

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2021

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

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

Form 990 Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: OPERATION PATHWAYS INC. Doing business as: Number and street (or P.O. box if mail is not delivered to street address): 1090 VERMONT AVENUE NW SUITE 400. Room/suite: City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 20005

D Employer identification number: 47-2897977. E Telephone number: (202) 789-5300. G Gross receipts \$ 1,856,329

F Name and address of principal officer: RICHARD BURNS, 122 EAST 42ND STREET SUITE 4900, NEW YORK, NY 10168

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.OPERATIONPATHWAYS.ORG

K Form of organization: Corporation

L Year of formation: 2015. M State of legal domicile: DC

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, voting members, revenue, expenses, and assets.

Part II Signature Block

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.

Sign Here: Signature of officer: ALLA ELEON TREASURER. Date: 2022-11-14

Paid Preparer Use Only: Print/Type preparer's name: COHNREZNICK LLP. Firm's address: 7501 WISCONSIN AVENUE SUITE 400E, BETHESDA, MD 20814

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PROVIDE AND COORDINATE PLACE-BASED PROGRAMS AND SERVICES FOR RESIDENTS IN AFFORDABLE HOUSING COMMUNITIES TO INCREASE QUALITY OF LIFE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,310,345** including grants of \$ **719**) (Revenue \$ **907,968**)

OPERATION PATHWAYS PROVIDES AND COORDINATES PROGRAMS AND SERVICES FOR LOW- TO MODERATE INCOME FAMILIES AND INDIVIDUALS LIVING IN AFFORDABLE HOUSING COMMUNITIES. OUR PROGRAMS AND SERVICES SEEK TO IMPROVE THE QUALITY OF LIFE OF RESIDENTS WITH POSITIVE OUTCOMES IN THE FOLLOWING CATEGORIES: PATHWAY TO ACADEMIC ACHIEVEMENT, PATHWAY TO FINANCIAL STABILITY, AND PATHWAY TO HEALTHIER LIVING.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,310,345**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as completing schedules A through H, and reporting on various activities and assets.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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? <i>If "Yes," complete Schedule J</i>	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		No
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
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?		No
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? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
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?		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
35b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	Yes	

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		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	<p>2a 0</p>	
<p>b 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.</p>		<p>2b</p>
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>		<p>3a No</p>
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>		<p>3b</p>
<p>4a 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)?</p>		<p>4a No</p>
<p>b <i>Access</i> Enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>		
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>		<p>5a No</p>
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>		<p>5b No</p>
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>		<p>5c</p>
<p>6a 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?</p>		<p>6a No</p>
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>		<p>6b</p>
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>		
<p>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?</p>		<p>7a No</p>
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>		<p>7b</p>
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>		<p>7c No</p>
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d</p>	
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>		<p>7e No</p>
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>		<p>7f No</p>
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>		<p>7g</p>
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>		<p>7h</p>
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>		<p>8</p>
<p>9 Sponsoring organizations maintaining donor advised funds.</p>		
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>		<p>9a</p>
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>		<p>9b</p>
<p>10 Section 501(c)(7) organizations. Enter:</p>		
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a</p>	
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b</p>	
<p>11 Section 501(c)(12) organizations. Enter:</p>		
<p>a Gross income from members or shareholders</p>	<p>11a</p>	
<p>b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	<p>11b</p>	
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>		
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<p>12b</p>	
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>		
<p>a Is the organization licensed to issue qualified health plans in more than one state?</p>		<p>13a</p>
<p>Note. See the instructions for additional information the organization must report on Schedule O.</p>		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	<p>13b</p>	
<p>c Enter the amount of reserves on hand</p>	<p>13c</p>	
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>		<p>14a No</p>
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>		<p>14b</p>
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?</p>		<p>15 No</p>
<p>16 If the organization is a trust, did it file Form 720, Schedule E, to report the section 4968 excise tax on net investment income?</p>		<p>16 No</p>
<p>If "Yes," complete Form 4720, Schedule O.</p>		
<p>17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?</p>		<p>17</p>
<p>If "Yes," complete Form 6069.</p>		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 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? 3 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on 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? 16b 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

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 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.
19 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
ALLA ELEON 122 EAST 42ND STREET SUITE 4900 NEW YORK, NY 10168 (646) 336-4936

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Amt Similar Amounts				
1a Federated campaigns				
b Membership dues				
c Fundraising events				
d Related organizations			392,380	
e Government grants (contributions)			8,862	
f All other contributions, gifts, grants, and similar amounts not included above			547,119	
g Noncash contributions included in lines 1a - 1f:\$			124,431	
h Total. Add lines 1a-1f				948,361

Program Service Revenue		Business Code				
2a SERVICE CONTRACT FEES		531390	907,968	907,968		
b						
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			907,968			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6b Less: rental expenses				
		6c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7b Less: cost or other basis and sales expenses				
		7c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
		8b Less: direct expenses				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19					
		9b Less: direct expenses				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances					
10b Less: cost of goods sold						
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			1,856,329	907,968	0	

Part IX 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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	719	719		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,146,935	885,572	204,016	57,347
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	59,518	44,638	11,904	2,976
10 Payroll taxes	45,222	33,917	9,044	2,261
11 Fees for services (non-employees):				
a Management				
b Legal	2,552		2,552	
c Accounting	10,700		10,700	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	36,455	27,341	7,291	1,823
12 Advertising and promotion	5,042		5,042	
13 Office expenses	49,297	36,978	9,856	2,463
14 Information technology	30,391	22,793	6,078	1,520
15 Royalties				
16 Occupancy				
17 Travel	39,125	727	38,398	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	16,603	12,452	3,321	830
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.)				
a MISCELLANEOUS EXPENSES	139,465	139,465		
b PROGRAM SUPPLIES	72,726	72,726		
c DUES AND SUBSCRIPTIONS	22,916	22,916		
d REPAIRS, EQUIPMENT, TRA	10,949	10,101	678	170
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,688,615	1,310,345	308,880	69,390
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	121,065	1	341,473
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,279	4	66,410
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b		10c	
	11 Investments—publicly traded securities		11	
	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	169,091	15	88,140
16 Total assets: Add lines 1 through 15 (must equal line 33)	291,435	16	496,023	
Liabilities	17 Accounts payable and accrued expenses	152,083	17	204,174
	18 Grants payable		18	
	19 Deferred revenue	7,061	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		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	8,156	25	0
	26 Total liabilities. Add lines 17 through 25	167,300	26	204,174
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	29,035	27	70,214
	28 Net assets with donor restrictions	95,100	28	221,635
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	124,135	32	291,849
33 Total liabilities and net assets/fund balances	291,435	33	496,023	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,856,329
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,688,615
3	Revenue less expenses. Subtract line 2 from line 1	3	167,714
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	124,135
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain 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 32, column (A))	10	291,849

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	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?		No
b	If "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.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization
OPERATION PATHWAYS INC

Employer identification number
47-2897977

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (88.420%); 15 Public support percentage for 2020 Schedule A; 16a 33 1/3% support test-2021; 16b 33 1/3% support test-2020; 17a 10%-facts-and-circumstances test-2021; 17b 10%-facts-and-circumstances test-2020; 18 Private foundation.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services 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						
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 furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. If the organization did not check 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 box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, 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.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 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.

Section 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		

Section 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):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
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 0.015 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 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section 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-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

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

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

Facts And Circumstances Test

Return Reference

Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Supplemental Financial Statements

2021

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization OPERATION PATHWAYS INC

Employer identification number

47-2897977

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor/donor advisor notification.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include purpose(s) of conservation easements, number of easements, and monitoring details.

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.

Table with 2 columns: Description, Amount. Rows include reporting requirements for art and historical treasures and the amounts reported.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
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					

2 Provide the estimated percentage of the current year end balance (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 should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.) . . . ▶				0

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTIES	88,140
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	88,140

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	1,856,329
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,856,329
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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,856,329

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,688,615
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,688,615
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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,688,615

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2:	OPERATION PATHWAYS HAS APPLIED FOR AND RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE ("IRS") TO BE TREATED AS A TAX-EXEMPT ENTITY PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020. DUE TO ITS TAX-EXEMPT STATUS, OPERATION PATHWAYS IS NOT SUBJECT TO INCOME TAXES. OPERATION PATHWAYS IS REQUIRED TO FILE AND DOES FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND OPERATION PATHWAYS HAS NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. TAX RETURNS FILED BY OPERATION PATHWAYS WILL BE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR A PERIOD OF THREE YEARS. NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE IRS, AND TAX YEARS SINCE 2018 REMAIN OPEN.

Additional Data

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
OPERATION PATHWAYS INC

Employer identification number

47-2897977

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RICHARD F BURNS BOARD MEMBER / PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	475,000	225,000	0	0	17,019	717,019	0
2 STEPHEN M GREEN BOARD MEMBER / VP	(i)	0	0	0	0	0	0	0
	(ii)	315,000	150,000	0	2,000	30,266	497,266	0
3 ERIC W PRICE BOARD MEMBER / VP	(i)	0	0	0	0	0	0	0
	(ii)	250,000	50,000	0	0	9,664	309,664	0
4 JOSEPH P WIEDORFER BOARD MEMBER / VP	(i)	0	0	0	0	0	0	0
	(ii)	190,000	90,000	0	2,000	16,872	298,872	0
5 THOMAS G VACCARO BOARD MEMBER / SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	170,000	75,000	0	2,000	34,306	281,306	0
6 CARLOS A GONZALES BOARD MEMBER / VP	(i)	0	0	0	0	0	0	0
	(ii)	200,000	25,000	0	0	14,685	239,685	0
7 ALLA ELEON TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	200,000	35,000	0	2,000	0	237,000	0
8 KENNETH D WHITE EXECUTIVE DIRECTOR & COO	(i)	0	0	0	0	0	0	0
	(ii)	149,999	50,000	0	2,000	6,090	208,089	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Additional Data

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Noncash Contributions

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- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
OPERATION PATHWAYS INC

Employer identification number

47-2897977

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	152	124,431	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.		No
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? If "Yes," describe in Part II.		No
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	AMOUNT REPRESENTS THE NUMBER OF CONTRIBUTIONS.

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SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021**Open to Public
Inspection**Name of the organization
OPERATION PATHWAYS INC**Employer identification number**

47-2897977

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD DELEGATES THE REVIEW OF THE FORM 990 TO THE AUDIT COMMITTEE OF THE FOUNDATION. THE AUDIT COMMITTEE REVIEWS THE 990 AND APPROVES THE FORM 990. A COPY OF THE FORM 990 IS MADE AVAILABLE TO THE FULL BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	THE CFO AND CHAIRMAN OF THE AUDIT COMMITTEE WILL REVIEW THE COMPLIANCE WITH POLICIES AT LEAST ANNUALLY BY DIRECTORS, OFFICERS AND KEY EMPLOYEES.
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE REVIEWS AND THE FULL BOARD APPROVES PRESIDENT/CEO AND SENIOR MANAGEMENT COMPENSATION AND BONUS ARRANGEMENTS. A WRITTEN RECORD OF COMMITTEE ACTIONS IS MAINTAINED.
FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

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▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
OPERATION PATHWAYS INC

Employer identification number
47-2897977

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ACT AFFORDABLE HOUSING INC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 52-1893754	REAL ESTATE	DC	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		No
(2) ASMARA AFFORDABLE HOUSING INC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 52-1928713	REAL ESTATE	TX	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		No
(3) CHP COVE INC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 52-1949584	REAL ESTATE	FL	501(C)(3)	LINE 10	INTERSTATE I		No
(4) CHERRY AFFORDABLE HOUSING INC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 52-1923470	REAL ESTATE	DC	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		No
(5) CORNERSTONEBAYVIEW INC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 31-1477950	REAL ESTATE	CT	501(C)(3)	LINE 10	INTERSTATE I		No
(6) CORNERSTONEST LUKE'S INC 122 EAST 42ND STREET SUITE 4900 NEW YORK, NY 10168 31-1477948	REAL ESTATE	NY	501(C)(3)	LINE 10	THE NHP FOUNDATION		No
(7) FCHC VIRGINIA COMMUNITY DEVELOPMENT CORPORATION 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 52-1253695	REAL ESTATE	VA	501(C)(3)	LINE 7	THE NHP FOUNDATION		No
(8) FOREST PARK AFFORDABLE HOUSING INC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 52-1982709	REAL ESTATE	DC	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		No
(9) FOXWOOD AFFORDABLE HOUSING INC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 52-1910563	REAL ESTATE	DC	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		No
(10) NDFS INC 122 EAST 42ND STREET SUITE 4900 NEW YORK, NY 10168 52-1910567	REAL ESTATE	DC	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		No
(11) INTERSTATE I AFFORDABLE HOUSING INC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 52-2052050	REAL ESTATE	DC	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		No
(12) JAMESTOWN AFFORDABLE HOUSING INC	REAL ESTATE	DC	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		No

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 52-1967265							
(13) MILIKEN AFFORDABLE HOUSING INC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 52-1952670	REAL ESTATE	DC	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		No
(14) NHPF AFFORDABLE HOUSING INC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 52-1962679	REAL ESTATE	NY	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		No
(15) NHPF-HARBOR HILL HOUSING DEVELOPMENT FUND CORPORATION 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 83-2950871	REAL ESTATE	DC	501(C)(3)	PF	THE NHP FOUNDATION		No
(16) NHPFSHORE HILL HOUSING DEVELOPMENT FUND CORPORATION 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 83-0640120	REAL ESTATE	DC	501(C)(3)	PF	THE NHP FOUNDATION		No
(17) NHPF-SUNSET GARDENS HOUSING DEVELOPMENT FUND CORPORATION 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 83-2983615	REAL ESTATE	DC	501(C)(3)	PF	THE NHP FOUNDATION		No
(18) ORANGE AFFORDABLE HOUSING INC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 52-1977900	REAL ESTATE	DC	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		No
(19) PLAZA BORINQUEN 88 HOUSING DEVELOPMENT F 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 45-4170887	REAL ESTATE	NY	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		No
(20) PRINCE GEORGE'S AFFORDABLE HOUSING INC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 52-2111679	REAL ESTATE	NY	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		No
(21) WALNUT AFFORDABLE HOUSING INC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 52-1982708	REAL ESTATE	DC	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		No
(22) THE NHP FOUNDATION 122 EAST 42ND STREET SUITE 4900 NEW YORK, NY 10168 52-1636004	REAL ESTATE	DC	501(C)(3)	LINE 10	N/A		No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 1255 NPO OWNER LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 84-3315002	REAL ESTATE	DC	N/A						No		No	
(2) 1300 NPO OWNER LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 84-3347041	REAL ESTATE	TX	N/A					No			No	
(3) 250 LP PEPPERTREE MANOR LP 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 46-1251185	REAL ESTATE	TX	N/A					No			No	
(4) ALABAMA AVENUE AFFORDABLE HOUSING LP 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 45-0954348	REAL ESTATE	DC	N/A					No			No	
(5) BAYVIEW PRESERVATION PARTNERS LIMITED PA 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 45-4524365	REAL ESTATE	CT	N/A					No			No	
(6) BENNING HEIGHTS INVESTOR LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 46-5555061	REAL ESTATE	DC	N/A					No			No	
(7) BERRY MANOR OWNER LP 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 84-2345984	REAL ESTATE	IL	N/A					No			No	
(8) BOLTON NORTH LP 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 38-3905593	REAL ESTATE	MD	N/A					No			No	
(9) CENTER CITY MANAGING MEMBER LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 83-0723978	REAL ESTATE	NJ	N/A					No			No	
(10) CHA JV LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 47-286214	REAL ESTATE	MD	N/A					No			No	
(11) CHA LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 47-2931951	REAL ESTATE	MD	N/A					No			No	
(12) CLEME MANOR HOLDINGS LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 37-1744567	REAL ESTATE	TX	N/A					No			No	
(13) COLUMBIA APARTMENTS LP 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 52-331259	REAL ESTATE	DE	N/A					No			No	
(14) COLUMBIA HEIGHTS VILLAGE APARTMENTS LP 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 52-331261	REAL ESTATE	DC	N/A					No			No	
(15) FOXWOOD PRESERVATION PARTNERS LP 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 26-3494067	REAL ESTATE	PA	N/A					No			No	
(16) HARVEST HOMES APARTMENTS LP 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 46-5732921	REAL ESTATE	IL	N/A					No			No	
(17) HOLLANDER RIDGE INVESTOR LLC 1092 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 84-2006834	REAL ESTATE	MD	N/A					No			No	
(18) HOLLYBUSH PRESERVATION PARTNERS 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 46-0704176	REAL ESTATE	NJ	N/A					No			No	
(19) IRVINE TURNER MANAGING MEMBER LLC 1094 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 83-0778181	REAL ESTATE	NJ	N/A					No			No	
(20) LOT 13 OWNER LLC (STRAND NEW CHINA CAFE) 1095 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 83-2542480	REAL ESTATE	DC	N/A					No			No	
(21) MARK TWAIN NHFF LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 82-0736381	REAL ESTATE	IL	N/A					No			No	
(22) NANNIE HELEN MANAGER LLC 1096 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 82-1796565	REAL ESTATE	DC	N/A					No			No	
(23) NANNIE HELEN OWNER LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 82-1808929	REAL ESTATE	DC	N/A					No			No	
(24) ORANGE PRESERVATION PARTNERS 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 26-4813142	REAL ESTATE	NJ	N/A					No			No	
(25) PLAZA BORINQUEN 88 OWNER II LP 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 46-3814997	REAL ESTATE	NY	N/A					No			No	
(26) PLAZA BORINQUEN 88 OWNER LP 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 45-3977862	REAL ESTATE	NY	N/A					No			No	
(27) PRESERVATION HOUSING II LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 20-4675868	REAL ESTATE	LA	N/A					No			No	
(28) PRESERVATION HOUSING IV LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 20-5739551	REAL ESTATE	LA	N/A					No			No	
(29) SHIP'S COVE PRESERVATION PARTNERS LIMITED PARTNERSHIP 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 90-1027644	REAL ESTATE	MA	N/A					No			No	
(30) ST LUKE'S MASTER TENANT LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 27-0949789	REAL ESTATE	MO	N/A					No			No	
(31) ST LUKE'S PRESERVATION PARTNERS 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 26-4812756	REAL ESTATE	MO	N/A					No			No	
(32) TAKOMA PLACE SM LLC 1101 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 83-1172716	REAL ESTATE	DC	N/A					No			No	
(33) WADE ROAD INVESTOR LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 46-5197478	REAL ESTATE	DC	N/A					No			No	
(34) WOODMONT CROSSING INVESTOR LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 82-2552881	REAL ESTATE	DC	N/A					No			No	
(35) WORKFORCE AFFORDABLE HOUSING FUND I LLC 1102 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 84-2160900	REAL ESTATE	DE	N/A					No			No	
(36) PRINCESS ANNE OWNER LP 1090 VERMONT AVENUE NW 4900 WASHINGTON, DC 20005 82-4282686	REAL ESTATE	MD	N/A					No			No	
(37) 17 MISSISSIPPI OWNER LLC 122 EAST 42ND STREET SUITE 4900 NEW YORK, NY 10168 83-1029382	REAL ESTATE	DC	N/A					No			No	
(38) ANACOSTIA GARDENS OWNER LLC 122 EAST 42ND STREET SUITE 4900 NEW YORK, NY 10168 83-2892628	REAL ESTATE	DC	N/A					No			No	
(39) BLUE MOUNTAIN OWNER LLC 122 EAST 42ND STREET SUITE 4900 NEW YORK, NY 10168 83-3816873	REAL ESTATE	MA	N/A					No			No	
(40) NEW CENTER CITY APARTMENTS URBAN RENEWAL LLC 122 EAST 42ND STREET SUITE 4900 NEW YORK, NY 10168 84-3149829	REAL ESTATE	NJ	N/A					No			No	
(41) NEW ALEXANDER HOUSE LLC 122 EAST 42ND STREET SUITE 4900 NEW YORK, NY 10168 81-4004412	REAL ESTATE	NJ	N/A					No			No	
(42) NEW SUNSET BAY 2001 W BLUE HERON BLVD RIVIERA BEACH, FL 33404 84-3504636	REAL ESTATE	MD	N/A					No			No	
(43) 17 MISSISSIPPI MANAGING MEMBER LLC 122 EAST 42ND STREET SUITE 4900 NEW YORK, NY 10168 83-0982960	REAL ESTATE	DC	N/A					No			No	
(44) HERITAGE NOLAND ASSOCIATES LP (CARDINAL RIDGE) 122 EAST 42ND STREET SUITE 4900 NEW YORK, NY 10168 52-2127276	REAL ESTATE	MO	N/A					No			No	
(45) CARDINAL RIDGE INVESTORS LLC 122 EAST 42ND STREET SUITE 4900 NEW YORK, NY 10168 87-1295625	REAL ESTATE	MO	N/A					No			No	
(46) CARDINAL RIDGE GP LLP 122 EAST 42ND STREET SUITE 4900 NEW YORK, NY 10168 87-1274360	REAL ESTATE	MO	N/A					No			No	
(47) CHCDC AFFORDABLE ELDERLY LLC 1090 VERMONT AVENUE NW 4900 WASHINGTON, DC 20005 83-3689670	REAL ESTATE	TX	N/A					No			No	
(48) EXCHANGE PLACE PRESERVATION PARTNERS LLC 1090 VERMONT AVENUE NW 4900 WASHINGTON, DC 20005 83-4947453	REAL ESTATE	CT	N/A					No			No	
(49) TEMENOS PERMANENT AFFORDABLE 1090 VERMONT AVENUE NW 4900 WASHINGTON, DC 20005 44-5695942	REAL ESTATE	TX	N/A					No			No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) BAYVIEW GP INC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 45-4524133	REAL ESTATE	CT	N/A	C					No
(2) CHA MM LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 47-2915929	REAL ESTATE	NY	N/A	C					No
(3) CLEME 284 LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 46-4926184	REAL ESTATE	TX	N/A	C					No
(4) FOXWOOD GP INC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 26-3685416	REAL ESTATE	PA	N/A	C					No
(5) NDFD II LLC (GP OF BOLTON) 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 81-2833036	REAL ESTATE	MD	N/A	C					No
(6) PLAZA BORINQUEN 88 GP CORPORATION 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 45-4711669	REAL ESTATE	NY	N/A	C					No
(7) PRESERVATION HOUSING PARTNERS 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 20-4642119	REAL ESTATE	LA	N/A	C					No
(8) SHIP'S COVE GP INC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 46-0899994	REAL ESTATE	MA	N/A	C					No
(9) ST LUKE'S GP INC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 26-4812718	REAL ESTATE	MO	N/A	C					No
(10) TAKOMA PLACE GP LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 81-3212097	REAL ESTATE	DC	N/A	C					No
(11) VOV NHFF I LLC (ALABAMA) 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 45-0654022	REAL ESTATE	DC	N/A	C					No
(12) WADE ROAD GP LLC (PARKCHESTER) 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 46-5079448	REAL ESTATE	NY	N/A	C					No
(13) WALNUT 209 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 20-5739871	REAL ESTATE	LA	N/A	C					No
(14) WOODMONT CROSSING MANAGER LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 82-2567301	REAL ESTATE	NY	N/A	C					No
(15) NDFD LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 45-5477714	REAL ESTATE	NY	N/A	C					No
(16) HOLLYBUSH GP INC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 46-0711207	REAL ESTATE	DC	N/A	C					No
(17) ORANGE GP INC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 26-4812965	REAL ESTATE	NY	N/A	C					No
(18) BENNING HEIGHTS GP LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 46-5529523	REAL ESTATE	NY	N/A	C					No
(19) MARK TWAIN NHFF MANAGER LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 82-0709583	REAL ESTATE	NY	N/A	C					No
(20) BLUE MOUNTAIN MANAGER LLC 122 EAST 42ND STREET NEW YORK, NY 10168 83-3753488	REAL ESTATE	MA	N/A	C					No
(21) NEW SUNSET BAY MANAGER LLC 2001 W BLUE HERON BLVD RIVIERA BEACH, FL 33404 84-3520467	REAL ESTATE	FL	N/A	C					No
(22) ALEXANDER HOUSE MANAGING MEMBER LLC 122 EAST 42ND STREET NEW YORK, NY 10168 47-4263643	REAL ESTATE	MD	N/A	C					No
(23) HARVEST HOMES GP INC 122 EAST 42ND STREET NEW YORK, NY 10168 61-1737565	REAL ESTATE	IL	N/A	C					No
(24) ANACOSTIA GARDENS GP LLC 1090 VERMONT AVENUE NW 4900 WASHINGTON, DC 20005 36-0290117	REAL ESTATE	DC	N/A	C					No
(25) CENTER CITY MM LLC 1090 VERMONT AVENUE NW 4900 WASHINGTON, DC 20005 84-2763970	REAL ESTATE	NJ	N/A	C					No
(26) CH AFFORDABLE MANAGER LLC 1090 VERMONT AVENUE NW 4900 WASHINGTON, DC 20005 83-661011	REAL ESTATE	TX	N/A	C					No
(27) EXCHANGE PLACE MM LLC 1090 VERMONT AVENUE NW 4900 WASHINGTON, DC 20005 83-4215390	REAL ESTATE	CT	N/A	C					No
(28) IRVINE TURNER MM LLC 1090 VERMONT AVENUE NW 4900 WASHINGTON, DC 20005 84-2796295	REAL ESTATE	NJ	N/A	C					No
(29) NANNIE HELEN NHFF LLC 1090 VERMONT AVENUE NW SUITE 400 WASHINGTON, DC 20005 82-1883630	REAL ESTATE	DC	N/A	C					No
(30) HOLLANDER RIDGE MANAGER LLC 1090 VERMONT AVENUE NW 4900 WASHINGTON, DC 20005 84-2032687	REAL ESTATE	MD	N/A	C					No
(31) PRINCESS ANNE GP LLC 1090 VERMONT AVENUE NW 4900 WASHINGTON, DC 20005 82-4193012	REAL ESTATE	MD	N/A	C					No
(32) TEMENOS AFFORDABLE MANAGER LLC 1090 VERMONT AVENUE NW 4900 WASHINGTON, DC 20005 84-4678755	REAL ESTATE	TX	N/A	C					No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r	Yes	
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2021

Additional Data[Return to Form](#)**Software ID:****Software Version:**