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PUBLIC DISCLOSURE COPY

Form 8879-TE		IRS e-file Signatu for a Tax Exc	re Authorization		OMB No. 1545-0047
Form OOI 9-I L	For calendar year 20		, 2022, and ending JUN 30	20 2 3	0000
	i di calendai yeai 20	Do not send to the IRS.		, 20 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	2022
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form8879			
Name of filer				EIN or SSN	
PathFo	rward, Ir			54-1615	5993
Name and title of officer or pe	rson subject to tax		Z		
	<u> </u>	President/CEO			
		eturn Information			
Form 5330 filers may enter or 10a below, and the amo	r dollars and cent ount on that line f	s. For all other forms, enter whole or the return being filed with this f	enter the applicable amount, if any, fi e dollars only. If you check the box or form was blank, then leave line 1b , 2 e return, then enter -0- on the applicat	n line 1a, 2a, 3a, b , 3b, 4b, 5b, 6b ,	4a, 5a, 6a, 7a, 8a, 9a, 7b, 8b, 9b, or 10b,
1a Form 990 check h	nere X	b Total revenue, if any (Forr	n 990, Part VIII, column (A), line 12)	1b	6,183,653.
2a Form 990-EZ che		b Total revenue, if any (Forr	n 990-EZ, line 9)	2b	
3a Form 1120-POL	check here		., line 22)		
4a Form 990-PF che	ck here		t income (Form 990-PF, Part V, line 5	i) 4b	
5a Form 8868 check			line 3c)	5b	
6a Form 990-T chec			rt III, line 4)		
7a Form 4720 check			t III, line 1)		
8a Form 5227 check		b FMV of assets at end of t		8b	
9a Form 5330 check		b Tax due (Form 5330, Part	, ,	9b	-
10a Form 8038-CP ch Part II Declarat			nt requested (Form 8038-CP, Part III ficer or Person Subject to T		0
			itity or I I am a person subject to		to (name
of entity)			, (EIN) an	-	
entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receive	ution account ind it the entry to this s prior to the payn ve confidential info	icated in the tax preparation soft account. To revoke a payment, I nent (settlement) date. I also auth ormation necessary to answer inc	Financial Agent to initiate an electron ware for payment of the federal taxes must contact the U.S. Treasury Fina orize the financial institutions involve quiries and resolve issues related to t and, if applicable, the consent to ele	s owed on this re incial Agent at 1- id in the processi he payment. I ha	turn, and the 888-353-4537 no ing of the electronic ve selected a
PIN: check one box only		mmany DIIC			22210
X I authorize RO	gers & Co	ompany PLLC	t	to enter my PIN	anter five numbers, but
		ERO firm name			do not enter all zeros
with a state age on the return's o As an officer or return. If I have	ncy(ies) regulating disclosure consen person subject to indicated within tl	g charities as part of the IRS Fed/ it screen. tax with respect to the entity, I w	have indicated within this return that State program, I also authorize the a vill enter my PIN as my signature on t n is being filed with a state agency(ie re consent screen	forementioned E he tax year 2022	RO to enter my PIN electronically filed
Signature of officer or person subje	-	,		Date	
	tion and Aut	hentication		Duto	
ERO's EFIN/PIN. Enter yo					
number (EFIN) followed by	-	-	5433958391 Do not enter all zeros		
-		· · · ·	e 2022 electronically filed return indic dernized e-File (MeF) Information for		
ERO's signature			Date		
	Do Not s	ERO Must Retain This F Submit This Form to the I	orm - See Instructions RS Unless Requested To Do	o So	

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

Form	8868
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(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Filo a	sonarato	application	for	oach	roturn

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

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.

Type or	or Name of exempt organization or other filer, see instructions. Tage			Taxpaye	Taxpayer identification number (TIN)		
print	PathForward, Inc.				54-16	15993	
File by the due date for filing your return. See	te for Number, street, and room or suite no. If a P.O. box, see instructions.						
instructions							
Enter the	e Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1	
Applicat	ion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	0 or Form 990-EZ	01	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990	0-PF	04	Form 5227			10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	D-T (trust other than above)	06	Form 8870			12	
Form 990	D-T (corporation) The Organizatio	07					
 If the If this box 1 I reaction 1 the 2 If the 	equest an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year or tax year beginning JUL 1, 2022 he tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta <u>Ma</u> anization's , an theck reas	emption Number (GEN) I a list with the names and TINs of y 15, 2024, to file s return for: d ending	f this is fo f all memb e the exen	r the whole (pers the extended or and the extended or and the extended or and the extended of	group, check this	
	his application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.), enter the	e tentative tax, less	3a	\$	0.	
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			_	
est	estimated tax payments made. Include any prior year overpayment allowed as a credit.		3b	\$	0.		
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by			-	
usi	ing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3c	\$	0.	
instructio		-	· ·	9453-TE ar			
LHA F	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form S	8868 (Rev. 1-2022)	



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



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public								
AF	or th	e 2022 calend	ar year, or tax year beginning $ { m JUL}1,2022$ and e	ending	UN 30, 202	3		
B C a	heck if pplicat	Dile: C Name of	C Name of organization D Employer identification number					
	Address PathForward, Inc.							
	Name Chan		usiness as		54-1615	993		
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er		
	Final Fetur		A 14th Street, N.		(703) 23	28-	7803	
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		6,363,089.	
	Amer		ngton, VA 22201-2524		H(a) Is this a group			
	Appli tion pend	F Name a	nd address of principal officer: Elizabeth Frantz				Yes 🔀 No	
	-	same	as C above		H(b) Are all subordinates	includ	ed? Yes No	
		empt status:		or 🛄 527			See instructions	
	Vebs				H(c) Group exempt			
_		f organization:	X Corporation Trust Association Other	L Year	of formation: 1992	M Sta	ate of legal domicile: VA	
Pa	rt I						<u>a</u> 1;	
e	1		e the organization's mission or most significant activities: To tr		orm lives b	γa	errvering	
Activities & Governance			solutions and pathways to stabili		- the set OF0(- f its rest		_	
veri	2	Check this bo	5		1		s. 13	
ŝ	3 ⊿		lependent voting members of the governing body (Part VI, line Ta)			_	13	
<u>م</u>	4 5		of individuals employed in calendar year 2022 (Part V, line 2a)			_	79	
itie	6		of volunteers (estimate if necessary)			_	100	
ctiv			d business revenue from Part VIII, column (C), line 12			_	0.	
A			business taxable income from Form 990-T, Part I, line 11			_	0.	
					Prior Year		Current Year	
Ð	8	Contributions	and grants (Part VIII, line 1h)	Г	3,760,398		3,939,656.	
Revenue	9		ce revenue (Part VIII, line 2g)		2,427,458	•	2,187,742.	
leve	10		come (Part VIII, column (A), lines 3, 4, and 7d)		60,266		34,683.	
ш	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		91,084		21,572.	
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		6,339,206	•	6,183,653.	
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0	-	0.	
	14		to or for members (Part IX, column (A), line 4)		0	-	0.	
es Sec	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10) _	∟	3,275,367	_	3,047,992.	
Expenses	16a	Professional for	r compensation, employee benefits (Part IX, column (A), lines 5-10) _ undraising fees (Part IX, column (A), line 11e)		0	•	0.	
Хр					2 200 000		2 015 251	
			es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,398,900		2,815,351.	
		•	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>5,674,267</u> 664,939		<u>5,863,343.</u> 320,310.	
- Si	19	Revenue less	expenses. Subtract line 18 from line 12		eginning of Current Year		End of Year	
Net Assets or Fund Balances	20	Total cooote /	Part V lina 16)		4,696,508		4,797,367.	
Asse Bali	20 21	Total assets (F			1,913,849		1,627,745.	
Net / und	21		(Part X, line 26) fund balances. Subtract line 21 from line 20		2,782,659		3,169,622.	
		Signature			2,,02,035	•		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Elizabeth Frantz, President/CEO Type or print name and title		Date 03/18/2024				
Paid	Print/Type preparer's name Preparer's signature Jie Chen, CPA	Date 3/26/24	Check PTIN if self-employed P01049760				
Preparer	Firm's name Rogers & Company PLLC		Firm's EIN 58-2676261				
Use Only	Firm's address 8300 Boone Boulevard, Suite 600						
	Vienna, VA 22182		Phone no. (703) 893-0300				
May the II	May the IRS discuss this return with the preparer shown above? See instructions X Yes No						
232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

	PathForward, Inc.	54-1615993	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: Our mission is to transform lives by delivering housing		nd
	pathways to stability. Our vision is an inclusive and	equitable	
	community where all neighbors live stable, secure and i lives free from the threat of homelessness.	ndependent	
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	XYes	No 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.	' □Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,776,042. including grants of \$) (Reveil)
	The Permanent Supporting Housing (PSH) Program provides case management for people who were chronically homeles		
	placement, and who have a disabling condition. PSH clie		<u>lelp</u>
	with such things as transportation, budgeting and money		
	activities of daily living. 466 people have been housed		
4b	(Code:) (Expenses \$ 1,914,867. including grants of \$) (Rever		L 45.)
	Homeless Services Center (HSC) - The HSC revolutionizes		<u> </u>
	services by housing all of the programs in one facility can access services at one central location, 24 hours a	so that clie	ents
	per year. Our programs include Street Outreach, Shelter	<u> </u>	/5
	Medical Services, and Day Program. PathForward's service		<u> </u>
	Street Outreach, as staff seeks out homeless people liv	ing on the	
	streets. Staff distributes items such as blankets, food		
	socks while we encourage people to visit the HSC. The S		
	is available year-round and provides up to 50 shelter b		1
	respite beds, and 25 additional beds during Hypothermia (November through March). Within the Center, clients ca		
	showers, laundry, receive three meals a day and can mee	t with case	
4c	(Code:) (Expenses \$ 696,028 • including grants of \$) (Rever)
	The Homelessness Prevention Program (HPP) and Rapid Re-	housing Progr	
	(RRH) began in October 2009 through funding from the Am		
	and Reinvestment Act. The aim of the program is to prev		10
	are facing homelessness from reaching the streets or to re-house those who are already homeless. By limiting th		
	spends on the street, it reduces their exposure to risk		
	deteriorating health, and decreases their chance of bec	oming	
	chronically homeless. Clients meet with the RRH Case Ma	nager at the	
	Homeless Services Center. The Program's Housing Locator		
	providers throughout Arlington County locate housing an	d place their	<u> </u>
	clients into it.		
ام ۸	Other program services (Describe on Schedule O)		
40	Other program services (Describe on Schedule O.) (Expenses \$ 290, 798 • including grants of \$) (Revenue \$	134,597. ₎	
4e	Total program service expenses 4,677,735.		
			90 (2022)
00000	See Schedule O for Continuation(S)	

 Form 990 (2022)
 PathForward, Inc.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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 provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</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? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
h	Part VI	11a	- 23	
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	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		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101-	х	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	л	X
13	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 17
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 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		Х
	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form	990	(2022)
	330	(2022)

 Form 990 (2022)
 PathForward, Inc.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	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			v
~~	Schedule L, Part I	25b		X
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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
20	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	21		- 23
28	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			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
Ũ	"Yes," complete Schedule L, Part IV	28c		x
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		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Fal				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	х	

Form	990 (2022) PathForward, Inc. 54-1615	993	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 79			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	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?	6a		X
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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 1041?	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			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	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 income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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	000	

PathForward, Inc.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>х</u>
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v
	more members of the governing body?	7a		<u>X</u>
Ø	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	71		Х
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		27
8		8a	x	
b	The governing body? Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
•	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.)	-		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
40	on Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13	A X	
14 15	Did the organization have a written document retention and destruction policy?	14	71	
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	15a 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 <u>VA</u>			
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 only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website I 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, and	d finar	ICIAI	

stat	tements a	available to the	e pub	lic dur	ing the ta	x year.	

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	The Organization - (703) 228-7803

2020 A 14th Street, N., Arlington, VA 22201-2524

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employee	s, Highest	Compensated
	Employees, and Independe	ent Contra	ctors			

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

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

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

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	d ual 1	Institutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indivi	Institu	Officer	Key e	Highe emplo	Former			C C
(1) Elizabeth B. Frantz	40.00									
President & CEO		1		X				241,364.	0.	9,319.
(2) Leonard Chari	40.00									
VP of Operations						Х		146,345.	0.	10,297.
(3) Kasia Shaw	40.00									
Sr. Director of Medical Services						Х		138,430.	0.	6,801.
(4) Elizabeth Nohra	40.00									
Sr. Director of Strategic Partnershi						Х		125,154.	0.	3,372.
(5) Terrance Toussaint	40.00									
Assistant Director of Operations						Х		118,874.	0.	5,557.
(6) Tim Denning	5.00									
Chair		Х		Х				0.	0.	0.
(7) Christopher Zimmerman	5.00									
Vice-Chair/Secretary		Х		Х				0.	0.	0.
(8) Christine Searle	5.00								_	_
Treasurer		Х		Х				0.	0.	0.
(9) Michael Garcia	5.00								_	_
Past Chair		Х		Х				0.	0.	0.
(10) Tracy Edwards	5.00							_	_	_
Governance		X						0.	0.	0.
(11) Carla Garrett	5.00							_	_	_
Director		Х						0.	0.	0.
(12) Paul Kinyon	5.00							_	_	_
Director		х						0.	0.	0.
(13) James Meenan	5.00									
Director		х						0.	0.	0.
(14) Joseph Simonelli	5.00									
Director		х						0.	0.	0.
(15) Jeanine Finch	5.00									
Director		X						0.	0.	0.
(16) Molly Grover	5.00									•
Director		X						0.	0.	0.
(17) Jenny Roberts	5.00								•	~
Director		Х						0.	0.	0.

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Form 990 (2022)

Form 990 (2022) PathForw	-								54-163	159	93 P	age 8		
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ghe	st C	compensated Employe	es (continued)					
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			Average Constitution (do not check more than on box, unless person is both a			Position (do not check more than one box, unless person is both an		(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	;/	compensa from th organizat and relat organizati	e ion ed		
(18) Meredith Schramm-Strosser	5.00	_												
Director		Х						0.	(0.		0.		
1b Subtotal c Total from continuation sheets to Part V								770,167.		0.	35,3	46.		
d Total (add lines 1b and 1c)								770,167.		0.	35,3	46.		
2 Total number of individuals (including but r compensation from the organization	not limited to th	iose	liste	ed al	bove	e) wł	no re	eceived more than \$100),000 of reportable			5		
	-1										Yes	No		
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such individual							· · · · · · · · · · · · · · · · · · ·	-		3	Х		
4 For any individual listed on line 1a, is the si and related organizations greater than \$15			-						the organization	[4 X			
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i>								•	idual for services		5	X		
Section B. Independent Contractors	•										•			
1 Complete this table for your five highest co the organization. Report compensation for										ensa	tion from			
(A) Name and business								(B) Description of s		Со	(C) mpensatio	n		
Kositzka, Wicks and Comp Road, Suite 250, Alexand					vne	ee		Accounting s	ervices		164,0	49.		
nouu, buice 250, mexana	<u> </u>						ſ				101,0	17.		
							\dashv							
2 Total number of independent contractors (including but n	ot li	mite	d to	tho	se lis	stec	above) who received n	nore than					
\$100.000 of compensation from the organ	-					1		,						

	t VII			orward ue	- 1				54-1615	993 Pag
		Check if Schedule O	conta	ains a respo	onse	or note to any lir			(C)	
							(A) Total revenue	Related or exempt function revenue		(D) Revenue exclud from tax und sections 512 - 3
2	1 a	Federated campaigns		1a		34,766.				
		Membership dues				01,7000	1			
		Fundraising events		······			1			
		Related organizations					1			
Ĭ		Government grants (cont			2.	441,232.	1			
5		All other contributions, gifts,		· ·+	_ /		1			
	•	similar amounts not included	-		1,	463,658.				
2	a	Noncash contributions included in				111,117.	1			
	•	Total. Add lines 1a-1f			-		3,939,656	•		
		· · · · · · · · · · · · · · · · · · ·				Business Code				
	2 a	Contract serv	vic	es		624200	2,053,145	.2,053,145.		
ъ	b	Sibert House			ln	900099	134,597	. 134,597.		
Ď	с									
aniiaau	d								1	
-	е									
	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f					2,187,742	•		
	3	Investment income (inclu	ding o	dividends, i	intere	est, and				
		other similar amounts)					42,092	•		42,09
	4	Income from investment								
	5	Royalties	<u></u>							
				(i) Rea	I	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss	s) <u></u>							
	7 a	Gross amount from sales of		(i) Securit		(ii) Other				
		assets other than inventory	7a	128,08	39.					
	b	Less: cost or other basis								
		and sales expenses	7b	135,49	98.					
	С	Gain or (loss)	7c	-7,40	19.					
	d	Net gain or (loss)					-7,409	•		-7,40
	8 a	Gross income from fundraisi								
		including \$								
		contributions reported or								
		Part IV, line 18			8a		4			
		Less: direct expenses			8b	43,938.	11 100			11 10
		Net income or (loss) from		•			11,188	•		11,18
	9 a	Gross income from gamir								
		Part IV, line 19			9a		-			
		Less: direct expenses			9b					
		Net income or (loss) from	•	°	s					
	iu a	Gross sales of inventory,			10					
	L.	and allowances			10a		-			
		Less: cost of goods sold			10b					
+	C	Net income or (loss) from	sales		чу	Business Code				
	11 -	Other reimbur	rgo	mente		900099	9,824			9,82
Revenue	n a b	Laundry incom				900099	560			56
š		Incon					500	-		
ב	c c							-	+	
		All other revenue Total. Add lines 11a-11d				1	10,384			
	12 12	Total revenue. See instruction						• •2,187,742.	0.	56,25

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	990 (2022) PathForward , rt IX Statement of Functional Expense			54-16	15993 _{Page} 1
	ion 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	omplete column (A).	
	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	263,248.	202,106.	31,870.	29,272
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,398,669.	1,841,558.	290,390.	266,721
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	59,161.	45,421. 102,246.	7,162.	6,578 14,718
9	Other employee benefits	133,615.	102,246.	16,651.	14,718
10	Payroll taxes	193,299.	148,404.	23,401.	21,494
11	Fees for services (nonemployees):				
а	Management				
b					
с		198,184.		198,184.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,788.		8,788.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	182,642.	82,425.	91,337.	8,880 69,073
12	Advertising and promotion	70,224.		1,151.	69,073
13	Office expenses	112,580.	35,903.	59,117.	17,560
14	Information technology				
5	Royalties				
16	Occupancy				
17	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				

80,043.

40,315.

40,743.

1,837,008.

5,863,343.

193,643.

28,905.

17,567.

4,709.

79,550.

38,775.

30,996.

1,834,785.

4,677,735.

192,546.

28,905. 13,760.

355.

Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), 24 amount, list line 24e expenses on Schedule 0.) Supportive services а Supplies and food b Repairs and maintenance с Taxes and licenses d

Conferences, conventions, and meetings

Interest

e All other expenses Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

232010 12-13-22

19

20

864.

663.

1,071.

1,193.

442,499.

4,412.

493.

676.

5,335.

1,560.

3,807.

3,161.

743,109.

26.

PathForward, Inc.

14							
		Check if Schedule O contains a response or note	to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
					914,016.	_	558,421.
	1			····· -	592,158.	1	557,964.
	2	Savings and temporary cash investments			266,731.	2	691,802.
	3	Pledges and grants receivable, net			8,382.	3	1,561.
	4	Accounts receivable, net			0,302.	4	1,501.
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa				_	
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualifie				•	
	_	under section 4958(f)(1)), and persons described				6	
Assets		Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use			92,137.	8	100,258.
	9	Prepaid expenses and deferred charges	·····	······ _	92,137.	9	100,230.
	10a	Land, buildings, and equipment: cost or other	10-	1 902 034			
		basis. Complete Part VI of Schedule D	10a	285 899	1,655,430.	40-	1,616,135.
		· · · · · · · · · · · · · · · ·			1,167,654.	10c	1,253,715.
	11	Investments - publicly traded securities			1,107,054.	11	1,255,715.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			0.	14	17,511.
	15	Other assets. See Part IV, line 11			4,696,508.	15 16	4,797,367.
	16	Total assets. Add lines 1 through 15 (must equal			219,265.	10	261,876.
	17	Accounts payable and accrued expenses			217,205.		201,070.
	18 19	Grants payable			7,982.	18 19	8,544.
	20	Deferred revenue			1,502.	20	0,511.
	20	Tax-exempt bond liabilities				20 21	
	21	Escrow or custodial account liability. Complete Pa				21	
Liabilities	22	Loans and other payables to any current or former					
ilid		trustee, key employee, creator or founder, substa				22	
Lia	23	controlled entity or family member of any of these Secured mortgages and notes payable to unrelate		E Contraction of the second seco	1,440,430.	22	951,517.
	23	Unsecured notes and loans payable to unrelated			1,110,1500	23 24	55175170
	25	Other liabilities (including federal income tax, paya				24	
	20	parties, and other liabilities not included on lines					
		of Schedule D	17 2-1)		246,172.	25	405,808.
	26	T			1,913,849.	26	1,627,745.
	20	Organizations that follow FASB ASC 958, chec		77		20	
ses		and complete lines 27, 28, 32, and 33.					
anc	27				2,129,211.	27	3,078,737.
Bal	28	Net assets with donor restrictions		E Contraction of the second seco	653,448.	28	3,078,737. 90,885.
pu		Organizations that do not follow FASB ASC 95					
Fu		and complete lines 29 through 33.	-,				
s or	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equ				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		E	2,782,659.	32	3,169,622.
~	33	Total liabilities and net assets/fund balances			4,696,508.	33	4,797,367.
							Form 990 (2022)

Form **990** (2022)

Form 990 (2022) Part X Balance Sheet

Form	1 990 (2022) PathForward, Inc.	54	-1615993	B Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,18		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,86		
3	Revenue less expenses. Subtract line 2 from line 1	3			310.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,78		
5	Net unrealized gains (losses) on investments	5	6	56,6	553.
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	3,16	59,6	522.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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?			X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis	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			v	
	review, or compilation of its financial statements and selection of an independent accountant?			X	_
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule	O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	X	+
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			v	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Nam	e of t	the organization							identification number
			Forward, I						4-1615993
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete tl	his part.) S	See instruction	ns.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(*	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in :	section 17	70(b)(1)(A)	(v).		
7	7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
	section 170(b)(1)(A)(vi). (Complete Part II.)								
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in coniu	unction with a	land-grant	college
-		or university or a non-land-				-		-	-
		university:					,,		
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its sup	port from	contributio	ons members	hin fees a	nd gross receipts from
		activities related to its exen							
		income and unrelated busir		-					-
		See section 509(a)(2). (Cor				.5505 2040		gamzation	
11		An organization organized a	,	ively to test for public sa	foty Soo	saction 5()Q(a)(4)		
12	\square	An organization organized a	•		•			arry out the	purposes of one or
12		more publicly supported or							
		lines 12a through 12d that							
						-		-	
а		Type I. A supporting orga		-	•				
		the supported organization			a majonity	or the dire	clors or truste	ees or the s	supporting
		organization. You must o	-				!		
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	portea
		organization(s). You mus	-						
с		☐ Type III functionally inte						illy integrat	ed with,
		its supported organizatio	() (
d		Type III non-functionally	• •					· ·	
		that is not functionally int			-		-	d an attent	iveness
	_	requirement (see instruct	,	•	-				
е		Check this box if the orga					а Туре I, Туре	e II, Type III	
		functionally integrated, or		nally integrated support	ing organi	zation.			
		er the number of supported o	•						
<u> </u>		vide the following information			(iv) Is the orga	inization listed			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		inization listed ing document?	(v) Amount o support (see ir	,	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see ii	istructions)	
Tota	1								

Schedule A (Form 990) 2022

PathForward, Inc.

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

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

See	ction 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.")	3,678,686.	3,678,532.	3,563,214.	3,760,398.	3,939,656.	18,620,486.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	3,678,686.	3,678,532.	3,563,214.	3,760,398.	3,939,656.	18,620,486.
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)						240,430.
	Public support. Subtract line 5 from line 4.						18,380,056.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	3,678,686.	3,678,532.	3,563,214.	3,760,398.	3,939,656.	18,620,486.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	22,808.	24,375.	26,947.	33,628.	42,092.	149,850.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	21,434.	27,577.	57,679.	91,084.	10,384.	208,158.
11	Total support. Add lines 7 through 10						18,978,494.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 10	,346,698.
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section t	501(c)(3)	
_	organization, check this box and stop		-				
	ction C. Computation of Publ		-				00.05
	Public support percentage for 2022 (I					14	96.85 %
	Public support percentage from 2021					15	96.50 %
16a	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	•	VI how the organiz	ation
	meets the facts-and-circumstances te	•	•		•		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets th						
	organization meets the facts-and-circl						
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a		s

Schedule A (Form 990) 2022

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

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

Section A Public Support

Sec	cuon A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20)22	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ-								
•	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
Ū	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
10	3 received from disqualified persons								
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								_
	ction B. Total Support	·					ı		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20	022	(f) Total	
	Amounts from line 6							.,	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b								
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital								
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)								
	First 5 years. If the Form 990 is for th	ne organization's fi	irst second third	fourth or fifth tax	vear as a section !	501(c)(3) o	rganizati	on	
	check this box and stop here	le elganization e n					- gui	,	٦
Se	ction C. Computation of Publ	lic Support Pe	rcentage						-
	Public support percentage for 2022 (column (f))		15			%
	Public support percentage from 202					16			%
	ction D. Computation of Inve	· · · · · · · · · · · · · · · · · · ·							/0
	Investment income percentage for 20		•			17			%
	Investment income percentage for					18			%
	33 1/3% support tests - 2022. If the						nd line 1	7 is not	/0
136									٦
L	more than 33 $1/3\%$, check this box a						3 1/20/	∟ and	
C	33 1/3% support tests - 2021. If the								٦
20	line 18 is not more than 33 1/3%, che								\exists
20	Private foundation. If the organization	in did not check a		a, ur 190, check t	Ins box and see Ins	SURGEORIE	<u></u>	L	

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

	(Form 990) 2022	PathForward,	Inc
Part IV	Supporting Orga	nizations (continued)	

1

2

No

			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
	Did the governing body members of the governing body officers esting in their efficiel especify or membership of one or			

imes during the tax year? If "No," describe in Part VI how the supported organization(s) ised, or controlled the organization's activities. If the organization had more than one supported the powers to appoint and/or remove officers, directors, or trustees were allocated among the d what conditions or restrictions, if any, applied to such powers during the tax year.
e for the benefit of any supported organization other than the supported
/i t

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated
supervised, or controlled the supporting organization.

Section C.	Type II Supporting Or	ganizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the	e organization used t	to satisfy the Integral Part	Test during the yea(see instructions)
---	---	-----------------------	------------------------------	---------------------------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) с
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

PathForward,	Inc.
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	dule A (Form 990) 2022 PathForward, Inc.			04-1615993 Page
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	st complete	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		
ect	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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		
ect	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		

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

Schedule A (Form 990) 2022

|--|

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	led)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

PathForward, Inc.

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

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

Reimbursements

Schedule of Contributors

** PUBLIC DISCLOSURE COPY **

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

54-1615993

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

PathForward, Inc.

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

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is checked.

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)

		\$ 1,828,732.	Noncash
			(Complete Part II for noncash contributions.)
			noncash contributions.j
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
2			Person X
		\$ 395,934.	Payroll Noncash
			(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3			Person X
		\$ 216,566.	Payroll Noncash
		\$ <u>216,566.</u>	(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			Payroll
		\$	Noncash (Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			Payroll
		\$	Noncash (Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
		—	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
223452 11-15			Schedule B (Form 990) (2022)
	23		

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2022)

PathForward, Inc.

Name of organization

Part I

(a)

No.

1

Employer identification number

(d) Type of contribution

X

54-1615993

Person Payroll

(c)

Total contributions

PathFo	orward, Inc.	1	54-1615993
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if 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

Page 3

Schedule B (Form 990) (2022)

Name of organization

1 - 1 - 0 0 2 _ .

Employer identification number

Name of o	rganization			Employer identification number
PathF	orward, Inc.			54-1615993
	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, che Use duplicate copies of Part III if additional s	hrough (e) and the following line en aritable, etc., contributions of \$1,000 o	ntry For organizations	that total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of g	 jift	
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Part I				
		(e) Transfer of g	 jift	
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of g		
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, an	(e) Transfer of g d ZIP + 4		nsferor to transferee
			· · · ·	

_		0			OMB No. 154	15-0047
	HEDULE D		al Financial Statements		202	<u>10 00 47</u>
(Forr	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		202	
	ment of the Treasury I Revenue Service	A Go to www.irs.gov/Form99	ttach to Form 990. 0 for instructions and the latest information.		Open to Inspectio	
-	e of the organizati			Emplo	yer identification	
		PathForward, Inc.			54-16159	
Pa			d Funds or Other Similar Funds or A	Accoun	ts.Complete if the	Э
	organizatio	n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	(b) Funds	and other accour	nts
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4 5		t end of year	writing that the assets held in donor advised fu	ade		
5	-		exclusive legal control?		Yes	
6			dvisors in writing that grant funds can be used			
			or donor advisor, or for any other purpose confe			
	impermissible priv		· · · ·	•	🗌 Yes	🗌 No
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	/, line 7.		
1	Purpose(s) of cons	servation easements held by the organizati	on (check all that apply).			
		n of land for public use (for example, recrea	tion or education)	orically im	portant land area	
		f natural habitat	Preservation of a cer	ified histo	pric structure	
		n of open space				
2	Complete lines 2a day of the tax yea	. .	fied conservation contribution in the form of a c		on easement on the end of the end	
•				2a		
a b				2a 2b		
	•		ucture included in (a)	20 20		
		vation easements included in (c) acquired				
				2d		
3			leased, extinguished, or terminated by the orga		luring the tax	
	year				-	
4	Number of states	where property subject to conservation ea	sement is located			
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of			
		forcement of the conservation easements i				└── No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion easen	nents during the y	ear
_		<u> </u>				
7	Amount of expens	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	asements	s during the year	
8		viation assement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(
U		1 ()		,,,,	Yes	No
9			on easements in its revenue and expense state			
	-	•	note to the organization's financial statements t			
		ounting for conservation easements.	-			
Pa			f Art, Historical Treasures, or Other	Similar	Assets.	
	Complete in	f the organization answered "Yes" on Form	990, Part IV, line 8.			
1a			58, not to report in its revenue statement and ba			
	-	· ·	olic exhibition, education, or research in further	ance of pu	ublic	
Ŀ.	· •		ncial statements that describes these items.	oo ohoot	worke of	
a	-		68, to report in its revenue statement and balan c exhibition, education, or research in furtherand			
		ing amounts relating to these items:	or research in runtile and			
	•	0		\$		
2	.,		asures, or other similar assets for financial gain	_		
	-	unts required to be reported under FASB A				
а	Revenue included	on Form 990, Part VIII, line 1	-	\$_		
b						

Schedule D (Form 990) 2022

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

232051 09-01-22

	dule D (Form 990) 2022 PathFor t III Organizations Maintaining C	ward, Inc.		torical Tr	02511105	or Otho				B Page 2
									ເອເບດແທ	uea)
3	Using the organization's acquisition, accessi	on, and other record	as, cnec	k any of the	tollowing tha	t make si	ignificant us	se of its		
2	collection items (check all that apply):		•	Loop or ove	hange progra	m				
a k					nange progra					
b	Scholarly research	e	•							
C A	Preservation for future generations	allastions and avala	in how t	oov furthor t	ha araanizati	on'o ovon	not ourooo	a in Dar		
4 5	Provide a description of the organization's conduction burning the year, did the organization solicit of							emran		
5	8, , 8		,						Vec	
Da	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran		U						Yes	└── No
1 0	reported an amount on Form 990, Pa			eorganizatio	n answered	res on	F0111 990,	Part IV,	line 9, or	
10	Is the organization an agent, trustee, custod		diany for	contribution	e or other as	cote not i	included			
Id			•						Yes	No No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							····· L	162	
b		and complete the it	Jiowing	LaDIE.					Amount	
•	Paginning balance						1c		7 4110 4110	
	Additions during the year									
	Additions during the year									
	Distributions during the year									
	Ending balance Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII.									
	t V Endowment Funds. Complete i									
		(a) Current year	1	Prior year	(c) Two year			irs back	(e) Four	vears back
1a	Beginning of year balance	(, ,	(-7)	,	(-) ,	`	,		(-)	,
b	Contributions									
0	Net investment earnings, gains, and losses									
с 4	Grants or scholarships									
	Other expenditures for facilities									
e										
£	and programs									
	Administrative expenses									
g	End of year balance Provide the estimated percentage of the cur		 	a column (c						
2	Board designated or quasi-endowment		ا e (iii ie ا %	g, column (a						
a b	Permanent endowment	%	70							
b		%								
С	Term endowment The percentages on lines 2a, 2b, and 2c sho	-								
20		•	otion th	at ara hald a	nd administa	rad for th				
Ja	Are there endowment funds not in the posse organization by:	ssion of the organiz	auonin	at are neiù a			le		Г	Yes No
	0								3a(i)	
	(i) Unrelated organizations									
h	(ii) Related organizations	tions listed as requi	irod on S	Schodulo P2					3a(ii) 3b	
4	Describe in Part XIII the intended uses of the								30	
_	t VI Land, Buildings, and Equipm	V	ownen	iunus.						
ı u	Complete if the organization answere		0 Part I	/ line 11a S	See Form 990) Part X	line 10			
	Description of property	(a) Cost or d			or other		cumulated		(d) Book	valuo
	Description of property	basis (investi			(other)	• •	reciation			value
10	Land	· · ·			7,773.	ucp			805	7,773.
	Land				2,049.	1	.20,30	9.		,740.
	Buildings Leasehold improvements				-,	4	,50			-,, -0.
				5	4,330.		37,70	8.	16	5,622.
	EquipmentOther				7,882.	1	27,88		± (0.
	Add lines 1a through 1e. (Column (d) must e		t X. colur		-				1,616	<u>,135.</u>

Schedule D (Form 990) 2022

|--|

Part VII Investments - Other Securitie		a 11b Saa Farm 000 Dart V lina 10	
Complete if the organization answered (a) Description of security or category (including name of sec		(c) Method of valuation: Cost or end	d-of-vear market value
(1) Financial derivatives			d of year market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	<u>, , , , , , , , , , , , , , , , , , , </u>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12 Part VIII Investments - Program Relate			
Complete if the organization answered		e 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear 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.	3.)		
Complete if the organization answered	"Vos" on Form 990, Part IV, lin	o 11d Soo Form 990 Part X lino 15	
	(a) Description	e 110. dee 10111 330, 1 at X, inte 13.	(b) Book value
(1)	(4) 2 000 1 p 1011		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)		
Part X Other Liabilities.	"Vaa" on Form 000 Dart IV lin	a 11a ar 11f Saa Farm 000 Bart V line 25	
(a) Description of lightlike	res on Form 990, Part IV, III	e 11e or 11f. See Form 990, Part X, line 25	. (b) Book value
			(b) DOOK Value
(1) Federal income taxes (2) Refundable advances			365,537.
(3) Deposits			22,760.
(4) Operating lease liabil	ities		17,511.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 25.)		405,808.

Inc.

. (D) III (C 20.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

54-1615993	Page 4
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Sche	edule D (Form 990) 2022 PathForward, Inc.			54-2	1615993 _{Page} 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,455,538.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	66,653.		
b	Donated services and use of facilities	2b	170,082.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	43,938.		
е	Add lines 2a through 2d			2e	280,673.
3	Subtract line 2e from line 1			3	6,174,865.
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	8,788.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	8,788.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,183,653.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments Wit	h Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total expenses and losses per audited financial statements			1	6,068,575.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	170,082.		
b	Prior year adjustments	2b			
с	Other losses				
d			43,938.		
е	Add lines 2a through 2d			2e	214,020.
3	Subtract line 2e from line 1			3	5,854,555.
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	8,788.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	8,788.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,863,343.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art 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:

232054 09-01-22

Management has revie	ewed all open t	tax years for a	all tax 🖞	jurisdictions and
----------------------	-----------------	-----------------	-----------	-------------------

has concluded that the Organization has taken no uncertain tax positions

that require adjustment to the consolidated financial statements to comply

with the provisions of this guidance.

Part XI, Line 2d - Other Adjustments:

Direct expenses for special events

Part XII, Line 2d - Other Adjustments:

Direct expenses for special events

43,938.

43,938.

SCHEDULE G	Suppleme	ntal Inforn	nation Regarding	, Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990)			n answered "Yes" on entered more than \$1					or if the	2022
Department of the Treasury			Attach to Form 990						Open to Public
Internal Revenue Service Name of the organization		o www.irs.go	ov/Form990 for instru	ctions	and t	he latest informatio	on.	Employor	Inspection dentification number
Name of the organization	 PathFor	ward.]	nc.					54-161	
Part I Fundrais		-	the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1		
•	complete this par								
 c Phone solici d In-person so 2 a Did the organization key employees list b If "Yes," list the 1000 	ions email solicitations tations vlicitations on have a written o red in Form 990, P) highest paid indiv	or oral agreem art VII) or enti viduals or ent	e Solicita f Solicita g Special eent with any individua ty in connection with p ties (fundraisers) pursu	tion of tion of fundra l (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees	́ П	Yes No o be
compensated at le	east \$5,000 by the	organization				1			
(i) Name and addres or entity (fund		(ii) Activity	fùndi have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained b fundraiser ted in col. (i)	y) to (or retained by)
				Yes	No				
Total									
3 List all states in wh or licensing.	ich the organizatio	n is registere	d or licensed to solicit	contrib	outions	s or has been notifie	d it is	exempt fror	n registration

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

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	(d) Total events
			30th		None	(add col. (a) through
			Anniversary			col. (c)
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	55,126.			55,126.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	55,126.			55,126.
	4	Cash prizes				
~	5	Noncash prizes	13,800.			13,800.
Direct Expenses	6	Rent/facility costs	411.			411.
rect Ex	7	Food and beverages	22,952.			22,952.
	8	Entertainment	463.			463.
	9	Other direct expenses	6 04 0			6,312.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)			43,938.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			11,188.

\$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 [4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
	Enter the state(s) in which the organization conduct Is the organization licensed to conduct gaming ac If "No," explain:	tivities in each of these	states?		Yes No
10a	Were any of the organization's gaming licenses re	voked suspended or te	erminated during the tax	vear?	Yes No
	If "Yes," explain:		-	• • • • • • • • • • • • • • • • • • • •	

232082 10-27-22

Schedule G (Form 990) 2022

Sch	nedule G (Form 990) 2022	PathForward,	Inc.	54-162	15993	B Page B
11	Does the organization conduct ga	aming activities with nonme	mbers?	L	Yes	No
12	Is the organization a grantor, ben	eficiary or trustee of a trust,	, or a member of a partnership or other entity formed	_	Yes	No No
13	Indicate the percentage of gamin					
				1:	3a	%
					3b	%
14	Enter the name and address of the	e person who prepares the	organization's gaming/special events books and recor	ds:		
	Name					
	Address					
15a	a Does the organization have a con	itract with a third party from	n whom the organization receives gaming revenue? \ldots		Yes	🗌 No
ł	If "Yes," enter the amount of gam	ning revenue received by the	e organization \$ and the amo	ount		
	of gaming revenue retained by th	e third party \$				
C	If "Yes," enter name and address	of the third party:				
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
á	a Is the organization required unde	r state law to make charitab	ble distributions from the gaming proceeds to	Г	_	
	retain the state gaming license?			L	_ Yes	└── No
ſ	organization's own exempt activit		 be distributed to other exempt organizations or spent 	in the		
Pa			$^{\Psi}$ anations required by Part I, line 2b, columns (iii) and (v);	and Part II	I. lines 9	. 9b. 10b.
			ny additional information. See instructions.	·	,	, , ,

Part IV	Supplemental Information (continued)
-	
-	
-	

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47		
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)		
•	·	Compensated Employees		20				
Depa	rtment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nan	ne of the organizatio		Employer id			mber		
		PathForward, Inc.	54-1	61599	3			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a		iate box(es) if the organization provided any of the following to or for a person listed on Forn	n 990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	, i i i i i i i i i i i i i i i i i i i						
	Travel for com							
		ation and gross-up payments						
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)					
b		on line 1a are checked, did the organization follow a written policy regarding payment or		41				
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and onice	rrs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
2	Indianta which if a	are of the following the exercitation used to establish the compensation of the exercitation	20					
3		ny, of the following the organization used to establish the compensation of the organization						
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
	·	compensation consultant Compensation survey or study						
		ther organizations X Approval by the board or compensation of	committee					
			Johnningee					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
•	organization or a re							
а	-	e payment or change-of-control payment?		4a		X		
b		eive payment from a supplemental nonqualified retirement plan?				X		
c		eive payment from an equity-based compensation arrangement?				X		
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	,							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	ion					
	contingent on the r							
а	The organization?			5a		X		
b	Any related organiz	ation?				Х		
		or 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	ion					
	contingent on the r	net earnings of:						
а	The organization?			6a	Х			
b	Any related organiz	ation?		6b		X		
		or 6b, describe in Part III.						
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S					
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to						
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
	Regulations section	n 53.4958-6(c)?		9				
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forr	n 990) 2022		

54-1615993

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Elizabeth B. Frantz	(i)	215,864.	25,500.	0.	9,187.	132.	250,683.	0.
President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Leonard Chari	(i)	134,345.	12,000.	0.	6,925.	3,372.	156,642.	0.
VP of Operations	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Part I, Line 6:

Elizabeth Franz now earns a bonus based on the net income compared to

budget.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number 54-1615993

N	lame	of	the	orgar	nization
---	------	----	-----	-------	----------

PathForward, Inc.

Par	τι	Types of Property							
			(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	tormin	ina	
			applicable	contributions or	amounts reported on	noncash contribu		•	s
			applicable	items contributed	Form 990, Part VIII, line 1g			nount	<u> </u>
1	Art -	Works of art							
2	Art -	Historical treasures							
3	Art -	Fractional interests							
4	Boo	ks and publications							
5	Clot	ning and household goods	Х		27,205.	FMV			
6	Cars	and other vehicles							
7	Boat	s and planes							
8		lectual property							
9	Secu	urities - Publicly traded	Х	4	25,894.	FMV			
10	Secu	urities - Closely held stock							
11	Secu	urities - Partnership, LLC, or							
	trust	interests							
12		urities - Miscellaneous							
13	Qua	ified conservation contribution -							
	Histo	pric structures							
14		ified conservation contribution - Other							
15	Real	estate - Residential							
16		estate - Commercial							
17		estate - Other							
18		ectibles							
19		d inventory	Х	100	58,018.	FMV			
20		is and medical supplies							
21		dermy							
22		orical artifacts							
23		ntific specimens							
24		eological artifacts							
25	Othe								
26	Othe								
27	Othe								
28	Othe	er (
29	Num	ber of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions				
	for v	hich the organization completed Form 828	83, Part V, D	Donee Acknowledg	ement 29				
					<u> </u>			Yes	No
30a	Duri	ng the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	mus	t hold for at least 3 years from the date of	, the initial co	ontribution, and wh	ich isn't required to be used	for			
		npt purposes for the entire holding period?					30a		Х
b		es," describe the arrangement in Part II.							
31		s the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contribu	utions?	31	Х	
		s the organization hire or use third parties of							
		ributions?		0			32a		Х

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

b If "Yes," describe in Part II.

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

Schedule M (Form 990) 2022

54-1615993 Page 2

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

SCHEDULE O (Form 990)



Employer identification number 54 - 1615993

Form 990, Part III, Line 2, New Program Services:

PathForward, Inc.

The new Mobile Medical Program (MMP) delivers free medical care to

people who are street homeless.

Form 990, Part III, Line 4b, Program Service Accomplishments: managers. 29,850 meals are served annually through the HSC. PathForward provides free Medical Services for homeless Arlington residents at the HSC and through the Mobile Medical Program which meets clients on the streets. The Medical Respite program provides 5 beds for patients who require additional recovery after discharge from the hospital or undergoing extreme treatments such as cancer. Our medical team assists in over 810 medical visits annually. The Day Program provides low barrier access to case management, medical care, eviction prevention, referrals for medical and mental health services, and important resources like showers, laundry, three meals per day and clean clothing.

Form 990, Part III, Line 4d, Other Program Services: Sibert House - During 2019, PathForward purchased real estate property in Arlington, Virginia. The building has capacity to house 8 individuals who do not otherwise qualify for government subsidies. Sibert House provides a foundation that helps clients achieve better health, overcome substance abuse and mental illness, obtain job security, and so much more. Sibert House is PathForward's bold new step that provides Arlington with a housing solution for its most vulnerable - those homeless individuals who require the most oversight, additional LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 202211 10-28-22

Schedule O (Form 990) 2022	Page 2								
Name of the organization PathForward, Inc.	Employer identification number 54-1615993								
onsite care, and a dedicated apartment building where thi	s type of								
enhanced support can transition people from Streets to Stability.									
Expenses \$ 247,182. including grants of \$ 0. Revenue	\$ 134,597.								

PathForward is very focused on healthcare equity. The Mobile Medical Program (MMP) delivers free medical care to people who are street homeless. COVID underscored the importance of providing access to free healthcare for our community's most vulnerable, whose medical conditions can rapidly deteriorate until they become crises, and access to medical care can be the difference between life and death. The MMP brings together an outreach case manager (CM) and Registered Nurse (RN) who go together to overpasses, bridges, woods, etc. where people live. The CM regularly conducts street outreach to deliver food, water, socks, clothing, blankets, and personal care items. The RN has a "medical backpack" containing items needed to check blood pressure and other vitals, treat wounds and skin conditions, test and/or vaccinate for COVID-19, test blood glucose levels, and administer and teach others to administer NARCAN for opioid overdose. We can also provide over-the-counter medications and deliver prescriptions. We quickly realized that the MMP had to do more to meet behavioral health needs. In FY23 we allocated funding toward a part-time Licensed Clinical Social Worker (LCSW) to provide mental health care, specifically focused on trauma, to all clients we serve. In FY24, we have increased this position to full-time. While people experiencing homelessness have always been in need of mental health services, this need increased during the pandemic. Mental health therapy for underserved populations became harder to access. Many providers do not see uninsured and Medicaid patients. Even for self-pay and insured patients, waiting Schedule O (Form 990) 2022 232212 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization PathForward, Inc.	Employer identification number 54-1615993
lists are long. It is difficult to house someone with an a	untreated
mental illness, and it is even harder to keep them housed	. Unsheltered
people are not likely to schedule and keep appointments for	or mental
health care. Once a person finds themselves living on the	streets, a
mental health condition can rapidly deteriorate until it l	becomes a
crisis. Too often, this results in police intervention and	d emergency
room visits. It is our goal to increase the capacity of the second secon	he MMP to
full-time with a team of three including the RN, CM, and	LCSW during
2024.	
Expenses \$ 43,616. including grants of \$ 0. Revenue \$	0.
Form 990, Part VI, Section A, line 8b:	
There are no separate minutes for board committees. Commi	ittee report items
are included in the minutes kept for the Board of Director	rs.
Form 990, Part VI, Section B, line 11b:	
The 990 is reviewed by PathForward's Finance Committee and	d is presented to
the Board for final approval prior to submission.	
Form 990, Part VI, Section B, Line 12c:	
Each Director and Officer is required to review a copy of	the conflict of
interest policy, which requires each person to disclose an	ny relationships,
positions or circumstances in which he or she believes con	uld contribute to
a conflict. Following full disclosure of a possible conflict.	ict of interest,
the Board of Directors shall determine whether an actual of	conflict of
interest exists and, if so, the Board shall vote to author	rize or reject the
transaction or take any other action deemed necessary to a	address the
conflict and protect PathForward's best interests.	Schodulo O (Ecore 000) 2020
232212 10-28-22 42	Schedule O (Form 990) 2022

PathForward, Inc.

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

The compensation for the Executive Director is established based on a

salary comparison with similar organizations, and approval by the Board.

Form 990, Part VI, Section C, Line 19:

PathForward's governing documents, conflict of interest policy, and

financial statements are available to the public upon request.

Form 990, Part XII, Line 2c:

PathForward's Finance Committee assumes responsibility for oversight of

the audit of its financial statements and selection of an independent

accountant. The process is consistent with the previous year.

SCH	IEDULE R
/	

(Form 990)

Department of the Treasury Internal Revenue Service

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. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022 Open to Public Inspection

Name of the organization

PathForward, Inc.

Employer identification number 54 - 1615993

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

	i	i	i	i	i
(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)		-	entity
Sibert House LLC					
2020 A 14th Street, N					
Arlington, VA 22201-2524	Provide Housing	Virginia	336,011.	1,679,054.	PathForward, Inc.
	icable) Primary activity Legal domicile (state or Total income				
	1				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2022

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	(k))
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		omount in how		al or Percen [;] ^{ging} owners	itage ship
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	4											
	4											
	4											
	4											
	-											
	4											
	-											
	1											
	1											
	1											
	1											
	1											
Part IV Identification of Related Or	ganizations Taxable a	as a Corpo	oration or Trust. Co	mplete if the organizat	ion answered "Ye	s" on Form 990, P	art IV,	line 34	4, because it had	one c	r more rela	ated
organizations treated as a co	proration or trust durir	ng the tax	year.	. č		,	,		-			

(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	(i Sec 512(t contr ent	tion b)(13) rolled tity?
		country)				400010			No
							ſ		
							ſ		
							I		
							ſ		
							ſ		
							I		
							ſ		
							ſ		
							I		
							ſ		
							I		
							l l		

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
 b Gift, grant, or capital contribution to related organization(s) 	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)			<u> </u>
e Loans or loan guarantees by related organization(s)			1
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			\square
j Lease of facilities, equipment, or other assets to related organization(s)			\square
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
I Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
o Sharing of paid employees with related organization(s)			
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresh	nolds.		

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		16		

Schedule R (Form 990) 2022 PathForward, Inc.

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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)) all s sec.)(3) .? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn Yes	nal or f uging ner? NO	(k) Percentage ownership

Schedule R (Form 990) 2022

PathForward, Inc.

Part VII Supplemental Information

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

Form	990	
Onn		

** PUBLIC DISCLOSURE COPY ** **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.

Department of the Treasury

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



B Check if applicable: C Name of organization D Employer identification number Address PathForward, Inc. 54–1615993 Change Doing business as 54–1615993 Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Initial 2020 A 14th Street N Room/suite E Telephone number	.089.
Name change Initial return Doing business as 54-1615993 Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E	.089.
Name change Initial return Doing business as 54-1615993 Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E	.089.
Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number	.089.
	.089.
Final 2020 A 14th Street, N. (703) 228-7803	.089.
termin- ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 6,363,	
Arlington, VA 22201-2524 H(a) Is this a group return	
	XNo
pending same as C above H(b) Are all subordinates included?	No
I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instruction	ons
J Website: pfva.org H(c) Group exemption number	
K Form of organization: X Corporation Trust Association Other L Year of formation: 1992 M State of legal dom	nicile: VA
Part I Summary	
1 Briefly describe the organization's mission or most significant activities: To transform lives by delivering bound and pathways to gto bility	Lng
 Briefly describe the organization's mission or most significant activities. <u>10 ClaimsForm Fives by defiver in the second seco</u>	
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.	13
3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4	13
Vest of independent voting members of the governing body (Part VI, line 1b) 4 Vest of independent voting members of the governing body (Part VI, line 1b) 4 Vest of independent voting members of the governing body (Part VI, line 1b) 5 Vest of independent voting members of the governing body (Part VI, line 2a) 5	79
8 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6	100
6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a	0.
7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b	0.
Prior Year Current Ye	
9 Program service revenue (Part VIII, line 2g) 2,427,458. 2,187,	
	,683.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 91,084. 21,	,572.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	,653.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4) 0 •	0.
g 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3, 275, 367. 3, 047,	,992.
16a Professional fundraising fees (Part IX, column (A), line 11e) 0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,275,307.5,047, 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 442,499. 17 Other expenses (Part IX, column (A), line 11e) 2.398,900	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,674,267.5,863,	
	,310.
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 4,696,508. 4,797, 21 Total liabilities (Part X, line 26) 1,913,849. 1,627, 22 Net assets or fund balances. Subtract line 21 from line 20 2,782,659. 3,169,	
20 Total assets (Part X, line 16)	
21 Total liabilities (Part X, line 26) 1, 627,	
空記 22 Net assets or fund balances. Subtract line 21 from line 20	,022.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date		
		lizabeth Frantz, President/CEO				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	Jie Chen, CPA			self-employed P01049760		
Preparer		PLLC		Firm's EIN 58-2676261		
Use Only	Firm's address 8300 Boone Boulev	ard, Suite 600				
Vienna, VA 22182				Phone no. (703) 893-0300		
May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	13-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2022)		

Form	990 (2022) PathForward, Inc.	54-1615993	Page 2
	rt III Statement of Program Service Accomplishments		0
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		_
	Our mission is to transform lives by delivering housing		ld
	pathways to stability. Our vision is an inclusive and		
	community where all neighbors live stable, secure and i lives free from the threat of homelessness.	ndependent	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X Yes	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	XNo
-	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a)
	The Permanent Supporting Housing (PSH) Program provides		
	case management for people who were chronically homeles placement, and who have a disabling condition. PSH clie		
	with such things as transportation, budgeting and money		
	activities of daily living. 466 people have been housed		<u> </u>
			<u> </u>
4b	(Code:) (Expenses \$ 1,914,867. including grants of \$) (Reve	enue \$ 2,053,1	45)
40	(Code:) (Expenses \$1,914,007. including grants of \$) (Reve Homeless Services Center (HSC) - The HSC revolutionizes		. <u></u>)
	services by housing all of the programs in one facility		nts
	can access services at one central location, 24 hours a	a day, 365 day	'S
	per year. Our programs include Street Outreach, Shelter		
	Medical Services, and Day Program. PathForward's services		L
	Street Outreach, as staff seeks out homeless people liv		
	streets. Staff distributes items such as blankets, food		
	socks while we encourage people to visit the HSC. The S		
	is available year-round and provides up to 50 shelter h respite beds, and 25 additional beds during Hypothermia		L
	(November through March). Within the Center, clients ca		
	showers, laundry, receive three meals a day and can mee	et with case	
4c	(Code:) (Expenses \$ 696,028 • including grants of \$) (Reve)
-	The Homelessness Prevention Program (HPP) and Rapid Re-	-housing Progr	am '
	(RRH) began in October 2009 through funding from the An		
	and Reinvestment Act. The aim of the program is to prev		0
	are facing homelessness from reaching the streets or to		
	re-house those who are already homeless. By limiting the		
	spends on the street, it reduces their exposure to risk deteriorating health, and decreases their chance of bec		as
	chronically homeless. Clients meet with the RRH Case Ma		
	Homeless Services Center. The Program's Housing Locator		- -
	providers throughout Arlington County locate housing ar		
	clients into it.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 290,798 · including grants of \$) (Revenue \$	134,597. ₎	
4e	Total program service expenses4,677,735.	0	0.0000
		Form 99	v (2022)

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 PathForward, Inc.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u>-</u> -
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	X

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 PathForward, Inc.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	~~~		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		X
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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
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	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
Ũ	"Yes," complete Schedule L, Part IV	28c		x
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		x
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	3/		
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	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 7			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 7	9				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
	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?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? 7a	X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?					
9	9 Sponsoring organizations maintaining donor advised funds.					
а	a Did the sponsoring organization make any taxable distributions under section 4966?					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	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.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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					
	organization is licensed to issue qualified health plans 13b					
с	Enter the amount of reserves on hand 13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		X		
	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 income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes " complete Form 6069					

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PathForward, Inc.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	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.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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	
b	Other officers or key employees of the organization	15b	Х	
	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 <u>VA</u>			
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 only)) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X 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, and	d finar	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			
	The Organization - (703) 228-7803			
	2020 A 14th Street, N., Arlington, VA 22201-2524			

Part VII	compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	ł
	mployees, and Independent Contractors	

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

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

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

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	Ľ		(0	C)	•		(D)	(E)	(F)
Name and title	Average	Desition		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	<u> </u>				// // // // //		from	from related	other
	(list any hours for	directo				-		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrust	ial tru		oyee	ompe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	Higlemp	Fori			
(1) Elizabeth B. Frantz	40.00							041 064	0	0 010
President & CEO	10.00			X				241,364.	0.	9,319.
(2) Leonard Chari	40.00							146 245	0	10 000
VP of Operations	10.00					Х		146,345.	0.	10,297.
(3) Kasia Shaw	40.00							120 420	0	C 001
Sr. Director of Medical Services	40.00					X		138,430.	0.	6,801.
(4) Elizabeth Nohra	40.00								0	2 2 7 0
Sr. Director of Strategic Partnershi	40.00					X		125,154.	0.	3,372.
(5) Terrance Toussaint	40.00							110 004	0	
Assistant Director of Operations	– – – –					X		118,874.	0.	5,557.
(6) Tim Denning	5.00								0	0
Chair	– – – –	X		X				0.	0.	0.
(7) Christopher Zimmerman	5.00								0	0
Vice-Chair/Secretary	– – – –	X		X				0.	0.	0.
(8) Christine Searle	5.00								0	0
Treasurer	F 00	X		X				0.	0.	0.
(9) Michael Garcia	5.00	.,						0	0	0
Past Chair	F 00	X		X				0.	0.	0.
(10) Tracy Edwards	5.00	.,						0	0	0
Governance	F 00	X						0.	0.	0.
(11) Carla Garrett	5.00	.,						0	0	0
Director	F 00	X						0.	0.	0.
(12) Paul Kinyon	5.00	.,						0	0	0
Director		X						0.	0.	0.
(13) James Meenan	5.00							0	0	0
Director		X						0.	0.	0.
(14) Joseph Simonelli	5.00							0	0	0
Director		X						0.	0.	0.
(15) Jeanine Finch	5.00							0	0	0
Director	F 00	X						0.	0.	0.
(16) Molly Grover	5.00	x						0.	0.	<u>م</u>
Director	5 00	<u>^</u>		<u> </u>	<u> </u>			0.	0.	0.
(17) Jenny Roberts	5.00	x						0.	0.	0.
Director		<u> </u>	L					0.	0.	E orm 990 (2022)

Form 990 (2022) PathForwa	-								54-16	15	993 i	Page 8
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghes	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than box, unless person is bo officer and a director/trus				than o s both	n an	(D) Reportable compensation from	(E) Reportable compensatior from related	n	(F) Estima amoun othe	t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)		compens from t organiza and rela organiza	he ation ated
(18) Meredith Schramm-Strosser	5.00	_			×							<u> </u>
Director		X						0.		0.		0.
1b Subtotal c Total from continuation sheets to Part V	II, Section A							770,167.		0.0.0	35,3	0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization 								770,167. eceived more than \$100),000 of reportable	-		3 <u>46</u> . 5
3 Did the organization list any former officer, line 1a? If "Yes." complete Schedule J for s	-		•	•	2	-	Ŭ				Yes	No X
 For any individual listed on line 1a, is the su and related organizations greater than \$15 	um of reportab	le co	omp	ensa	ation	and	l otl				4 X	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," corr Section B. Independent Contractors	-				-			-			5	X
 Complete this table for your five highest co the organization. Report compensation for 										pensa	ation from	
(A) Name and business		7.0	al					(B) Description of s	services	C	(C) ompensati	on
Kositzka, Wicks and Company, 5270 Sh Road, Suite 250, Alexandria, VA 2231						ee	-	Accounting s	ervices		164,0	049.
							-					
2 Total number of independent contractors (i \$100.000 of compensation from the organi	•	ot lii	mite	d to	thos 1	se lis L	stec	above) who received n	nore than			

	990 (2 t VII		hForward	1,	Inc.			54-16159	9 93 Pag
					Po				Г
		Check if Schedule O	contains a respo	onse	or note to any IIr	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluc from tax unde sections 512 - 5
2	1 a	Federated campaigns	1a		34,766.				
and Other Similar Amounts			1b						
Ĭ		Fundraising events							
		Related organizations							
		Government grants (cont		2,	441,232.				
2		All other contributions, gifts,							
		similar amounts not included	d above 1f	1,	463,658.				
2	g	Noncash contributions included in	n lines 1a-1f	\$	111,117.				
	h	Total. Add lines 1a-1f				3,939,656.			
					Business Code				
	2 a	Contract serv	vices		624200	2,053,145.	2,053,145.		
aniiaau	b	Sibert House	rental :	in	900099	134,597.	134,597.		
	с								
	d								
	е								
	f	All other program service	revenue						
		Total. Add lines 2a-2f				2,187,742.			
Τ	3	Investment income (inclu							
		other similar amounts)	-			42,092.			42,09
	4	Income from investment							
	5	Royalties							
			(i) Rea		(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss	s)						
		Gross amount from sales of	(i) Securit	ties	(ii) Other				
		assets other than inventory	7a 128,08	39.					
	b	Less: cost or other basis							
		and sales expenses	76 135,49	98.					
	с	Gain or (loss)							
		Net gain or (loss)				-7,409.			-7,40
		Gross income from fundraisi							
			of						
		contributions reported or							
		Part IV, line 18		8a	55,126.				
	b	Less: direct expenses		8b	43,938.				
		Net income or (loss) from		nts		11,188.			11,18
		Gross income from gamir							
		Part IV, line 19	-	9a					
	b	Less: direct expenses		9b					
		Net income or (loss) from			•				
		Gross sales of inventory,							
		and allowances		10a					
	h	Less: cost of goods sold							
		Net income or (loss) from							
t	<u> </u>			· ,	Business Code				
	11 a	Other reimbur	sements		900099	9,824.			9,82
1	b	Laundry incom			900099	560.			56
2									
					1		1		
	c d								
пелепи	d	All other revenue Total. Add lines 11a-11d				10,384.			

Form			PathForward,		
Par	t IX	Staten	nent of Functional Expenses	5	
Sectio	n 501	(c)(3) and	d 501(c)(A) organizations must comple	to all columns	All other organ

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response ot include amounts reported on lines 6b, bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
	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				
	Benefits paid to or for members Compensation of current officers, directors,				
	trustees, and key employees	263,248.	202,106.	31,870.	29,272
	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,398,669.	1,841,558.	290,390.	266,721
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,161.	45,421. 102,246.	7,162.	6,578, 14,718,
	Other employee benefits	133,615. 193,299.	148,404.	23,401.	21,494
	Payroll taxes Fees for services (nonemployees):	155,255.	140,404.	25,401.	21,494
	Management				
	Legal				
	Accounting	198,184.		198,184.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	8,788.		8,788.	
-	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	182,642.	82,425.	91,337.	8,880 69,073
12	Advertising and promotion	70,224.		1,151.	
13	Office expenses	112,580.	35,903.	59,117.	17,560
	Information technology				
	Royalties				
17					
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	00.040		400	
	Interest	80,043.	79,550.	493.	
	Payments to affiliates	40,315.	38,775.	676.	864
	Depreciation, depletion, and amortization	40,313.	30,996.	5,335.	4,412
24	Insurance 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.)	·			
	Supportive services	1,837,008.	1,834,785.	1,560.	663
	Supplies and food	193,643.	192,546.	26.	1,071
	Repairs and maintenance	28,905.	28,905.	2 0 0 7	
d	Taxes and licenses	17,567. 4,709.	13,760. 355.	3,807. 3,161.	1 100
	All other expenses	<u>4</u> ,709. 5,863,343.	4,677,735.	743,109.	1,193 442,499
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	5,005,545.		/±J,±UJ•	344,493
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			914,016.	1	558,421.
	2	Savings and temporary cash investments			592,158.	2	557,964.
	3	Pledges and grants receivable, net		266,731.	3	691,802.	
	4	Accounts receivable, net			8,382.	4	1,561.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
ţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
∢	9				92,137.	9	100,258
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,902,034.			
	b	Less: accumulated depreciation	10b	285,899.	1,655,430.	10c	1,616,135 1,253,715
	11	Investments - publicly traded securities		1,167,654.	11	1,253,715	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			0.	15	17,511
	16	Total assets. Add lines 1 through 15 (must equ			4,696,508.	16	4,797,367
	17	Accounts payable and accrued expenses		219,265.	17	261,876	
	18	Grants payable			18	0 544	
	19	Deferred revenue			7,982.	19	8,544
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form					
jļ		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the	1 4 4 0 4 2 0	22			
_	23	Secured mortgages and notes payable to unrela		1,440,430.	23	951,517.	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X	246,172.	05	405,808.
	00	of Schedule D		1,913,849.	25	1,627,745	
	26	Total liabilities. Add lines 17 through 25			1,915,049.	26	1,027,745
es		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	eck nere				
anc	27				2,129,211.	27	3,078,737
3al	27 28	Net assets without donor restrictions	653,448.	27	90,885		
ЪС	20	Organizations that do not follow FASB ASC 9			00071100	20	507003
ШЦ		and complete lines 29 through 33.	56, cne				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ec				29 30	
Ass	31	Retained earnings, endowment, accumulated in				31	
let	32	Total net assets or fund balances			2,782,659.	32	3,169,622.
2	33	Total liabilities and net assets/fund balances			4,696,508.	33	4,797,367

Form **990** (2022)

Form 990 (2	2022)	
Part X	Balance	Sheet

	990 (2022) PathForward, Inc.	54-	-1615993	<u>З</u> Р	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			653.
2	Total expenses (must equal Part IX, column (A), line 25)	2			343.
3	Revenue less expenses. Subtract line 2 from line 1	3			310.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			659.
5	Net unrealized gains (losses) on investments	5		56,	653.
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	3,1	59,	622.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			_	Yes	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,		
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	0.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	4
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	X	

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Nam	ame of the organization Employer identification number								
			Forward, I						4-1615993
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete tl	his part.) S	See instruction	ns.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(*	1)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in :	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma						the general	public described in
		section 170(b)(1)(A)(vi). (C			U			U	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in coniu	unction with a	land-grant	college
-		or university or a non-land-				-		-	-
		university:					,,		
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its sup	port from	contributio	ons members	hin fees a	nd gross receipts from
		activities related to its exen							
		income and unrelated busir		-					-
		See section 509(a)(2). (Cor				.5505 2040		gamzation	
11		An organization organized a	,	ively to test for public sa	foty Soo	saction 5()Q(a)(4)		
12	\square	An organization organized a	•		•			arry out the	purposes of one or
12		more publicly supported or							
		lines 12a through 12d that							
						-		-	
а		Type I. A supporting orga		-	•				
		the supported organization			a majonity	or the dire	clors or truste	ees or the s	supporting
		organization. You must o	-				!		
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	portea
		organization(s). You mus	-						
с		☐ Type III functionally inte						illy integrat	ed with,
		its supported organizatio	() (
d		Type III non-functionally	• •					· ·	
		that is not functionally int			-		-	d an attent	iveness
	_	requirement (see instruct	,	•	-				
е		Check this box if the orga					а Туре I, Туре	e II, Type III	
		functionally integrated, or		nally integrated support	ing organi	zation.			
		er the number of supported o	•						
<u> </u>		vide the following information			(iv) Is the orga	inization listed			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		inization listed ing document?	(v) Amount o support (see ir	,	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see ii	istructions)	
Tota	1								

Schedule A (Form 990) 2022

PathForward, Inc.

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

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

<u>5e</u>	ction 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.")	3,678,686.	3,678,532.	3,563,214.	3,760,398.	3,939,656.	18,620,486.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	3,678,686.	3,678,532.	3,563,214.	3,760,398.	3,939,656.	18,620,486.
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)						240,430.
6	Public support. Subtract line 5 from line 4.						18,380,056.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	3,678,686.	3,678,532.	3,563,214.	3,760,398.	3,939,656.	18,620,486.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	22,808.	24,375.	26,947.	33,628.	42,092.	149,850.
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.)	21,434.	27,577.	57,679.	91,084.	10,384.	208,158.
11	Total support. Add lines 7 through 10						18,978,494.
12	Gross receipts from related activities,	etc. (see instruction	ons)	-		12 10	,346,698.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section	501(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	96.85 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	96.50 %
1 6a	1 33 1/3% support test - 2022. If the c	organization did no	t check the box on	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	t - 2022. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances tes	t - 2021. If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization	
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	and see instruction	s

Schedule A (Form 990) 2022

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						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	anization,
	check this box and stop here						
-	ction C. Computation of Publ						
15	Public support percentage for 2022 (ine 8, column (f), d	divided by line 13,	column (f))		15	%
16	Public support percentage from 2021					16	%
Se	ction D. Computation of Inve						
17						17	%
18	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2022. If the	-					l line 17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2021. If the	•					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	

PathForward, Inc.

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 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

	(Form 990)		PathForward,	Inc			
Part IV Supporting Organizations (continued)							

1

2

			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.
2	Did the organization operate for the benefit of any supported organization other than the supported

2 Did the organization operate for the benefit of any supported organization of an ine supported organization (s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section 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		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2022

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Schedule A	(I UIIII 990) 2022
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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Secti	on D - Distributions			_	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	າຣ	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

PathForward, Inc.

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

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

Reimbursements

Schedule of Contributors

** PUBLIC DISCLOSURE COPY **

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

54-1615993

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

PathForward, Inc.

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

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is checked.

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)

		\$ 1,828,732.	Noncash
			(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2 		\$395,934.	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
<u> 3 </u>		\$216,566.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15-22		I	Schedule B (Form 990) (2022)
20.02 11 10-22			Schedule D (1 0111 330) (2022)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

PathForward, Inc.

Name of organization

Part I

(a)

No.

1

Employer identification number

(d) Type of contribution

X

54-1615993

Person Payroll

(c)

Total contributions

PathFo	prward, Inc.	5	54-1615993		
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if 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		
		¢			

Schedule B (Form 990) (2022) Name of organization

Employer identification number

Name of or	rganization			Employer identification number
PathFo	orward, Inc.			54-1615993
	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional	through (e) and the following line haritable, etc., contributions of \$1,000	entry For organizations	0) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
		(e) Transfer of	gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
Part I				
-		(e) Transfer of	 gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
		(e) Transfer of	gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
Part I	(*) · · · · · · · · · · · · · · · · · · ·			
-		(e) Transfer of	 gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	transferor to transferee

	HEDULE D		al Financial S			OMB No. 1545-0047
(Forr	n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered "Yes . 11a. 11b. 11c. 11d. 11	s" on ⊦orm 990, e. 11f. 12a. or 12b.		ZUZZ
	ment of the Treasury	A	ttach to Form 990.			Open to Public Inspection
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization						identification number
PathForward, Inc.						4-1615993
Pa	-	ations Maintaining Donor Advise		Similar Funds or /	Accounts.	Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lir	ie 6. (a) Donor advise	ad funda	(b) Funda and	d other accounts
			(a) Donor advise	ea tunas	(b) Funds and	d other accounts
1		nd of year				
2		of contributions to (during year)				
3 4		of grants from (during year)				
5		on inform all donors and donor advisors in		eld in donor advised fu	nds	
-	-	on's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
	for charitable purp	poses and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose confe	rring	
	impermissible priv	vate benefit?				Yes No
Pa	rt II Conserv	vation Easements. Complete if the or	ganization answered "Ye	es" on Form 990, Part I	/, line 7.	
1		servation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·).		
		n of land for public use (for example, recrea	ation or education)	Preservation of a hist		
		of natural habitat		Preservation of a cert	ified historic	structure
•		n of open space	<i></i>			
2	day of the tax yea	i through 2d if the organization held a quali ir	fied conservation contric	oution in the form of a c		asement on the last at the End of the Tax Year
а		onservation easements			2a	
b		tricted by conservation easements			2b	
c		rvation easements on a certified historic st			2c	
d		rvation easements included in (c) acquired				
	historic structure	listed in the National Register	-		2d	
3	Number of conser	rvation easements modified, transferred, re	eleased, extinguished, or	terminated by the orga	nization durin	g the tax
	year					
4		where property subject to conservation ea				
5	-	ation have a written policy regarding the pe	- · ·			
•		forcement of the conservation easements				
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	, nandling of violations, a	and enforcing conservat	ion easement	is during the year
7	Amount of expense	 ses incurred in monitoring, inspecting, hand	dling of violations, and er	nforcing conservation e	asements du	ring the year
•	Amount of expent	ses meaned in monitoring, inspecting, name		moreing conservation c		ang the year
8	Does each conse	rvation easement reported on line 2(d) abo	ve satisfy the requiremer	nts of section 170(h)(4)(B)(i)	
		n)(4)(B)(ii)?			, , ,	Yes No
9	In Part XIII, descri	be how the organization reports conservat	ion easements in its reve	enue and expense state	ment and	
	balance sheet, an	d include, if applicable, the text of the foot	note to the organization'	s financial statements t	hat describes	the
_		counting for conservation easements.	· · · · · · · · · - ·		<u></u>	
Pa		ations Maintaining Collections o		easures, or Other	Similar As	ssets.
		f the organization answered "Yes" on Form				
1a	U U	elected, as permitted under FASB ASC 95	•			
		easures, or other similar assets held for pu			ance of public	;
h	· •	n Part XIII the text of the footnote to its fina n elected, as permitted under FASB ASC 95			ca shart worl	rs of
U		sures, or other similar assets held for public				
		ing amounts relating to these items:	o campition, education, c			5, 4100,
	•	Ided on Form 990, Part VIII, line 1			\$	
2		received or held works of art, historical tre				
		unts required to be reported under FASB A				

b Assets included in Form 990, Part X
 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
 232051 09-01-22

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2022

\$

\$

_		ward, Inc.								3 Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, Histo	orical Tre	easures, o	or Other	^r Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, access	ion, and other record	ds, check a	any of the f	following tha	t make sig	gnificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	c			nange progra					
b	Scholarly research	e	• 🗌 Ot	ther						
С	Preservation for future generations									
4	Provide a description of the organization's c			-	-			ise in Par	t XIII.	
5	During the year, did the organization solicit o								7	
Do	to be sold to raise funds rather than to be m								Yes	No No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the o	organization	n answered '	Yes" on F	-orm 990	, Part IV,	line 9, or	
10	Is the organization an agent, trustee, custod		diany for or	ontribution	o or other on	ooto not ii	aludad			
Id									Yes	🗌 No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							∟	1162	
D		and complete the lo	nowing ta	DIC.					Amount	
c	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII						• • • • • • • • •			
Par										
		(a) Current year	(b) Pric	or year	(c) Two year	rs back 🛛 (d	d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		ce (line 1g,	column (a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С		<u>%</u>								
•	The percentages on lines 2a, 2b, and 2c sho									
за	Are there endowment funds not in the posse	ession of the organiz	ation that	are neid ar	nd administe	erea for the	Э		Г	Yes No
	organization by:									
	(i) Unrelated organizations								3a(i)	
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organization of the related organization organization of the related organization of the related organization of the related organization									
4	Describe in Part XIII the intended uses of the								50	
Par	t VI Land, Buildings, and Equipn	<u>v</u>	JWINCHT IG	103.						
	Complete if the organization answere		0, Part IV,	line 11a. S	ee Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or c		(b) Cost	1		cumulate	d	(d) Book	value
	······································	basis (investr		basis (• •	eciation		.,	
1a	Land			80	7,773.				805	7,773.
	Buildings				2,049.	1	20,30)9.		L,740.
	Leasehold improvements									
	Equipment				4,330.		37,70		16	5,622.
	Other			12	7,882.	1	27,88			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, columr	n (B), line 1	0c.)				1,610	5,135.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990, Part IV, line	a 11b See Form 000 Part V line 12	
(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1) Financial derivatives	(2) 20011 (200		
(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	a 11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)			or your market value
(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"		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Refundable advances			365,537.
(3) Deposits	• 7		22,760.
(4) Operating lease liabilitie	es		17,511.
(5)			
<u>(6)</u>			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		405,808.
	,		

Inc.

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

Sched	dule D (Form 990) 2022 PathForward, Inc.			54-	1615993 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per R	eturr	າ.
	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	6,455,538.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	66,653.		
b	Donated services and use of facilities	2b	170,082.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)		43,938.		
е	Add lines 2a through 2d			2e	280,673.
	Subtract line 2e from line 1			3	6,174,865.
	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	8,788.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	8,788.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,183,653.
Part	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per	Retu	ırn.
Part	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		th Expenses per	Retu	
				Retu	rn. 6,068,575.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements				
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	170,082.		
1 2 b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c			6,068,575.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	170,082. 43,938.		6,068,575.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses	2a 2b 2c 2d	170,082. 43,938.	1	6,068,575.
1 2 6 6 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	170,082. 43,938.	1 2e	6,068,575.
1 2 6 6 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	170,082. 43,938.	1 2e	6,068,575.
1 2 b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	170,082. 43,938.	1 2e	6,068,575. 214,020. 5,854,555.
1 2 b c d e 3 4 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	170,082. 43,938. 8,788.	1 2e 3 4c	6,068,575. 214,020. 5,854,555. 8,788.
1 2 b c d e 3 4 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	170,082. 43,938. 8,788.	1 2e 3	6,068,575. 214,020. 5,854,555.

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:

232054 09-01-22

Management	has	reviewed	a11	open	tax	years	for	a11	tax	jurisdictions	and	
------------	-----	----------	-----	------	-----	-------	-----	-----	-----	---------------	-----	--

has concluded that the Organization has taken no uncertain tax positions

that require adjustment to the consolidated financial statements to comply

with the provisions of this guidance.

Part XI, Line 2d - Other Adjustments:

Direct expenses for special events

Part XII, Line 2d - Other Adjustments:

Direct expenses for special events

PathForward, Inc.

43,938.

43,938.

	(continued)		

SCHEDULE G	Suppleme	ntal Information Regarding	j Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on rganization entered more than \$1				or 19,	or if the	2022
Department of the Treasury Internal Revenue Service	. .	Attach to Form 990						Open to Public Inspection
Name of the organizatio		_o www.irs.gov/Form990 for instru	ctions	and t	ne latest informatio	n.	Employer i	dentification number
		ward, Inc.					54-161	
	complete this par	Complete if the organization answe	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990	EZ filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations blicitations on have a written o ted in Form 990, P) highest paid indiv	f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Υ Π	es 🗌 No o be
(i) Name and addres	s of individual	(ii) Activity	(iiii) fundi have c or cor contrib	Did raiser ustody trol of utions?	(iv) Gross receipts from activity	tò (c	Amount paic or retained by fundraiser ted in col. (i)	
			Yes	No				
Total								
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrik	outions	s or has been notified	d it is	exempt from	n registration

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

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	(d) Total events
			30th		None	(add col. (a) through
			Anniversary			col. (c)
Ð			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	55,126.			55,126.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	55,126.			55,126.
	4	Cash prizes				
6	5	Noncash prizes	13,800.			13,800.
pense	6	Rent/facility costs	411.			411.
Direct Expenses	7	Food and beverages	22,952.			22,952.
Δ	8	Entertainment	463.			463.
	9	Other direct expenses	6 24 2 1			6,312.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			43,938.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			11,188.

\$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	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes %	Yes%	Yes%	
	7 Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
	Enter the state(s) in which the organization condu Is the organization licensed to conduct gaming ac If "No," explain:	ctivities in each of these	states?		
	Were any of the organization's gaming licenses re If "Yes," explain:	· · ·	•	year?	Yes No

Sch	edule G (Form 990) 2022	PathForward,	Inc.		54-16	15	993	Page 3
11	Does the organization conduct	gaming activities with nonme	mbers?		[Yes	No
	Is the organization a grantor, be	eneficiary or trustee of a trust	, or a membe	er of a partnership or other entity formed	-		Yes	No No
13	Indicate the percentage of gam							
					·	13a		%
						13b		%
				n's gaming/special events books and reco				
	Name							
	Address							
1 5a	a Does the organization have a c	ontract with a third party from	n whom the c	organization receives gaming revenue?	[Yes	No No
k	If "Yes," enter the amount of ga	aming revenue received by th	e organizatio	n \$ and the am	ount			
	of gaming revenue retained by							
c	If "Yes," enter name and addres	ss of the third party:						
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	n \$						
	Description of services provide	d						
	Director/officer	Employee	Indep	endent contractor				
17	Mandatory distributions:							
a	Is the organization required und				_			
	retain the state gaming license?	?		· · · ·	L		Yes	l No
k	Enter the amount of distribution	ns required under state law to	be distribute	ed to other exempt organizations or spent	in the			
_	organization's own exempt acti		\$					
Pa	ITTIV Supplemental Info	ormation. Provide the expl	anations req	uired by Part I, line 2b, columns (iii) and (v)	; and Part	III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b,	as applicable. Also provide a	ny additional	information. See instructions.				
_								

Part IV	Supplemental Information (continued)
	·

SCHEDULE J (Form 990) Compensation Information Description For certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Description Description Department of the Treary Internal Revenue Service PathForward, Inc. Employer identification numbers Name of the organization PathForward, Inc. Employer identification numbers Part I Questions Regarding Compensation Yes N ************************************	
Compensated Employees Complexity Complexity <thcomplexity< th=""> Complexity <</thcomplexity<>	—
Dependent of the Treatory Internal Revenue Service Open to Public Open to Public Inspection Name of the organization Employer identification numbro 54–1615993 Part I Questions Regarding Compensation Yes N Ia Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes N First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization prior reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the cEo/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, tote kall that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant Compensation survey or study 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <td></td>	
Internal Revenue Service' Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number 54–1615993 Part I Questions Regarding Compensation 54–1615993 Part I Questions Regarding Compensation provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes Prist-class or charter travel Housing allowance or residence for personal use Part indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract compensation committee Written employment contract Compensation committee Yes the organization is a related organization. 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Vertice	
PathForward, Inc. 54-1615993 Part I Questions Regarding Compensation Yes N 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes N First-class or charter travel Housing allowance or residence for personal use Part viii (section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Viii (section A, line 1a, complete Part III to provide any relevant information regarding these items. Image: Viii (section A, line 1a, with respect to the filing organization to establish compensation or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation consultant Compensation survey or study Groupensation committee Written employment contract Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Image: Viii (section A, line 1a, with respect to the filing organization or a related organization) <th></th>	
Part I Questions Regarding Compensation Ia Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	r
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes N Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding payments for business use of personal residence Part VII, Section A, line 1a, with respect to the filing organization to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation consultant Compensation survey or study 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization re arelated organization: V V	
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 9	
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section 2012 and	<u>)</u>
 First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Hodependent compensation consultant Compensation committee Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 	
Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 1 Independent compensation consultant Compensation survey or study 2 Form 990 of other organizations X Approval by the board or compensation committee 4 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 1	
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Gompensation committee Written employment contract 2 Independent compensation consultant Compensation survey or study Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 10	
 Discretionary spending account Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	
 b If any of the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	
 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 	
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Independent compensation committee Written employment contract 1 Independent compensation consultant Compensation survey or study 2 Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 1	_
 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 	
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee Uring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:	
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee Uring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:	
establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:	
 Compensation committee Independent compensation consultant Form 990 of other organizations Written employment contract Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 	
 Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 	
 Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:	
organization or a related organization:	
a Receive a severance payment or change-of-control payment?	
b Participate in or receive payment from a supplemental nonqualified retirement plan?	_
c Participate in or receive payment from an equity-based compensation arrangement?	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the revenues of:	
a The organization? 5a 5b 5b 5b	
If "Yes" on line 5a or 5b, describe in Part III.	
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the net earnings of: a The organization? 6a X	
	—
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 7 Not described on lines 5 and 6? If "Yes," describe in Part III 7	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	
Regulations section 53.4958-6(c)? 9	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 20	22

54-1615993

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Elizabeth B. Frantz	(i)	215,864.	25,500.	0.	9,187.	132.	250,683.	0.
President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Leonard Chari	(i)	134,345.	12,000.	0.	6,925.	3,372.	156,642.	0.
VP of Operations	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 6:

Elizabeth Franz now earns a bonus based on the net income compared to

budget.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

22

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

54-1615993

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PathForward, Inc.

Fai	TT Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut		•	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		27,205.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	4	25,894.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	100	58,018.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organize							
	for which the organization completed Form 828	3, Part V, D	Donee Acknowledg	ement 29				
					г		Yes	No
30a	During the year, did the organization receive by			-				
	must hold for at least 3 years from the date of the							
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.						v	
31	Does the organization have a gift acceptance p				itions?	31	X	
32a	Does the organization hire or use third parties o	or related or	ganizations to soli	cit, process, or sell noncash				

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

contributions?

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

Schedule M (Form 990) 2022

32a

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

SCHEDULE O (Form 990)



Employer identification number 54 - 1615993

Form 990, Part III, Line 2, New Program Services:

PathForward, Inc.

The new Mobile Medical Program (MMP) delivers free medical care to

people who are street homeless.

Form 990, Part III, Line 4b, Program Service Accomplishments: managers. 29,850 meals are served annually through the HSC. PathForward provides free Medical Services for homeless Arlington residents at the HSC and through the Mobile Medical Program which meets clients on the streets. The Medical Respite program provides 5 beds for patients who require additional recovery after discharge from the hospital or undergoing extreme treatments such as cancer. Our medical team assists in over 810 medical visits annually. The Day Program provides low barrier access to case management, medical care, eviction prevention, referrals for medical and mental health services, and important resources like showers, laundry, three meals per day and clean clothing.

Form 990, Part III, Line 4d, Other Program Services: Sibert House - During 2019, PathForward purchased real estate property in Arlington, Virginia. The building has capacity to house 8 individuals who do not otherwise qualify for government subsidies. Sibert House provides a foundation that helps clients achieve better health, overcome substance abuse and mental illness, obtain job security, and so much more. Sibert House is PathForward's bold new step that provides Arlington with a housing solution for its most vulnerable - those homeless individuals who require the most oversight, additional LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

Name of the organization PathForward, Inc.	Employer identification number 54-1615993
onsite care, and a dedicated apartment building where the	s type of
enhanced support can transition people from Streets to St	ability.
enhanced support can transition people from Streets to St	ability.
Expenses \$ 247,182. including grants of \$ 0. Revenue	\$ 134,597.

PathForward is very focused on healthcare equity. The Mobile Medical Program (MMP) delivers free medical care to people who are street homeless. COVID underscored the importance of providing access to free healthcare for our community's most vulnerable, whose medical conditions can rapidly deteriorate until they become crises, and access to medical care can be the difference between life and death. The MMP brings together an outreach case manager (CM) and Registered Nurse (RN) who go together to overpasses, bridges, woods, etc. where people live. The CM regularly conducts street outreach to deliver food, water, socks, clothing, blankets, and personal care items. The RN has a "medical backpack" containing items needed to check blood pressure and other vitals, treat wounds and skin conditions, test and/or vaccinate for COVID-19, test blood glucose levels, and administer and teach others to administer NARCAN for opioid overdose. We can also provide over-the-counter medications and deliver prescriptions. We quickly realized that the MMP had to do more to meet behavioral health needs. In FY23 we allocated funding toward a part-time Licensed Clinical Social Worker (LCSW) to provide mental health care, specifically focused on trauma, to all clients we serve. In FY24, we have increased this position to full-time. While people experiencing homelessness have always been in need of mental health services, this need increased during the pandemic. Mental health therapy for underserved populations became harder to access. Many providers do not see uninsured and Medicaid patients. Even for self-pay and insured patients, waiting Schedule O (Form 990) 2022 232212 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization PathForward, Inc.	Employer identification number 54-1615993
lists are long. It is difficult to house someone with an	untreated
mental illness, and it is even harder to keep them housed	. Unsheltered
people are not likely to schedule and keep appointments f	or mental
health care. Once a person finds themselves living on the	streets, a
mental health condition can rapidly deteriorate until it	becomes a
crisis. Too often, this results in police intervention an	d emergency
room visits. It is our goal to increase the capacity of t	he MMP to
full-time with a team of three including the RN, CM, and	LCSW during
2024.	
Expenses \$ 43,616. including grants of \$ 0. Revenue \$	0.
Form 990, Part VI, Section A, line 8b:	
There are no separate minutes for board committees. Comm	ittee report items
are included in the minutes kept for the Board of Directo	rs.
Form 990, Part VI, Section B, line 11b:	
The 990 is reviewed by PathForward's Finance Committee an	d is presented to
the Board for final approval prior to submission.	
Form 990, Part VI, Section B, Line 12c:	
Each Director and Officer is required to review a copy of	the conflict of
interest policy, which requires each person to disclose a	ny relationships,
positions or circumstances in which he or she believes co	uld contribute to
a conflict. Following full disclosure of a possible confl	ict of interest,
the Board of Directors shall determine whether an actual	conflict of
interest exists and, if so, the Board shall vote to autho	rize or reject the
transaction or take any other action deemed necessary to	address the
conflict and protect PathForward's best interests.	
232212 10-28-22	Schedule O (Form 990) 2022

Name of the organization PathForward, Inc.

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

The compensation for the Executive Director is established based on a

salary comparison with similar organizations, and approval by the Board.

Form 990, Part VI, Section C, Line 19:

PathForward's governing documents, conflict of interest policy, and

financial statements are available to the public upon request.

Form 990, Part XII, Line 2c:

PathForward's Finance Committee assumes responsibility for oversight of

the audit of its financial statements and selection of an independent

accountant. The process is consistent with the previous year.

SCHE	DULE R
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(Form 990)

Department of the Treasury Internal Revenue Service

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. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

54-1615993

Name of the organization

PathForward, Inc.

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
Sibert House LLC					
2020 A 14th Street, N					
Arlington, VA 22201-2524	Provide Housing	Virginia	336,011.	1,679,054.	PathForward, Inc.
	-				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	status (if section	ection entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
							<u> </u>
							<u> </u>

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

Schedule R (Form 990) 2022

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	۱) (۱	ר)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income			ortionate tions?	amount in box	manag partne	or Percenta
		country)		sections 512-514)			Yes	No		Yes	lo
	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.

(b) Primary activity	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	e 512(b)(13) controlled entity?	
	country)		01 (1031)		233013			No
								<u> </u>
		Primary activity Legal domicile (state or	Primary activity (state or foreign	Primary activity Legal domicile Cistate or foreign Direct controlling (C corp, S corp, S corp, C trust)	Primary activity Legal domicile Cistate or foreign Direct controlling entity (C corp, S corp, income income income controlling) or truet	Primary activity Legal domicile Direct controlling Type of entity (C corp, S corp, foreign controlling truet) Share of total end-of-year	Primary activity Legal domicile Controlling Type of entity (C corp, S corp, foreign controlling or trust) Share of total Share of end-of-year ownership	

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

Not	e: 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 transactions with one or more related organizations listed in Parts II-IV?					
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					
b	Gift, grant, or capital contribution to related organization(s)	1b				
с	Gift, grant, or capital contribution from related organization(s)	1c				
	Loans or loan guarantees to or for related organization(s)	1d				
	Loans or loan guarantees by related organization(s)	1e				
f	Dividends from related organization(s)	1f				
g	Sale of assets to related organization(s)	1g				
h	Purchase of assets from related organization(s)	1h				
i	Exchange of assets with related organization(s)	1i				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k				
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11				
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m				
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n				
0	Sharing of paid employees with related organization(s)	10				
р	Reimbursement paid to related organization(s) for expenses	1p				
q	Reimbursement paid by related organization(s) for expenses	1q				
r	Other transfer of cash or property to related organization(s)	1r				
S	Other transfer of cash or property from related organization(s)	1s				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
<u>(4)</u>				
<u>(5)</u>				
(6)				

Schedule R (Form 990) 2022 PathForward, Inc.

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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3 orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h Dispro tion allocat Yes) apor- ate ions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr Yes) ral or F iging ner? NO	(k) Percentage ownership

Schedule R (Form 990) 2022

PathForward, Inc.

Part VII Supplemental Information

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