Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service

		enue Servi			Infor	mation	ı about	Form 9	990 and	d its ir	nstructi	ons is	at w	ww.irs.g	ov/1	form	990.				Inspe	ction
AF	or th	ne 2016	6 calen	Idar year,	, or tax ye	ear be	ginning	J			, 2	016, a	Ind	ending						,	20	
			C Name	e of organiza	tion											DE	mploy	er ide	ntifica	ation nu	mber	
вс	heck if a	pplicable:	THE	RUSTI	C PATHW	IAYS	FOUNI	OATIO	ON IN	c.							02-	077	629	1		
Х	Addre chang		Doing	business as																		
	Name	e change	Numb	per and stree	et (or P.O. bo	ox if mail	is not de	livered to	o street a	address)	Ro	oom/	suite		ΕT	elepho	one nu	Imber			
	Initial	l return	349	00 CHA	RDON RE)							10	7		(4	40)	49	7 – 4	201		
	Final termi	return/ nated	City o	or town, state	e or province	e, countr	y, and ZIF	P or forei	ign posta	al code												
	Amer	nded	WIL	LOUGHB	Y HILLS	с, он	4409	94								GG	Gross re	eceipt	s \$		23	2,178.
		cation	F Name	e and addres	ss of principa	l officer:	0	SCAR	HACK	ETT						H(a) Is this	s a gro dinates		Irn for	Yes	X No
		5	349	00 CHA	RDON RE	0107	WILLO	OUGHE	BY HI	LLS,	OH	4409	94			H(b	Are al			ncluded?	Yes	5 🗌 No
I	Tax-ex	empt sta	atus:	X 501(c)((3)	501(c)	() -	(ins	sert no.)		4947(a)(1) or		527			lf "No	o," atta	ch a lis	t. (see ins	tructions)	
J	Websi	ite: 🕨	WWW.R	RUSTICP	ATHWAYS					_						H(c) Group	o exem	ption n	umber)
К	Form	of organi	ization:	X Corpora	ation T	Frust	Assoc	ciation	Oth	ner 🕨			L	Year of fo	orma	tion:	200	6 м	State	of legal	domicil	e: OH
Pa	art I	Su	mmary	,																		
	1	Briefly	describ	be the orga	nization's r	mission	or mos	t signifi	cant ac	tivities	ТО	SUPP	OR	г сом	MUN	IT]	IES	IN	THE	IR E	FFOR'	rs
e		TO I	IMPLE	MENT LO	CALLY-	DRIV	EN, S	JUSTA	INAB	LE S	OLUT	IONS	T T	O THE	IR							
ano		DEVE	ELOPM	ENT CHA	ALLENGE	s.	-															
Governance	2	Check	this box	x 🕨 🗌 i	if the orgar	nization	discon	tinued	its ope	rations	s or dis	posed o	of m	ore than	25%	of it	s net	asset	s.			
ğ	3	Numbe	er of vot		ers of the g														3			9.
	4	Numbe	er of ind	dependent	voting men	- nbers o	of the go	overning	g body (Part V	I, line 1	b)	••		••	•••			4			9.
ties	5				als employ														5			1.
Activities &	6				ers (estimate														6			103.
Ac	7a	Total u	unrelate	d business	revenue fro	om Part	t VIII, co	olumn (C	C), line	12	• • •	• • •	• •		• •	• •		••	7a			0.
					axable inco														7b			0.
							-										ior Ye			С	urrent	Year
	8	Contril	butions	and grants	(Part VIII, I	line 1h)											224	l , 71	4.		232	2,178.
nue	9				(Part VIII, I														0.			0.
Revenue	10	Investr	ment ind	come (Part	t VIII, colum	יס וח (A), I	ines 3, 4	4, and 7	'd)				• •	· · · F					0.			0.
æ	11	Other	revenue	e (Part VIII	, column (A	A), lines	5, 6d, 8	sc, 9c, 1	0c, and	l 11e)			• •	· · · F					0.			0.
	12				s 8 through												224	1,71	4.		232	2,178.
	13				ints paid (Pa														0.			0.
	14				embers (Pa														0.			0.
S	4.5				ation, empl														0.			0.
Expenses	16a				fees (Part I														0.			0.
Del	b				es (Part IX,						• • •	0.	• •	•••								
ш	17			- ·	, column (A				-								133	3,54	12.		214	1,335.
	18				es 13-17 (m												133	3,54	12.		214	1,335.
	19				Subtract lir													,17				7,843.
ses	_														Begin	ning	of Cu	rrent `	Year	E	nd of Y	ear
lanc	20	Total a	assets (F	Part X, line	16)												131	,92	23.		149	9,766.
Net Assets or Fund Balances	21		•		ne 26)								• •	· · · -				-	0.			0.
Net	22				ices. Subtra									:::			131	,92	23.		149	9,766.
	rt II		nature																			
Un	der pei				nat I have ex													oest o	f my l	knowled	ge and	belief, it is
true	e, corre	ect, and o	complete	. Declaration	n of preparer	(other th	nan office	er) is bas	ed on a	ll inforn	nation of	f which	prep	arer has a	any k	nowle	edge.					
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Sig			Signature	e of officer													Dat	e				
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Mav	the I				ith the prepa											1 1 10					Yes	X No
					tice, see th															<u> </u>		0 (2016)

OMB No. 1545-0047

Open to Public

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For	m 990 (2016)			Page 2
Pa	art III Statement of Program Serv			
1	Briefly describe the organization's mis	is a response or note to any line in this Part	<u> </u>	X
'		THEIR EFFORT TO IMPLEMENT LO	CALLY-DRIVEN,	
		THEIR DEVELOPMENT CHALLENGES.		
_				
2		significant program services during the yea		
	If "Yes," describe these new services	on Schedule ()		
3		cting, or make significant changes in h	ow it conducts, any program	
	If "Yes," describe these changes on S			
4	expenses. Section 501(c)(3) and 50	n service accomplishments for each of it 01(c)(4) organizations are required to report ny, for each program service reported.		
4a	(Code:) (Expenses \$	200,333. including grants of \$) (Revenue \$)
	SEE SCHEDULE O) (iterende ¢	/
<u> </u>	(Codo:)/Evropooo ¢	including grants of f) (Dovonuo f	
40		including grants of \$)(Revenue \$)
_				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in		^	
40	(Expenses \$ includin Total program service expenses ►	ng grants of \$) (Revenue 200,333.	\$)	
JSA		200,333.		Form 990 (2016)
6E1	⁰²⁰ 1.000 3410KO L43U	V 16-5.4F		PAGE (

Part	190 (2016) Checklist of Required Schedules		F	Page 3
Fai			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		х	
•	complete Schedule A	1	X	
2		2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	2		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Λ
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	4		
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
		5		х
6	Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		Λ
6				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
-	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or 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		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? 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)? <i>If "Yes," complete Schedule E</i>	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1 44		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
15		15		Х
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		23
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		Х
47	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Λ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
4.0	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	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	04-		
	to defease any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
25a	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	250		
5	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	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			х
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		х
20	Part I.	31		
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	02		
55	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
35a	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

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Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable $1a$ 0.		Yes	No
		-		
		-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
24	Statements, filed for the calendar year ending with or within the year covered by this return.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		x
	required to file Form 8282?	7c		
		7e		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	70 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of qualities interior and property, did the organization me rorm obey as required.	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		
	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	-		
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:			
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
10-		12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
ы 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b] Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
С	Enter the amount of reserves on hand			
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 in Schedule O	14b		

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Par				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI	• • •		X
Sect	ion A. Governing Body and Management			1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	•		x
	any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		x
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
h	one or more members of the governing body?	14		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
0	stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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 in Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cod	ə.)	
			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 in Schedule O the process, if any, used by the organization to review this Form 990.			v
	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		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10-		
	describe in Schedule O how this was done	12c		x
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		х
	The organization's CEO, Executive Director, or top management official	15b		X
b	Other officers or key employees of the organization			
169	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright^{ m OH}$,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.		-	- /
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
	financial statements available to the public during the tax year.			

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► OSCAR HACKETT 15345 CHARDON WINDSOR HUNTSBURG, OH 44046

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

				(0	C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and Title	Average	, i				e than o		Reportable	Reportable	Estimated
	hours per			•		is both		compensation	compensation from	amount of
	week (list any hours for					or/trust	<i>,</i>	from the	related organizations	other compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	organization	(W-2/1099-MISC)	from the
	organizations	vidu	itutic	cer	emp	lest	ner	(W-2/1099-MISC)	``´´	organization
	below dotted	lor tr	onal		oloye	ie com				and related
	line)	Jste	trus		e	Ipen				organizations
		œ	tee			Highest compensated employee				
						đ				
(1) JESSEMIN SHEYDA-LOSICK	4.00									
PRESIDENT	0.	Х		Х				0.	0.	0.
(2)OSCAR HACKETT	2.00									
TREASURER	0.	Х		Х				0.	0.	0.
(3)MARCUS HAYMON	1.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(4) JAMIE KOBYLINSKI	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(5)CHRISTOPHER STAKICH	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)HILLARY PROCTOR	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7)LAURA BUDZYNA	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(8)ROBB GIBSON	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(9)ANN FULLER	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(10) ^{ANDREA} BOUCH-DIMONDSTEIN	40.00									
EXECUTIVE DIRECTOR	0.			Х					0.	0.
<u>(11)</u>		-								
(12)										
<u>(12)</u>										
(13)										
(14)										

Form 990 (2016)

Page 7

Part VII Section A. Officers, Directors, 7	rustees, Ke	ey Em	nplo	yee	es,	and F	ligl	hest Compensat	ed Employ	yees (c	ontinue	d)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	erson	e than o is both or/truste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensati relate organiza (W-2/1099	on from d tions	am com fro orga anc	(F) timated ount of other consation on the anization I related nization	on n l
		-											
		-											
		-											
		-											
		-											
		-											
1b Sub-total								17,910.		0.			0.
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	•				•••	· · ·		17,910.		0.			0.
2 Total number of individuals (including but no reportable compensation from the organization	ot limited to t	hose	liste				o re	eceived more than	\$100,000	of			
 Did the organization list any former of employee on line 1a? If "Yes," complete Sche 	ficer, directo	or, or	tru								3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations <i>individual</i>	e sum of rep greater than	oortab \$15	ole c 50,00	om: 00?	pen ' If	satior <i>"Yes</i>	ם aı ג, "	nd other compens complete Schedu	ation from <i>le J for</i>	the such	4		X
5 Did any person listed on line 1a receive for services rendered to the organization? If	or accrue co	mpen	satio	on f	from	n any	un	related organizatio	on or indivi	dual	5		X
Section B. Independent Contractors													
 Complete this table for your five highest co compensation from the organization. Repor year. 													
(A) Name and business a	address							(B) Description of se	rvices	С	(C) ompens	ation	
							_						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.

Form	990 (2	2016)				Page 9
Par	rt VII					
		Check if Schedule O contains a response or note to an	y line in this Part VI	<u> </u>		<u> []</u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, 1				
ontribu d Othe		and similar amounts not included above . If 232,178. Noncash contributions included in lines 1a-1f: \$				
aŭ	g h	Total. Add lines 1a-1f	232,178.			
Program Service Revenue	2a	Business Code				
rvice R	b c					
Se	d					
ram	e					
rog	f	All other program service revenue				
<u> </u>	g	Total. Add lines 2a-2f	0.			
	3	Investment income (including dividends, interest,	0.			
	4	and other similar amounts).	0.			
	5	Royalties	0.			
		(i) Real (ii) Personal				
	6a b c d	Gross rents	0.			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses				
	c d	Gain or (loss)	0.			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
Othe	b c	Less: direct expenses	0.			
	9a	Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses	0.			
	10a	Gross sales of inventory, less returns and allowances				
	b c	Less: cost of goods sold b	0.			
		Miscellaneous Revenue Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	е	Total. Add lines 11a-11d	0.			
	12	Total revenue. See instructions	232,178.			

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus		All other organization	ns must complete colur	mn (A).
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, Bb, 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	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members5 Compensation of current officers, directors,	0.			
trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees):	<u>_</u>			
a Management	0.		2 1 2 4	
b Legal	2,124.		2,124.	
c Accounting	2,000.		2,000.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	0.		2.625	
2 Advertising and promotion	3,635.		3,635.	
3 Office expenses	5,692.		5,692.	
4 Information technology	551.		551.	
5 Royalties	0.			
6 Occupancy	0.			
7 Travel	0.			
8 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	0.			
4 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
aRUSTIC PATHWAYS CAMBODIA	18,250.	18,250.		
bRUSTIC PATHWAYS THAILAND	77,579.	77,579.		
cRUSTIC PATHWAYS DOMINICAN RE	24,000.	24,000.		
dRUSTIC PATHWAYS FIJI	34,153.	34,153.		
e All other expenses ATCH 1	46,351.	46,351.		
25 Total functional expenses. Add lines 1 through 24e	214,335.	200,333.	14,002.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if				

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fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

if

0.

Form 990 (2016)
Part X Balance Sheet

Part X	Check if Schedule O contains a response or note to any line in this Pa	art X		
	,,,,,,	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	131,923.	1	149,766
2	Savings and temporary cash investments	0.	2	0
3	Pledges and grants receivable, net	0.	3	0
4	Accounts receivable, net	0.	4	0
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0.	5	(
2 7	organizations (see instructions). Complete Part II of Schedule L		7	C
	Notes and loans receivable, net	0.	8	C
-	Inventories for sale or use	0.	8 9	0
9	Prepaid expenses and deferred charges	•	9	
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 10a	0.	10-	C
	Less: accumulated depreciation 10b	0.		C
11	Investments - publicly traded securities			(
12	Investments - other securities. See Part IV, line 11	0.		(
13	Investments - program-related. See Part IV, line 11	0.		(
14	Intangible assets			(
15	Other assets. See Part IV, line 11	131,923.	15	149,766
16	Total assets. Add lines 1 through 15 (must equal line 34)	0		149,700
17			17	
18	Grants payable		18	0
19	Deferred revenue		19	(
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	t
g 22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and	0		(
	disqualified persons. Complete Part II of Schedule L		22	0
23	Secured mortgages and notes payable to unrelated third parties		23	C C
24	Unsecured notes and loans payable to unrelated third parties	0.	24	Ľ
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	0.		<u></u>
	of Schedule D	-	25	0
26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	0.	26	(
Assets of Fundaments 65 82 65 82 66 82 67 82 68 82 68 82 69 82 62 82 63 82 64 82 65 82 66 82 67 82 68 82 68 82 69 82 60 82 61 82 62 83 63 83 64 84 65 84 65 84 65 84 65 84 65 84 66 84 67 84 68 84 69 84 64 84 65 84 66 84 67 <td< td=""><td>complete lines 27 through 29, and lines 33 and 34.</td><td>121 002</td><td></td><td>140 965</td></td<>	complete lines 27 through 29, and lines 33 and 34.	121 002		140 965
27	Unrestricted net assets	-	27	149,766
28	Temporarily restricted net assets		28	0
29	Permanently restricted net assets	0.	29	C
5	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž 32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž 33	Total net assets or fund balances		33	149,766
34	Total liabilities and net assets/fund balances		34	149,766

Form 99	00 (2016)			Pa	ge 12	
Part						
	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		232,1		
2	Total expenses (must equal Part IX, column (A), line 25)					
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4]	31,9		
5	Net unrealized gains (losses) on investments	5			0.	
6	Donated services and use of facilities	6			0.	
7	Investment expenses	7			0.	
8	Prior period adjustments	8			0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10]	49,7	66.	
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in				
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled or				
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	-				
	of the audit, review, or compilation of its financial statements and selection of an independent acc		2c			
	If the organization changed either its oversight process or selection process during the tax year, e	xplain in				
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in			v	
	the Single Audit Act and OMB Circular A-133?		<u>3a</u>		<u>X</u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	0				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b	000		
			Form	990	(2016)	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 20 16

	artment of the Treasury nal Revenue Service		(Form 990 or 990-EZ) a			is at <i>www.irs.gov/form9</i>	Open to Public 90. Inspection			
Nam	e of the organization					Employer identifi				
TH	E RUSTIC PATHWAYS FOUN	DATION INC.				02-07762	91			
Pa	rt I Reason for Public Cha	arity Status (All c	organizations must c	omplet	e this pa	art.) See instructions				
The	organization is not a private fou	indation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)				
1	A church, convention of ch	urches, or associa	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).				
2	A school described in sect	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ).)				
3	A hospital or a cooperative			-						
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
	hospital's name, city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
6	section 170(b)(1)(A)(iv). (0		romantal unit dagariba	م الم م م م	ian 170/	L\/4\/A\/\				
6	A federal, state, or local go X An organization that norm	-			-		m the general nublic			
7			•	pport in	om a go	vernmental unit of inc	on the general public			
~	described in section 170(b		-							
8	A community trust describe						land mant callens			
9	An agricultural research or	•			•	•	• •			
	or university or a non-land-	-grant college of ag	griculture (see instruct	ions). Ei	nter the I	name, city, and state of	r the college or			
	university:				,					
10	An organization that norma receipts from activities rela support from gross investr acquired by the organization	ated to its exempt f nent income and u	unctions - subject to on nrelated business tax	certain e able inco	exception	s, and (2) no more tha s section 511 tax) from	n 331/3 % of its			
11	An organization organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).				
12	An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to c	arry out the purposes			
	of one or more publicly su	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).								
	Check the box in lines 12a	through 12d that d	escribes the type of s	upporting	g organiz	ation and complete lir	nes 12e, 12f, and 12g.			
а	Type I. A supporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving			
	the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the			
	supporting organization.	You must complet	e Part IV, Sections A	and B.						
b	Type II. A supporting org	anization supervise	ed or controlled in co	nnection	n with its	supported organization	on(s), by having			
	control or management									
	organization(s). You mus		-				5 11			
с		•		ited in co	onnectio	n with. and functional	lv integrated with.			
	its supported organization						.,			
d							ted organization(s)			
	that is not functionally int			-						
	requirement (see instruct			-		-				
е							I Type III			
Ŭ	functionally integrated, o						, , , , , , , , , , , , , , , , , , ,			
f	Enter the number of supported	• ·		-						
q	Provide the following informati	-								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
	()		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see			
			above (see instructions))	docui Yes	ment? No	instructions)	instructions)			
				105						
(A)										
(D)										
(B)										
(C)										
(D)										
(E)										
_	_									
Tota	al									

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

Schedule A (Form 990 or 990-EZ) 2016

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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0.	21,997.	49,064.	224,715.	232,178.	527,954.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3		21,997.	49,064.	224,715.	232,178.	527,954.	
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						10 441	
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						19,441.	
	tion B. Total Support						508,515.	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4	(.,	21,997.	49,064.	224,715.	232,178.	527,954.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
11	Total support. Add lines 7 through 10						527,954.	
12	Gross receipts from related activities, etc. (s	see instructions)				12		
13	First five years. If the Form 990 is for organization, check this box and stop here							
Sec	tion C. Computation of Public Sup	port Percenta	ge					
14	Public support percentage for 2016 (li		-			14	96.32%	
15	Public support percentage from 2015					15	90.48%	
16a	a 331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check							
_	this box and stop here. The organization	•		•				
b	331/3% support test - 2015. If the c							
	check this box and stop here. The organization qualifies as a publicly supported organization here. The organization here. The organization qualifies as a publicly supported organization here. a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is							
17a		-						
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly support								
	-			-	-			
h	organization 10%-facts-and-circumstances test - 2	015 If the er	anization did na	t abook a box	on line 12 16	a 16b ar 17a		
D								
	15 is 10% or more, and if the organizati						-	
	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly							
10	supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see							
18	•							
	instructions							

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
74	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	tion B. Total Support	(a) 2012	(b) 2013	(a) 2014	(d) 2015	(a) 2016	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2012	(0) 2013	(c) 2014	(d) 2015	(e) 2016	
9	Amounts from line 6 Gross income from interest, dividends,						
10 a	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organizat	tion's first, seco	nd, third, fourth,	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here .	<u></u>		<u></u>			<u></u> ►
Sec	tion C. Computation of Public Sup	port Percenta	age				
15	Public support percentage for 2016 (line 8,	column (f) divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2015 Schee	dule A, Part III, lin	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2016 (lin	ie 10c, column (*	f) divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2015 S					18	%
19 a	a 331/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line						
	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization \blacktriangleright						
b	b 331/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and						
-	line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20	Private foundation. If the organization of		-	• •			
JSA				. ,		Schedule A (Form 9	
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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If Yes*, *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "*Yes*," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "*Yes*," *answer 10b below.*
 - **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 Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to 1 regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization. describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 а The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С Yes No 2 Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a

- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. *Answer (a) and (b) 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? *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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2b

3a

Schedule A (Form 990 or 990-EZ) 2016			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatio	ns	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	-		
instructions. All other Type III non-functionally integrated supporting organiz	zations	must complete Sectio	
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
 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		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
		· · - ··· ··	

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

Schedule A (Form 990 or 990-EZ) 2016

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Schedu Part	Ie A (Form 990 or 990-EZ) 2016 V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	Page 7
Sect	on D - Distributions		. , ,	Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b	Excess from 2013			
C	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016