FICK, EGGEMEYER & WILLIAMSON, CPA'S 6240 S. LINDBERGH, SUITE 101 ST. LOUIS, MO 63123

DECEMBER 20, 2023

PATHWAYS TO INDEPENDENCE 11457 OLDE CABIN ROAD, STE 235 ST. LOUIS, MO 63141

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2022 EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT SCHEDULE B, SCHEDULE OF CONTRIBUTORS SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT SCHEDULE G, SUPPL INFO FUNDRAISING/GAMING ACT SCHEDULE O, SUPPLEMENTAL INFORMATION SCHEDULE R, RELATED ORG/UNRELATED PARTNERSHIPS FORM 8868, APPLICATION FOR AUTOMATIC FILING EXTENSION

FORM 8879-TE, E-FILE SIGNATURE AUTHORIZATION

TAX PREPARATION FEE

\$ 700.00

Fick, Eggemeyer & Williamson, CPA's 6240 S. Lindbergh, Suite 101 St. Louis, MO 63123

November 21, 2023

Pathways To Independence 11457 Olde Cabin Road, Ste 235 St. Louis, MO 63141

Pathways To Independence:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Jennifer Heim

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning JUL 1 , 2022, and ending JUN 30

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN **-***4762 PATHWAYS TO INDEPENDENCE

JODI WOESSNER Name and title of officer or person subject to tax

EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here За Form 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 4720 check here 7a Form 5227 check here 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize F.E.W. CPAS 63123 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 43632863123 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. F.E.W. CPAS 11/21/23 ERO's signature Date

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print **-***4762 PATHWAYS TO INDEPENDENCE File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 11457 OLDE CABIN ROAD, STE 235 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. LOUIS, MO 63141 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (other than individual) Form 4720 (individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 JODI WOESSNER The books are in the care of ► 11457 OLDE CABIN ROAD, STE 235 - ST LOUIS, MO 63141 Telephone No. ► 314-863-0202 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning JUL 1, 2022 , and ending JUN 30, 2023 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form **8868** (Rev. 1-2022)

3b

EXTENDED TO MAY 15, 2024

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	$^{ m e}$ 2022 calendar year, or tax year beginning $$ JUL 1 , $$ 2022 $$ and ending	JUN 30, 2023	•		
В	Check if applicable	C Name of organization	D Employer identifi	cation number		
	applicable	e:				
Г	Addres	PATHWAYS TO INDEPENDENCE				
Ē	Name change		**-**47	62		
Ē	Initial return	- ·	uite E Telephone numbe	r		
Ē	Final return/	11/57 OTHE CARTH DOAN COR 235	314-863-			
_	termin- ated		G Gross receipts \$	777,529.		
	Ameno		H(a) Is this a group re			
	Applic		for subordinates			
_	pendir	SAME AS C ABOVE	H(b) Are all subordinates in	—		
$\overline{1}$	Tax-exe			list. See instructions		
	Websit		H(c) Group exemptio			
		·-·		№ State of legal domicile; MO		
	art I	Summary	car of formation, = 5 o i	otato or logar dominono, == 0		
	T	Briefly describe the organization's mission or most significant activities: PROVIDIN	G GROUP SOCIA	L		
Governance	-	INTERACTION, ADVOCACY, COMMUNITY PARTICIPATI	ON. AND LIFE	SKILL		
'n	2	Check this box if the organization discontinued its operations or disposed of n				
Ve	3	Number of voting members of the governing body (Part VI, line 1a)		13		
		Number of independent voting members of the governing body (Part VI, line 1b)		13		
م د		Total number of individuals employed in calendar year 2022 (Part V, line 2a)	· · · · · · · · · · · · · · · · · · ·	17		
iŧie	6	Total number of volunteers (estimate if necessary)		100		
Activities	72	Total unrelated business revenue from Part VIII, column (C), line 12		0.		
ĕ	'a	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.		
_	+ -	Net differenced business taxable income from 1 offi 330-1, 1 at 1, line 11	Prior Year	Current Year		
_	8	Contributions and grants (Part VIII, line 1h)	464,851.	610,579.		
Revenue	9	Program service revenue (Part VIII, line 2g)	91,272.	98,838.		
Ş.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,019.	26,159.		
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,678.	-10,937.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	624,820.	724,639.		
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.		
			0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)	448,379.	462,828.		
Expenses	160	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 27,943.	0.	0.		
Jen Jen	loa	Total fundraining expanses (Part IX, column (A), line 11e)	0.	•		
Ě	[] 47	Other expenses (Part IX, column (b), line 25)	130,055.	172,586.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	578,434.	635,414.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	46,386.	89,225.		
<u>_</u> 6	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year		
Net Assets or		Total coasts (Dayt V. Bro. 10)	1,244,064.	1,670,076.		
\SSE	일 20	Total assets (Part X, line 16)	71,471.	335,305.		
let /	21	Total liabilities (Part X, line 26)	1,172,593.	1,334,771.		
	≘∣22 Part II	Net assets or fund balances. Subtract line 21 from line 20	1,112,333.	1,334,771.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	staments, and to the hest of m	v knowledge and helief it is		
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	·	y kilowieuge allu bellet, it is		
uu	6, 001160	t, and complete. Declaration of preparer (other than officer) is based on an information of which prep	Tarei rias ariy kilowieuge.			
c:.		Signature of officer	I Date			
Sig		JODI WOESSNER, EXECUTIVE DIRECTOR				
He	ere	Type or print name and title				
			Date Check	PTIN		
Pa	id	Print/Type preparer's name Preparer's signature JENNIFER HEIM JENNIFER HEIM	11 /21 /22			
	eparer	Firm's name F.E.W. CPAS	1	*-***1621		
	e Only	Firm's address 6240 S. LINDBERGH, STE 101	Firm's EIN *	1041		
υS	Ulliy	ST. LOUIS, MO 63123	Dhana na 21	4-845-7999		
_			Phone no. 3 1			
Ma	ay the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No		

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PATHWAYS TO INDEPENDENCE SUPPORTS THE DEVELOPMENT OF SKILLS THAT POSITIVELY IMPACT THE LIVES OF ADULTS WITH DISABILITIES WHO SEEK
	GREATER INDEPENDENCE AND SOCIAL SUCCESS.
	GREATER INDEFENDENCE AND SOCIAL SOCCESS:
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 X 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?
	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 \$ 542,226 • including grants of \$) (Revenue \$ 125,138 •)
	PATHWAYS TO INDEPENDENCE PROVIDES SOCIAL INTERACTION AND COMMUNITY
	ENGAGEMENT TRAINING TO INDIVIDUALS WHOSE SOCIAL COMPETENCIES HAVE BEEN
	IMPACTED BY COMPLEX LEARNING DISABILITIES AND ASSOCIATED DEVELOPMENTAL
	DISORDERS. THE ORGANIZATION DEVELOPS AND IMPLEMENTS SOCIAL AND
	PRE-EMPLOYMENT PROGRAMS TO HELP PARTICIPANTS INTEGRATE MORE
	INDEPENDENTLY INTO COMMUNITY LIFE. THE PROGRAM IS DIVIDED INTO THREE
	CATEGORIES THAT LEAD TO 20-30 EVENTS PER MONTH WHERE PARTICIPANTS LEARN
	TO INTERACT AT MORE EFFECTIVE AND AGE-APPROPRIATE LEVELS UNDER THE DIRECTION AND SUPERVISION OF ORGANIZATION STAFF. PROGRAMMING INCLUDES
	AN EDUCATIONAL COMPONENT UNDER SOCIAL COLLEGE, SELF-DIRECTED PLANNING
	AND PROGRAMMING UNDER SOCIAL FOCUS, AND GENERALIZATION OF SKILLS IN THE
	COMMUNITY UNDER SOCIAL GROWTH.
4b	(Code:) (Expenses \$
	, (costs), (costs), (costs), (costs), (costs), (costs), (costs), (costs), (costs)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}
<u>4e</u>	Total program service expenses 542,226.

Form 990 (2022) PATHWAYS TO Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.7
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		├^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	۵,		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2022) PATHWAYS TO INDEPE Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
_	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
- •	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	T		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance		•	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
			225	

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

					Yes	NO				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		17							
	filed for the calendar year ending with or within the year covered by this return	2a		OI-	Х					
	If at least one is reported on line 2a, did the organization file all required federal employment tax return Did the appropriation because the second of the control of the			2b	Λ	Х				
				3a						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		ritu ovor o	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			4-		х				
h	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	πυ?	4a						
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nte (FRAR)							
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
	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?									
b	If "Yes," did the organization include with every solicitation an express statement that such contribut			6a						
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired							
	to file Form 8282?			7с		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained									
_				8						
9										
_	a Did the sponsoring organization make any taxable distributions under section 4966?									
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			9b						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	100								
	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	1							
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c								
				14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b						
15										
	excess parachute payment(s) during the year?									
If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment [In the complete Form 4730. School to 0.]	it inco	me'?	16		X				
17	If "Yes," complete Form 4720, Schedule O.	+iv.i+ic.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any action would result in the imposition of an excise tax under section 4951, 4952 or 49532			17						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	n ros, complete i umi coca.									

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

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
000	tion A. doverning body and Management		Yes	No			
10	Enter the number of voting members of the governing body at the end of the tax year 13		163	NO			
ıa	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent1b						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
_		2		Х			
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision						
3	of officers, directors, trustees, or key employees to a management company or other person?	3		х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_					
, a		7a		х			
b	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74					
		7b		х			
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5					
		8a	х				
b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD					
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3					
000	tion D. I onotee (This occitor B requests information about politicis not required by the internal revenue code.)		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104					
	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?	11a	Х				
b	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	12a	Х				
b							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	Х				
_	on Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13	Х				
14	Did the organization have a written document retention and destruction policy?	14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a		Х			
	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s onlv) avail	able			
-	for public inspection. Indicate how you made these available. Check all that apply.	,	,	-			
	X Own website Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finai	ncial				
	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						
	JODI WOESSNER - 314-863-0202						
	11457 OLDE CABIN ROAD, STE 235, ST LOUIS, MO 63141						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(C) Position (do not check more than one box, unless person is both an					one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	offic				is bot or/trus		compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) JODI WOESSNER	1.00	ļ.,						02 401	0	
EXECUTIVE OFFICER	1.00	Х						83,481.	0.	0.
(2) MIKE LEWIS PRESIDENT	1.00	X						0.	0.	0.
(3) KEITH JACOB	1.00									
VICE PRESIDENT		X						0.	0.	0.
(4) KLEMM, BILL	1.00									
TREASURER		Х						0.	0.	0.
(5) STEPHANIE MILNER	1.00									_
SECRETARY		X						0.	0.	0.
(6) CHRIS BLEPPER	1.00			l					•	
MEMBER	1 00	X		Х				0.	0.	0.
(7) MICHELLE WOODLEY	1.00	x		x				0.	0.	0.
MEMBER (8) HOLLY SWIFT	1.00	^		Δ				0.	0.	0.
MEMBER	1.00	X		X				0.	0.	0.
(9) JULES SMILEY	1.00					\vdash				
MEMBER		х		х				0.	0.	0.
(10) CARY SCHNEITHORST REED	1.00									
MEMBER		Х		Х				0.	0.	0.
(11) JOSHUA MENACHER	1.00									
MEMBER		Х		Х				0.	0.	0.
(12) TANYA DUNLAP	1.00	ļ								
MEMBER	1 00	Х		Х				0.	0.	0.
(13) JASON LOONEY	1.00	-		x					0	_
MEMBER		_		Λ		\vdash		0.	0.	0.
		1								
						\vdash				
						$oxed{oxed}$				
		-								

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ployees, and Highest Compensated Employees (continued											
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	tee or director opgion opgion	not c	Pos heck ss pe id a d	ition more erson lirecto	1 than is bot	one th an stee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensatio from related organization (W-2/1099-MIS 1099-NEC)	on d is SC/	Estil amo or compo froi organ	m the nizatio relate	of ion on ed
		line)	Indi	Inst	Officer	Key	High	For						
С	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n	I, Section A	<u></u>		<u>.</u>				83,481. 0. 83,481.	0,000 of reportab	0. 0. 0.			0.
3 4 5	compensation from the organization Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," competition B. Independent Contractors	director, trust uch individual um of reportab 0,000? If "Yes, accrue compe	ee, k	cey compo	emplemsensa	loye atior Sche	ee, on and and edule	r hig d ot e J r	phest compensated emp her compensation from for such individual	oloyee on the organization		3 4 5		No X X
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of contractors. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address NONE Description of services							(C) Compensation						
2	Total number of independent contractors (i \$100,000 of compensation from the organic		ot lii	mite	d to	tho (se li:	stec	d above) who received n	nore than			00 (0.	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 251,708. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 358,871. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 610,579. h Total. Add lines 1a-1f **Business Code** 2 a PARTICIPANT FEES 624100 98,838. 98,838. Program Service Revenue f All other program service revenue 98,838. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 26,159. 26,159. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See 41,812. Part IV, line 18 52,890. **b** Less: direct expenses -11,078.-11,078. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 141. 900099 141. 11 a MISCELLANEOUS b d All other revenue 141. e Total. Add lines 11a-11d 724,639. 125,138. -11,078

Total revenue. See instructions

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 respor	·		<u> </u>	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРСПОСО	gorioral expenses	СХРОПОСО
	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				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified		1		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	388,410.	333,498.	42,060.	12,852.
8	Pension plan accruals and contributions (include				_
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	45,778.	38,911.	5,036.	1,831. 1,146.
10	Payroll taxes	28,640.	24,344.	3,150.	1,146.
11	Fees for services (nonemployees):				_
а	Management				
b	Legal				
С	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	43,467.	30,736.	8,860.	3,871.
12	Advertising and promotion				
13	Office expenses	5,969.	5,193.	179.	597.
14	Information technology				
15	Royalties			1 0 10	
16	Occupancy	35,421.	30,816.	1,063.	3,542.
17	Travel	10,528.	9,550.	230.	748.
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	0 110	1 020	(2)	011
22	Depreciation, depletion, and amortization	2,113. 16,907.	1,839. 13,031.	2,457.	211.
23	Insurance	10,90/.	13,031.	4,45/•	1,419.
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 0.)	20 177	28,177.		
a	PROGRAM EVENTS	28,177.		160	1 550
b	TELEPHONE	15,584. 10,429.	13,558. 10,429.	468.	1,558.
C	INVESTMENT EXPENSE	10,429.	10,449.	1,627.	
d	BOARD PROJECTS	2,364.	2,144.	52.	168.
	All other expenses	635,414.	542,226.	65,245.	27,943.
25	Total functional expenses. Add lines 1 through 24e	033,414.	344,440.	05,245.	41,943.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				F 000 (0000)

Form 990 (2022)
Part X Balance Sheet

Ра	πχ	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			70,610.	1	90,265
	2	Savings and temporary cash investments			182,249.	2	182,550
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			37,885.	4	26,899
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantia	contributor, or 35%			
		controlled entity or family member of any of t	hese per	rsons		5	
	6	Loans and other receivables from other disqu	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descri	ection 4958(c)(3)(B)		6		
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			7,735.	9	15,526
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	12,113.			
	b	Less: accumulated depreciation		4 4 6 7 1	9,760.	10c	7,646
	11	Investments - publicly traded securities		935,475.	11	1,098,657	
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets			14	248,183	
	15	Other assets. See Part IV, line 11			350.	15	350
	16	Total assets. Add lines 1 through 15 (must e	qual line	33)	1,244,064.	16	1,670,076
	17	Accounts payable and accrued expenses			36,211.	17	48,294
	18	Grants payable				18	
	19	Deferred revenue	35,260.	19	38,828		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple	te Part I	/ of Schedule D		21	
es	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
<u>=</u>		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-2	4). Complete Part X	0		240 102
		of Schedule D			71 471	25	248,183
	26	Total liabilities. Add lines 17 through 25			71,471.	26	335,305
S		Organizations that follow FASB ASC 958, o	check he	ere X			
Š	07	and complete lines 27, 28, 32, and 33.			1,172,593.	07	1,334,771
<u>3ale</u>	27	Net assets without donor restrictions			1,172,393.	27	1,334,771
뒫	28	Net assets with donor restrictions				28	
Ē		Organizations that do not follow FASB ASC	. 958, C	neck nere			
ō		and complete lines 29 through 33.			00		
ets	29	Capital stock or trust principal, or current fun			29		
Ass	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		F	1,172,593.	31 32	1,334,771
Z	32	Total liabilities and not assets (fund balances		1,244,064.	33	1,670,076	
	33	Total liabilities and net assets/fund balances			1,444,004.	ა პ	1,0/0,0/0

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1			4,6				
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,4				
3	Revenue less expenses. Subtract line 2 from line 1	3	1	89,225					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4								
5	Net unrealized gains (losses) on investments 5								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B)) 10								
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e 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	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,						
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,						
	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 on Scl	nedule	Ο.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	udit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u>.</u>	3b					

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PATHWAYS TO INDEPENDENCE

Employer identification number **-**4762

Pa	rt I	Reason for Public		(All organizations must o	omplete th	nis part.) S	See instructions.	1702			
		nization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1	l l	A church, convention of ch			•	•					
2	П	A school described in sect	•			11 170(5)(·//-//·/·				
3		A hospital or a cooperative				VhV1VAVi	ii)				
4		A medical research organiz						the hospital's name			
7		city, and state:	ation operated in co	rijanotion with a nospita	described	a iii Scotio	ii iro(b)(i)(A)(iii). Enter	the hospital s hame,			
5		An organization operated for	or the honofit of a co	llogo or university owner	d or operat	tod by a a	overnmental unit describ	ood in			
3		section 170(b)(1)(A)(iv). (C		niege of diliversity owner	u or opera	led by a g	Overnmentar unit descrit	Jea III			
6		A federal, state, or local go	• •	montal unit described in	coetion 17	70/6V4VAV	(54)				
7	H	· · · · · · · · · · · · · · · · · · ·	-					nublic described in			
′		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.)									
0			•	(4)(A)(vi) (Complete Dan	. II \						
8		A community trust describe				al in a sair		a alla ma			
9	ш	An agricultural research org									
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state of the colleg	e or			
40	X	university:	II	#b 00 4 /00/ - 5 #	16						
10	_2_	An organization that norma									
		activities related to its exen		•	, ,			•			
		income and unrelated busin		(less section 511 tax) if	om busine	sses acqu	lired by the organization	aπer June 30, 1975.			
44		See section 509(a)(2). (Con		ively to toot for public or	fatu Caa	acation El	20(=)(4)				
11 12	H	An organization organized a						numpees of one or			
12		An organization organized a									
		more publicly supported or						SHECK THE DOX OH			
		lines 12a through 12d that						, giving			
а		☐ Type I. A supporting orga									
		the supported organization			а ппајопцу (or the dire	ctors or trustees or the s	supporting			
		organization. You must o			tion with it	o cupport	ad arganization(a) by be	wing			
b	,	☐ Type II. A supporting org	A								
		control or management o			arrie perso	אווא נוומנ טנ	ontrol of manage the sup	pported			
		organization(s). You mus			in connoc	tion with	and functionally integrat	ad with			
C			-					eu wiiii,			
c		its supported organizatio Type III non-functionally						zation(s)			
	' -	that is not functionally int					• • • • • •				
		requirement (see instruct			-		•	IVELIESS			
_		7 '		-							
e	•	 Check this box if the orga functionally integrated, or 					а турет, туреті, туретіі				
f	Ent	er the number of supported of	• •	many integrated support	ing organiz	zation.					
		vide the following information		ad organization(s)							
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see instructions)	support (see instructions)			
				above (see instructions))							
Tota	al										

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

(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.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4							
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				_	1	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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, 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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2022 (I	line 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2022. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	١			
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te				•		
b	10% -facts-and-circumstances tes			*	-	17a, and line 15 is	10% or
	more, and if the organization meets the	ū				·	
	organization meets the facts-and-circle		•				
18	Private foundation. If the organization						
				<u> </u>			

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.)

Se	ction A. Public Support	elow, please comp	nete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 2010	(0) 2020	(u) 202 1	(0) 2022	(i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")	499,229.	478,759.	553.531.	556,123.	709,417.	2,797,059.
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	78,532.	38,275.	31,580.	35,687.	41,812.	225,886.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-				A		
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	F F F F C 1	E1E 024	FOF 111	F01 010	TE1 000	
	Total. Add lines 1 through 5	577,761.	517,034.	585,111.	591,810.	751,229.	3,022,945.
78	Amounts included on lines 1, 2, and		17 000	15 225	20 470	26 240	70 042
	3 received from disqualified persons		17,000.	15,225.	20,470.	26,348.	79,043.
r	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	146,560.	121,820.	112,190.		165,318.	
c	Add lines 7a and 7b	146,560.	138,820.	127,415.	79,280.	191,666.	683,741.
	Public support. (Subtract line 7c from line 6.)						2,339,204.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020 585,111.	(d) 2021 591,810.	(e) 2022 751, 229.	(f) Total
9	Amounts from line 6	577,761.	517,034.	585,111.	591,810.	751,229.	3,022,945.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,362.	18,912.	15,339.	28,186.	26,186.	105,985.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b	17,362.	18,912.	15,339.	28,186.	26,186.	105,985.
	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.)	425.	352.	63,022.	41000	141.	63,940.
13	Total support. (Add lines 9, 10c, 11, and 12.)	595,548.	536,298.	663,472.	619,996.	777,556.	3,192,870.
14	First 5 years. If the Form 990 is for the	ie organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	ion,
_	check this box and stop here						<u></u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	73.26 %
16	Public support percentage from 2021					16	70.52 %
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20			ne 13, column (f))		17	3.32 %
18	Investment income percentage from 2	2021 Schedule A, I	Part III, line 17 $_{\dots}$			18	3.17 %
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2021. If the						and X
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
- Gu		
3b		
3с		
4a		
4b		
4c		
40		
5a		
- Gu		
5b		
5c		
_		
6		
7		
c		
8		
9a		
9b		
30		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	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)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
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			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	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			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	the A (Form 990) 2022 First the system of 500(a)(0) Composition			4702 Fage 0
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E.	-
Sect	ion 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		
Sect	ion 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):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	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		

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

Schedule A (Form 990) 2022

instructions).

Pa	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _{(continu}	ed)	_
Sect	on D - Distributions	Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes 1				
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	4 Amounts paid to acquire exempt-use assets 4				
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5				
6	6 Other distributions (describe in Part VI). See instructions.				
7	7 Total annual distributions. Add lines 1 through 6.				
8	B Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6				
10	Line 8 amount divided by line 9 amount			10	
	<u> </u>	/i)	(ii)	_	/iii)

	ibution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributabl	e amount for 2022 from Section C, line 6			
	outions, if any, for years prior to 2022 (reason-			
	required - explain in Part VI). See instructions.			
	ributions carryover, if any, to 2022			
a From 2017	modicino carryover, il arry, to 2022			
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of line	es 3a through 3e			
g Applied to u	underdistributions of prior years			
h Applied to 2	2022 distributable amount			
i Carryover fi	rom 2017 not applied (see instructions)			
j Remainder.	Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distribution	s for 2022 from Section D,			
line 7:	\$			
a Applied to a	underdistributions of prior years			
b Applied to 2	2022 distributable amount			
c Remainder.	Subtract lines 4a and 4b from line 4.			
5 Remaining	underdistributions for years prior to 2022, if			
any. Subtra	ct lines 3g and 4a from line 2. For result greater			
	explain in Part VI. See instructions.			
6 Remaining	underdistributions for 2022. Subtract lines 3h			
and 4b fron	n line 1. For result greater than zero, explain in			
	e instructions.			
7 Excess dis	tributions carryover to 2023. Add lines 3j			
and 4c.				
8 Breakdown				
a Excess from				
b Excess from				
c Excess from				
d Excess from				
e Excess from	n 2022			

Schedule A (Form 990) 2022

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,
	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 B, lines 2 and 8;
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2022

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
DONATIONS FROM BOD	0.	17,000.	15,225.	20,470.	26,348.
Total to Schedule A, Part III, Line 7a		17,000.	15,225.	20,470.	26,348.

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2022

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
KEVIN AND BETTY BECKMANN	99,045.	94,637.	38,365.	0.	0.
KEVIN BECKMANN	0.	0.	0.	18,800.	28,474.
BETTY BECKMANN	0.	0.	0.	28,800.	38,724.
AUGUST A BUSCH III CHARITABLE TRUST	4,045.	4,637.	3,365.	3,800.	2,224.
BLAND FAMILY FOUNDATION	4,045.	0.	0.	0.	0.
JOHN & MARTI FINKENKELLER	745.	2,937.	0.	0.	0.
LODGING HOSPITALITY MGMT	0.	0,	0.	0.	17,224.
PETTUS FOUNDATION	4,045.	0.	0.	0.	0.
GARY DEEKEN	0.	6,137.	0.	0.	0.
MCCARTHY	11,545.	0.	0.	0.	0.
THE O'LOUGHLIN FAMILY FOUNDATION	19,045.	0.	18,365.	0.	0.
WAYNE C KAUFMANN CHARITABLE FOUNDATIO	4,045.	6,637.	5,365.	5,800.	4,224.
мтм	0.	4,637.	3,365.	0.	0.
GREATER ST. LOUIS COMMUNITY FOUNDATION	0.	2,198.	0.	0.	0.
WERNER WERNER FAMILY FOUNDATION	0.	0.	43,365.	0.	67,224.
THE BOEING COMPANY	0.	0.	0.	1,610.	0.
MIKE & MARTHA HOGAN	0.	0.	0.	0.	0.
THOMAS & DEBORAH HILTON	0.	0.	0.	0.	0.
SAFETY NATIONAL	0.	0.	0.	0.	0.
BLUES FOR KIDS FOUNDATION	0.	0.	0.	0.	0.
VETERANS UNITED	0.	0.	0.	0.	0.
DULA-KOBUSCH CHARITABLE TRUST	0.	0.	0.	0.	7,224.
Total to Schedule A, Part III, Line 7b	146,560.	121,820.	112,190.	58,810.	165,318.

Schedule A

Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

2022

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	Amount Received in 2022	2022 Excess Payments
KEVIN BECKMANN	36,250.	28,474.
BETTY BECKMANN	46,500.	38,724.
AUGUST A BUSCH III CHARITABLE TRUST	10,000.	2,224.
LODGING HOSPITALITY MGMT	25,000.	17,224.
WAYNE C KAUFMANN CHARITABLE FOUNDATION	12,000.	4,224.
мтм	5,200.	0.
WERNER WERNER FAMILY FOUNDATION	75,000.	67,224.
MIKE & MARTHA HOGAN	5,000.	0.
THOMAS & DEBORAH HILTON	5,000.	0.
SAFETY NATIONAL	5,000.	0.
BLUES FOR KIDS FOUNDATION	5,000.	0.
VETERANS UNITED	5,000.	0.
DULA-KOBUSCH CHARITABLE TRUST	15,000.	7,224.
Total Excess Payments to Schedule A, Part III, Line 7b, column (e)		165,318.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

PATHWAYS TO INDEPENDENCE

-*4762

Organization type (check one):

Filers of		Section:				
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule.				
Note: Or	ly a section 50 f(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

PATHWAYS TO INDEPENDENCE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1	KEVIN BECKMANN 9719 CONWAY ROAD SAINT LOUIS, MO 63124	\$ 36,250.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	AUGUST A BUSCH III CHARITABLE TRUST P.O. BOX 16550 ST. LOUIS, MO 63105	\$ 10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	DD RESOURCE BOARD 1025 COUNTRY CLUB ROAD ST. CHARLES, MO 63303	\$ 97,723.	Person X Payroll		
(a)	(b)	(c)	(d)		
No4_	Name, address, and ZIP + 4 JOHN AND MARTI FINKENKELLER 10771 ROXANNA DR. SAINT LOUIS, MO 63128	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	SAINT LOUIS OFFICE FOR DD RESOURCES 2334 OLIVE ST SAINT LOUIS, MO 63103	\$ 24,367.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No. 6	PRODUCTIVE LIVING BOARD 121 HUNTER AVE #200 SAINT LOUIS, MO 63124	\$ 122,968.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

PATHWAYS TO INDEPENDENCE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
7	KELLER, WILLIAM AND CAREY 632 E. JEFFERSON AVE. KIRKWOOD, MO 63122	\$5,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
8	WAYNE C KAUFMANN CHARITABLE FOUNDATION 12977 NORTH FORTY DRIVE SUITE 368 SAINT LOUIS, MO 63141	\$ 12,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
9	DD ADVOCATES PO BOX 427 HERCULANEUM, MO 63048	\$ 6,650.	Person X Payroll		
(a)	(b)	(c)	(d)		
No10	Name, address, and ZIP + 4 BETTY BECKMANN 13650 MASON HEIGHTS RD SAINT LOUIS, MO 63131-1722	\$ 46,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	MTM 11507 MOONSTONE CT SAINT LOUIS, MO 63146	\$ 5,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
12	LODGING HOSPITALITY MANAGEMENT 111 W PORT PLAZA DR #500 SAINT LOUIS, MO 63146	\$ 25,000.	Person X Payroll		

Name of organization Employer identification number

PATHWAYS TO INDEPENDENCE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c) Total contributions	(d)		
	Name, address, and ZIP + 4 DULA-KOBUSCH CHARITABLE TRUST HOFFMAN, BRICKER, & ADAMS PC SAINT LOUIS, MO 63141	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14	WERNER FAMILY FOUNDATION 1 N BRENTWOOD BLVD. SUITE 1520 SAINT LOUIS, MO 63105	\$ 75,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15	MIKE & MARTHA HOGAN 9368 ROBYN HILLS DR. SAINT LOUIS, MO 63127	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
16	THOMAS & DEBORAH HILTON 602 CARMAN VIEW COURT MANCHESTER, MO 63021	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17	BLUES FOR KIDS FOUNDATION 1401 CLARK AVENUE SAINT LOUIS, MO 63112	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18	SAFETY NATIONAL 1832 SCHUETZ RD SAINT LOUIS, MO 63146	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

PATHWAYS TO INDEPENDENCE

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number **-***4762 PATHWAYS TO INDEPENDENCE Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

PATHWAYS TO INDEPENDENCE

Employer identification number **-***4762

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		is or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes L No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	
_	impermissible private benefit?		
Pa			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation		of a historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	n of a conservation easement on the last Held at the End of the Tax Year
	day of the tax year.		
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
С.	Number of conservation easements on a certified historic structure of the		2c
a	Number of conservation easements included in (c) acquired aff		
•	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, release	ised, extinguished, or terminated by tr	ne organization during the tax
4	Number of states where preparty subject to concernation accounts	mantia lagated	
4 5	Number of states where property subject to conservation ease Does the organization have a written policy regarding the perio		- f
3	violations, and enforcement of the conservation easements it h	11.0	
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
Ü	otali and volunteer nours devoted to monitoring, inspecting, in	ariding of violations, and emorning co	riservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	vation easements during the year
•	, under the experience into an earlier in the intering, indposing, harrant	ig of violations, and officioning concert	ration oddomente daming the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	70(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	·	
	organization's accounting for conservation easements.	9	
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or 0	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, 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	e exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	mn		<u> </u>
2	If the organization received or held works of art, historical treas	ures, or other similar assets for financ	ial gain, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

Pai	t III Organizations Maintaining C	collections of Ar	t, Historical ⁻	Treasures,	or Other	Similar Ass	sets(continued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its						
	collection items (check all that apply):						
а	Public exhibition	d	Loan or e	xchange progr	am		
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain	n how they furthe	r the organizat	ion's exemp	t purpose in P	art XIII.
5	During the year, did the organization solicit of						
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's	collection?			Yes No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organiza	tion answered	"Yes" on Fo	rm 990, Part I	V, line 9, or
	reported an amount on Form 990, Pa	t X, line 21.					
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contributi	ons or other as	ssets not inc	cluded	
	on Form 990, Part X?					L	Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:				
							Amount
С	Beginning balance				\	1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial acco	ount liability	?L	Yes Mo
	If "Yes," explain the arrangement in Part XIII.						<u></u>
Pai	t V Endowment Funds. Complete i					T	11.5
		(a) Current year	(b) Prior year	(c) Two yea	rs dack (d)	Three years bac	ck (e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the cur		e (line 1g, column	(a)) held as:			
а	Board designated or quasi-endowment		_%				
b	Permanent endowment	%					
С		%					
	The percentages on lines 2a, 2b, and 2c sho						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	I and administe	ered for the		V N-
	organization by:						Yes No
	(i) Unrelated organizations						3a(i)
	(ii) Related organizations 3a(ii) 3a(iii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b						
b				₹?			3b
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.				
Fai	Complete if the organization answere) Dort IV line 11e	Soo Form 00	O Dort V lin	0.10	
	•	1	· · · · · · · · · · · · · · · · · · ·				(d) Deelevelve
	Description of property	(a) Cost or of basis (investment)		st or other is (other)	١ , ,	imulated ciation	(d) Book value
	Lond	<u> </u>	Das	13 (UII 161 <i>)</i>	debie	CIALIOI I	
	Land						
	Buildings			3,482.		871.	2,611.
	Leasehold improvements			8,631.		3,596.	5,035.
	Equipment Other			0,001•		3,330.	3,033.
	e Other						
· ota	ir, iaa iirioo Ta iiriougii To. (Oolulliil (u) Illust E	gaari orini ooo, i dil.	, oo.a (<i>D)</i> , iii i	· · · · · · · · · · · · · · · · · · ·			. ,

	INDEPENDENCE	**.	-***4762 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, 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. (Col. (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)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
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) ROU LIABILITY			248,183
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			

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

248,183.

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2022 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	824,323.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	72,953.		
b	Donated services and use of facilities	2b			
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)		52,890.		
	Add lines 2a through 2d			2e	125,843.
3	Subtract line 2e from line 1			3	698,480.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	26,159.		
С	Add lines 4a and 4b			4c	26,159.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	<u> </u>	5	724,639.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	Statements With	Expenses per	Retu	rn.

•	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	677,875.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d		2d	52,890.		
е	Add lines 2a through 2d			2e	52,890.
3	Subtract line 2e from line 1			3	624,985.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	10,429.		
С	Add lines 4a and 4b			4c	10,429.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	635,414.

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.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE SERVICE CODE. THEREFORE, NO PROVISION IS MADE FOR TAXES ON INCOME.

THE ORGANIZATION ADOPTED THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ON JULY 1, 2009. THE ADOPTION OF THAT GUIDANCE RESULTED IN NO CHANGE TO THE FINANCIAL STATEMENTS FOR PRIOR PERIODS. AS OF JUNE 30, NO AMOUNTS HAVE BEEN RECOGNIZED FOR UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S TAX RETURNS FILED PRIOR TO FISCAL 2019 ARE CLOSED.

Schedule D (Form 990) 2022 PATHWAYS TO INDEPENDENCE Part XIII Supplemental Information (continued)	**-***4762 Page 5
FUNDRAISING EXPENSE	52,890.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DIVIDENDS AND INTEREST	26,159.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	52,890.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT EXPENSES	10,429.

SCHEDULE G (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

Schedule G (Form 990) 2022

-4762 PATHWAYS TO INDEPENDENCE Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

-**4762** Page **2** PATHWAYS TO INDEPENDENCE Schedule G (Form 990) 2022 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events

			TRIVIA NIGHT	(b) Event #2	NONE	(d) Total events (add col. (a) through
₀			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	41,709.			41,709.
	2	Less: Contributions				
_	3	Gross income (line 1 minus line 2)	41,709.			41,709.
	4	Cash prizes				
ω	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				1,767.
	9	Other direct expenses				1,767.
		Net income summary. Subtract line 10 from li	. ,			39,942.
Pa	rt l	Gaming. Complete if the organization is				, -
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses		T- 1		
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	ter the state(s) in which the organization conducted organization licensed to conduct gaming and No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or te		year?	Yes No

Scne	edule G (Form 990) 2022 PAIHWAIS TO INDEPENDENCE	4	: / 0 4	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	└─ No
	Indicate the percentage of gaming activity conducted in:	ı	1	
	The organization's facility	13a	₩	%
	An outside facility	13b	<u> </u>	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Traine			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
47				
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а			Yes	□ No
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. —		
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pal	rt III. li	nes 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,	00, .00,

232083 10-27-22 Schedule G (Form 990) 2022

Schedule G	i (Form 990)	PATHWAYS TO	INDEPENDENCE	**-***4762 Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)		. 490 .
		· · · · · · · · · · · · · · · · · · ·		
			<u> </u>	
		*		

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 Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

PATHWAYS TO INDEPENDENCE

Employer identification number **-**4762

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TRAINING TO ADULTS WITH COMPLEX LEARNING DISABILITIES AND ASSOCIATED
DISORDERS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE PROGRAM DESIGN UTILIZES THE LEISURE AND EDUCATION MODELS TO
FACILITATE LEARNING OPPORTUNITIES. SKILLS INFLUENCED THROUGH
PARTICIPATION INCLUDE A VARIETY OF VERBAL AND NON-VERBAL COMMUNICATION
SKILLS AS WELL AS AN EXTENSIVE LIST OF SOFT SKILLS THAT AID IN EACH
PERSON FULLY ENGAGING THEIR COMMUNITY, BUILDING MEANINGFUL
RELATIONSHIPS THROUGH FRIENDSHIP, EMPLOYMENT RELATIONSHIPS, AS WELL AS
THE ACQUISITION OF, AND RETENTION OF EMPLOYMENT INCLUDING
TRANSPORTATION, ADVANCED PLANNING, TIME MANAGEMENT, COMMUNITY SAFETY,
FOLLOWING DIRECTIONS, SOCIAL INTERACTION TRAINING, ADVOCACY TRAINING,
COMMUNITY PARTICIPATION, MONEY MANAGEMENT, AND TRAINING IN HEALTHY
LIFESTYLE CHOICES SUCH AS EXERCISE, MONITORING CALORIES, FOOD CHOICES,
HYGIENE, AND MUCH MORE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS REVIEWS THE 990 PRIOR TO IT BEING SUBMITTED.
FORM 990, PART VI, SECTION B, LINE 12C:
PATHWAYS TO INDEPENDENCE IS AWARE OF CONFLICTS OF BUSINESS RELATIONSHIPS

AND ASKS THAT BOARD MEMBERS REFRAIN FROM VOTING IF ONE IS EVIDENT. BOARD

MEMBERS MUST COMPLETE AN ANNUAL DISCLOSURE OF CONFLICTS OF INTEREST AND

Schedule O (Form 990) 2022 Page 2 Name of the organization Employer identification number **-***4762 PATHWAYS TO INDEPENDENCE NOTIFY THE BOARD IF ONE EXISTS. FORM 990, PART VI, SECTION C, LINE 19: THE 990 WILL MADE AVAILABLE TO VIEW ON THE ORGANIZATION'S WEBSITE OR UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization
PATHWAYS TO INDEPENDENCE

Employer identification number
-4762

Part I Identification of Disregarded Entities. Con				- 1			
(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of	or Total inco	ome End-of-year		controlling	g
of disregarded entity		foreign country)				ятиту	
Identification of Related Tax-Exempt Orga	anizations. Complete if the organization a	answered "Yes" on Form 99	0. Part IV. line 34.	because it had one	or more related tax-ex	kempt	
organizations during the tax year.							
(a)	(b)	(c)	(d)	(e)	(f)	Section	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	cont	trolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	-	tity?
IDD COLLABORATIVE LLC - 32-0630845	SERVICES FOR PEOPLE WITH			331(3)(3))		Yes	No
11457 OLDE CABIN ROAD STE 235	INTELLECTUAL AND						
SAINT LOUIS, MO 63141	DEVELOPMENTAL DISABILITIES	MISSOURI	501(C)(3)	LINE 10			X
						+	

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

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.

	· ·		1	l			1			1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j) (1	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	al or Perce	entage
of related organization	, ,	(state or	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	income	end-of-year		itions?	amount in box 20 of Schedule K-1 (Form 1065)	mana	al or Perce ging er? owne	ıership
		foreign		excluded from tax under		assets		1	20 of Schedule	parti	CI :	
		country)		366110113 3 12-3 14)			Yes	No	K-1 (F01111 1005)	Yes	NO	
										\vdash		
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										$\perp \perp$	_	
										\sqcup		
										1 1		
										1 1		

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	(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	Sec 512(k contr ent	i) tion b)(13) rolled iity?
		country)		5: i. d.5 iy				Yes	No
									<u> </u>
									<u> </u>

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

Not	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transaction	ns with one or more r	elated organizations listed ir	ı Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y	-		1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
e	Loans or loan guarantees by related organization(s)				1e		Х
•							
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s)				1i		Х
•	, 1 1 ,						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
- 1	Performance of services or membership or fundraising solicitations for related organizations	anization(s)			1		X
m	Performance of services or membership or fundraising solicitations by related organizations	anization(s)			1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organizat	tion(s)			1n		X
	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
	If the answer to any of the above is "Yes," see the instructions for information on v						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved		
(1)	DD COLLABORATIVE LLC	K	35,421.				
(2)							
(3)							
(3)							
(4)							
(5)							
(6)							
22016	00.14.22			Schadula B	/Eorr	n 990	1 202

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners sec	Share of	Share of	Disprop tionat	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of	Percentage
of entity		(state or foreign	excluded from tax under	orgs.?	total	end-of-year	allocatio	of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes I	lo (Form 1065)	Yes No	
				L W						
							++		++	
							+		+	
		_								
							+		 	
				\vdash			++		+-	
				$\sqcup \sqcup$			\bot		+	
										1