization.	. 2		1/6
Sect	on C. Type II Supporting Organizations		3000	19-
4	Mars - matrix File		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	8		
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	40		(2)
Secti	on D. All Type III Supporting Organizations	1_		
		WH.	1	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	-	Yes	No
	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?		-	a)
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	_ 1_	100	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	3		
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2	933	<del>**                                   </del>
	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		
Secti	on 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	The organization satisfied the Activities Test. Complete line 2 below.	0.00 Pt. 00		
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental en	ntity (see instructions	)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	
	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			
140	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
-	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
ĀĀ	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	9.50	Page
4 Op. 15 15 17 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain	in Part VI). See	-
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections	A through E.	4.5
Section A – Adjusted Net Income (A) Price	rrear   '	Current Year optional)
1 Net short-term capital gain 1		-paoritary
2 Recoveries of prior-year distributions 2	350	
3 Other gross income (see instructions) 3	A. 120	
4 Add lines 1 through 3.		
5 Depreciation and depletion 5	100 PM	2000
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)		
7 Other expenses (see instructions) 7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8		<u> </u>
Section B - Minimum Asset Amount (A) Prior	rrear 1 '	current Year
Aggregate fair market value of all non-exempt-use assets (see	- ''	<del></del>
instructions for short tax year or assets held for part of year):		
a Average monthly value of securities		
b Average monthly cash balances 1b		*
c Fair market value of other non-exempt-use assets		
d Total (add lines 1a, 1b, and 1c)	* *	<u></u>
e Discount claimed for blockage or other factors	8.7	
(explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt-use assets		
3 Subtract line 2 from line 1d.		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).		2402
E Alakuah az		42
6 Multiply line 5 by 0.005		
7 Propugate of silvers (CA)		47 10
O Britan A - 1 A - 1 I I I I I I		<u></u>
		- 9
Section C - Distributable Amount	Cun	rent Year
1 Adjusted net income for prior year (from Section A, line 8, column A) 1		2000
2 Enter 0.85 of line 1.		<u> </u>
3 Minimum asset amount for prior year (from Section B, line 8, column A) 3		
4 Enter greater of line 2 or line 3.		
5 Income tax imposed in prior year 5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	-	100/2010
emergency temporary reduction (see instructions).		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting on	ganization	

(see instructions).

Schedule A (Form 990 or 990-EZ) 2020

and 4c.

Breakdown of fine 7:

a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

Excess distributions carryover to 2021, Add lines 3i

	m 990 or 990-EZ) 2020	The Ne	w Path,	Inc.		31-1710997	Page 8
Part VI	III, line 12; Part I B, lines 1 and 2; 3a, and 3b; Part	nformation. P V, Section A, I Part IV, Section V, line 1; Part	Provide the e- ines 1, 2, 3b on C, line 1; V, Section E	xplanations rec , 3c, 4b, 4c, 5a Part IV, Sectio 3, line 1e; Part	puired by Part II, line 10 a, 6, 9a, 9b, 9c, 11a, 11 n D, lines 2 and 3; Part V, Section D, lines 5, 6 al information. (See ins	); Part II, line 17a or lb, and 11c; Part IV, t IV, Section E, lines , and 8; and Part V.	17b; Part Section 1c. 2a. 2b
Part I	I, Line 10	- Other	Income I	Detail			
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			***********		(***)** (***) * (****)*************	***********************	

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number

The New Path, Inc. 31-1710997 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year ..... 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a tax year 🔷 Number of states where property subject to conservation easement is located ◆ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? \_\_\_\_\_\_ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X ...

Schedule D (Form 990) 2020 The New			3	1-171099	7		Page
Part III Organizations Maintainin	g Collections of	Art, Historical	Treasures, or	Other Simila	r Assets	(contin	ued)
3 Using the organization's acquisition, access collection items (check all that apply):	ion, and other record	ds, check any of the t	following that make	significant use	of its	100000	
a Public exhibition	d 🗍	Loan or exchange p	program				
b Scholarly research	e						
c Preservation for future generations	# T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			***		
4 Provide a description of the organization's	collections and explai	n how they further th	e organization's ex	empt purpose in	Part		
XIII.		850.	₹7.		1245.		
5 During the year, did the organization solicit	or receive donations	of art, historical treas	sures, or other simi	ilar			
assets to be sold to raise funds rather than	to be maintained as	part of the organizati	on's collection?			Ye	5   N
Part IV Escrow and Custodial A	rrangements.		37	-			
Complete if the organizatio 990, Part X, line 21.	n answered "Yes	" on Form 990, P	Part IV, line 9, o	r reported an	amount (	on Form	l,
1a is the organization an agent, trustee, custo-	dian or other interme	diary for contributions	or other assets no	ot		<del></del>	
included on Form 990, Part X?						☐ Ye	s $\prod$ No
b If "Yes," explain the arrangement in Part XI	I and complete the f	ollowing table:	****************			. ш	
						Amount	
c Beginning balance	VIII				1c		
d Additions during the year					1d		
e Distributions during the year					le	-	
r Ending balance				l. •	tf		
2a Did the organization include an amount on	Form 990, Part X, lin	e 21, for escrow or c	ustodial account lia	bility?		Yes	s No
b If "Yes," explain the arrangement in Part XII	. Check here if the e	explanation has been	provided on Part X	311			H
Part V Endowment Funds.							
Complete if the organization	n answered "Yes"	on Form 990, P	art IV, line 10.				
THE PARTY NAMED IN THE PARTY NAM	(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Three	years back	(e) Four	years back
1a Beginning of year balance	- 13	o arta			130000189		
<b>b</b> Contributions		(COX					
c Net investment earnings, gains, and		0.000077				,	
losses	<u></u>						
d Grants or scholarships		8	1				
Other expenditures for facilities and			8				
programs					100		
f Administrative expenses	-					4120	
g End of year balance							
2 Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a)	) held as:				
a Board designated or quasi-endowment •	%						
b Permanent endowment ◆ %							
c Term endowment ♦ %							
The percentages on lines 2a, 2b, and 2c sh							
3a Are there endowment funds not in the posse	ession of the organiza	ation that are held an	d administered for	the		_	
organization by:							Yes No
(ii) Unrelated organizations						3a(i)	
(ii) thelated organizations						3a(ii)	_
o ii 105 on line oatii), are trie related organiz	ations isted as requi	red on Schedule KY				3b	
4 Describe in Part XIII the intended uses of the		owment funds.		-			
Part VI Land, Buildings, and Equ Complete if the organization		on Form 990 Pa	art IV line 11a	Soo Form 60	n Dort V	/ lina 1(	·
Description of property	(a) Cost or other I	5 Opt 100 (100 pt )	other basis		U, Pail A		500
SECULORIAN VALUE CONTRACTOR TO THE TOTAL	(investment)	Alf.	her)	(c) Accumulated depreciation	1	(d) Book va	ane.
1a Land		1011	29,057	ur practical i	-		0 057
1a Land b Suildings	-		29,031				9,057
b Buildings c Leasehold improvements	3 1		-		2 - 3		
d Cariament	n <del>- x - x</del>			305			C 200
			EC 2221				
d Equipment e Other		-	56,323 .26,230	163,6	02	5	6,323

	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	fol room soind	(c) Method of valuation:  Cost or end-of-year market value
) Financial	derivatives		
) Closely he	eld equity interests	383	
) Other			
(A)		200 200 200 200 200 200 200 200 200 200	# # 185
(B)	2*************************************		
(C)		E/	
(D)	***************************************	70 TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TO	. U. 0. N. 10 10 10 10 10 10 10 10 10 10 10 10 10
(E)		2000	
(F)			
(G)		100	745 A
(H)			-
	(b) must equal Form 990, Part X, col. (B) line 12.)	•	
Part VIII	Investments - Program Related.	\$2.51 bab. 15.	
	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	ie 11c. See Form 990. Part X. line 13.
	(a) Description of Investment	(b) Book value	(c) Method of valuation:
		28 - 2 - 288	Cost or end-of-year market value
1)		(27.4 	10 184 1840 1840 1841 1841 1841 1841 184
2)		M 189	1
3)			
4)			
5)	15 SEC.		720
6)			
7)			T
01	590		
8)		40	1
9) otal. (Column	(b) must equal Form 990, Part X, col. (B) line 13.)	•	
9) otal. (Column	Other Assets.		
9) otal. (Column	Other Assets.		e 11d. See Form 990, Part X, line 15.
9) otal. (Column Part IX			e 11d. See Form 990, Part X, line 15.
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	ode D (Form 990) 2020 The New Fath, Inc.	31	1710997	Page ·
Pa	Reconciliation of Revenue per Audited Financial Statem	ents With Reve	nue per Return.	
1	Complete if the organization answered "Yes" on Form 990,  Total revenue, gains, and other support per audited financial statements	Part IV, line 12a.		1 007 000
2				1,807,888
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	<del></del>	
C	Recoveries of prior year grants	2c	<del></del>	
d	Other (Describe in Part XIII.)	2d	<del>5. 45</del>	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,807,888
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· i i i	·····	2700.,000
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part X/II.)	4b	85 - 80 - 10	
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	1,807,888
Pa	IT XII Reconciliation of Expenses per Audited Financial Stater	nents With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.	lā lētinas betrautomas	
1	Total expenses and losses per audited financial statements	77 10 10 10	1	1,627,665
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
D	Prior year adjustments	2b	3.0	
C	Other rosses	2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,627,665
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 7h	4a		
	Investment expenses not included on Form 990, Part VIII, line 7b	0.00		
D	Other (Describe in Part XIII.)	4b		
C	Other (Describe in Part XIII.) Add lines 4a and 4b	4b	4c	
с 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4b	4c 5	1,627,665
5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.	_ <b>_ 4b</b>	5	
5 Parrovio	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	/, lines 1b and 2b; Pa	5 art V. line 4; Part X. line	
5 Parrovio	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.	/, lines 1b and 2b; Pa	5 art V. line 4; Part X. line	
5 Parrovio	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	/, lines 1b and 2b; Parany additional inform	5 art V. line 4; Part X. line	
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Schedule D (	Form 990) 2020	The New Pa	th, Inc.	950	31-173	10997	Page 5
Part XIII	Supplementa	al Information (	continued)	200			
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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

Inspection

OMB No. 1545-0047

2020

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

The New Path, Inc. Employer Identification number 31-1710997

Form 990, Part III, Line 4a - First Accomplishment The New Path, Inc. is a faith-based organization that offers many programs operated by both staff and volunteer leaders, the focus of our programming is providing affordable alternatives to basic needs for those people struggling economically; and a pathway to a more promising life assured through better education, access to technology, stable housing, and safe neighborhoods. In any given year, The New Path, Inc. will serve 48,000 individuals throughout Miami County, Ohio and portions of Montgomery County, Ohio, as well. The food pantry provides a box of a variety of foods for families once a month who meet federal poverty income guidelines or who are in an emergency crisis. The food pantry provided services to 22,924 individuals. Form 990, Part III, Line 4d - All Other Accomplishments Provides assistance for individuals and/or families in various areas which includes: clothing, food, utilities, furniture, vehicles, transitional housing, training, and technical assistance, sales of donated items. Provided used medical equipment to 3,913 individuals. Provided support with pet food to individuals. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 A copy is provided to the Board for review.