#### Form 8879-EC

#### IRS *e-file* Signature Authorization for an Exempt Organization

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OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number THE RUSTIC PATHWAYS FOUNDATION INC. 02-0776291 Name and title of officer JESSEMIN SHEYDA-LOSICK, PRESIDENT Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. Form 990 check here ▶ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b b Total revenue, if any (Form 990-EZ, line 9) . . . . . . . . 2b 2a Form 990-EZ check here **b** Total tax (Form 1120-POL, line 22) . . . . . . . . . . . . . . . 3b Form 1120-POL check here Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b Form 8868 check here ▶ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only lauthorize BDO USA, LLP to enter my PIN as my signature FRO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date > Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 9 8 6 7 4 4 3 3 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date  $\triangleright$  06/15/2019

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

## **Return of Organization Exempt From Income Tax**

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

Department of the Treasury Internal Revenue Service

▶ 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.

Inspection

OMB No. 1545-0047

A F	or th	e 2018	calendar year, or tax year beginning	, 2018	, and endir	ng			, 20
_			C Name of organization				D Employer idea	ntificat	tion number
B	heck if a	pplicable:	THE RUSTIC PATHWAYS FO	DUNDATION INC.			02-0776	5291	-
	Addre		Doing business as						
	7 '	e change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	е	E Telephone nui	nber	
	Initial	l return	34900 CHARDON RD		107		(440) 49	7 – 42	201
	Final	return/	City or town, state or province, country, a	and ZIP or foreign postal code			, ,		
	Amer		WILLOUGHBY HILLS, OH	14094			G Gross receipts	\$	449,970.
		cation	F Name and address of principal officer:	JESSEMIN SHEYDA-LOS	ICK		H(a) Is this a grou	ıp returi	
	_ pendi	ing	34900 CHARDON RD107, N	WILLOUGHBY HILLS, OH 4	14094		subordinates <b>H(b)</b> Are all subord		
$\overline{}$	Tax-ex	empt st	11	) <b>(</b> insert no.) 4947(a)(1)		527	. ,		st. (see instructions)
			WWW.RUSTICPATHWAYS.ORG	, (o.(o.)	0.	-	H(c) Group exemp	otion nu	ımber ▶ 0
				Association Other ►	L Year	r of format	ion: 2006 M		
	art I		ımmary		1 - 150				
_	1		y describe the organization's mission of	r most significant activities: TO SU	PPORT C	COMMUN	ITIES IN	THE	IR EFFORTS
ø	•	TO	IMPLEMENT LOCALLY-DRIVEN	, SUSTAINABLE SOLUTIO	NS TO T	THEIR			
Governance			ELOPMENT CHALLENGES.	•					
ern	2	Check	this box if the organization d	iscontinued its operations or dispos	ed of more	than 25%	of its net assets		
30	3		per of voting members of the governing	·				3	8.
8	4		per of independent voting members of t					4	8.
Activities &	5		number of individuals employed in cale					5	1.
ţ	6		number of volunteers (estimate if necess					6	142.
Ac	7a		unrelated business revenue from Part V					7a	0.
			nrelated business taxable income from					7b	
							Prior Year		Current Year
	8	Contri	ibutions and grants (Part VIII, line 1h)				141,94	4.	449,970.
nue	9		am service revenue (Part VIII, line 2g)					0.	0.
Revenue	10		tment income (Part VIII, column (A), line					0.	0.
æ	11		revenue (Part VIII, column (A), lines 5,					0.	0.
	12		revenue - add lines 8 through 11 (must				141,94	4.	449,970.
	13		s and similar amounts paid (Part IX, colu					0.	0.
	14		its paid to or for members (Part IX, colu			0.	0.		
s	15		es, other compensation, employee bene					0.	0.
Expenses	16a		ssional fundraising fees (Part IX, column					0.	0.
xpe			fundraising expenses (Part IX, column (I			-			
Ш			expenses (Part IX, column (A), lines 11				213,44	7.	416,595.
			expenses. Add lines 13-17 (must equal				213,44	7.	416,595.
	19		nue less expenses. Subtract line 18 from				-71 <b>,</b> 50	3.	33,375.
or							ning of Current Y	'ear	End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)				85 <b>,</b> 62	3.	111,740.
AS	21		liabilities (Part X, line 26)				7,36	0.	102.
F F	22	Net as	ssets or fund balances. Subtract line 21	from line 20			78 <b>,</b> 26	3.	111,638.
Pa	rt II	Sig	gnature Block						
Und	der pe	nalties o	of perjury, I declare that I have examined the complete. Declaration of preparer (other than	is return, including accompanying sched	lules and sta	tements, a	and to the best of	my k	nowledge and belief, it is
liue	s, corre	Ti, and	complete. Declaration of preparer (other than	officer) is based off all information of wil	iicii preparei	ilas aliy ki	lowledge.		
O:									
Sig			Signature of officer				Date		
He	е								
			Type or print name and title						
Dair		Print/	Type preparer's name	Preparer's signature	Date		Check	if P	TIN
Paid	ı parer	DAV:	ID MCCLAIN II	Wir In Me In y	06/1	5/201			P01375349
	Only		s name ▶BDO USA, LLP				Firm's EIN ▶ 1		
	•		address ▶301 SPRINGSIDE DR						668-9696
Ma	y the	IRS d	iscuss this return with the preparer	shown above? (see instructions	)				
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.					Form <b>990</b> (2018)

P	Statement of Program Se		. III	
1	Briefly describe the organization's m	nins a response or note to any line in this Part	(	
•	•	N THEIR EFFORT TO IMPLEMENT LO	CALLY-DRIVEN,	
		THEIR DEVELOPMENT CHALLENGES.		
2		significant program services during the ye		
	prior Form 990 or 990-EZ?			Yes X No
2	If "Yes," describe these new services	s on Schedule O. ucting, or make significant changes in h	now it conducts any program	
J				Yes X No
	If "Yes," describe these changes on	Schedule O.		
4		m service accomplishments for each of it	ts three largest program services	s, as measured by
		01(c)(4) organizations are required to rep	ort the amount of grants and all	ocations to others,
	the total expenses, and revenue, if a	ny, for each program service reported.		
4a		394,447. including grants of \$	) (Revenue \$	)
	SEE SCHEDULE O			
<u></u>	(Codo: \() (Eynoncos \$	including grants of \$	) (Boyonua <sup>©</sup>	
4D	(Code) (Expenses \$	including grants of \$	) (Revenue \$	)
40	(Code: ) (Eynanses \$	including grants of \$	\ (Peyenue \$	
40	(Code) (Expenses \$		) (Revenue \$	
4d	Other program services (Describe in	Schedule O.)		
	·	ing grants of \$ ) (Revenue	e \$ )	
4e	Total program service expenses ▶	394,447.	,	

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#### Part IV **Checklist of Required Schedules** No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III, 5 Х 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? If Х "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II......... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х complete Schedule D, Part III 8 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 Х 9 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 Х 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х complete Schedule D, Part VI 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Х c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If Х "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 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 Х foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Х Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........... Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х 19 Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . . .

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Part	V 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			17
	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
24 a	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		Х
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
-	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		X
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? <i>If "Yes," complete Schedule L, Part III</i>	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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		Х
29	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	28c 29		X
30	Did the organization receive more than \$23,000 in non-cash contributions: If res, complete schedule in	23		
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
34	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		X
	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			
<b>6</b> -	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	27		Х
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
00	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
JSA	Toportable garning (garnoling) withings to prize withers:		990	(2018)

JSA

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excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, filed for the calendar year ending with or within the year covered by this return.   2a				Yes	No
Statements, filed for the calendar year ending with or within the year covered by this return.   2a	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines at and 2a is greater than 250, you may be required to effe (see instructions).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b Did the organization have unrelated business gross income of \$1,000 or more during the year?  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 accounts?)  5b If "Yes," and terr the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR).  5a Was the organization for the foreign country (such as a bank account, securities account, or other financial Accounts?)  5c Uses a Was the organization for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization have for the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5c Uses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charitately contributions?  5c Uses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charitately contributions?  5c Uses a fire a fire a fire and any accountable or this buttons under section 170(c).  5d Did the organization shall may receive deductible contributions under section 170(c).  5d Did the organization shall may receive deductible contributions under section 170(c).  5d Did the organization shall may receive deductible contributions under section 170(c).  5d Did the organization organization shall may be a payment in excess of \$75 made partly as a contribution on t					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3a If Ith comparization have unrelated business gross income of \$1,000 or more during the year?.  3b If "Yes," has it field a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  3b If yes, "has it field a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  3b If "Yes," enter the name of the foreign country, which is a bank account, securities account, or other financial accounts. For the security of security of security of the security of security	b		2b	Х	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?.  3b Sh if "Yes", his filed a Form 990-Tr of this year?! /* "No" to line 5b, provide an explanation in Schedule O.  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)?.  5b If "Yes", either the name of the foreign country: ▶  5a Was the organization april to a prohibited tax shelter transaction at any time during the tax year?.  5a Was the organization april to a prohibited tax shelter transaction at any time during the tax year?.  5c Loss 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 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?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c To did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?  6c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7b If "Yes," indicate the number of forms \$282 filed during the year.  7c If	-				
b if "Yes," has it flied a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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, accordine account, or other financial accounts (FBAR).  b if "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FICCEN 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 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b IV "Yes" to line 5e or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction or solid 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?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization that were not tax eductible?  7 Organizations provided to the payor?  7 Organizations sprovided to the payor?  8 If "Yes," did the organization notify the donor of the value of the goods or services provided?  9 If "Yes," did the organization to express a parment in excess of \$57 made partly as a contribution and partly for goods and services provided to the payor?  7 If IV The organization and property for which it was required to file Form 8282?  8 If "Yes," did the organization received a contribution of qualified intellectual property, did the organization file form 8282 are guarded to the organization received a contribution of qualified intellectual property, did the organization file form 108e-07.  8 Sponsoring organization make any taxable distribution to a donor advised fund maintained by the posposoring organization make any taxab	3a		3a		Х
4a A tany 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, seuch as a bank account, securities account, or other financial account)?.  b if "Yes," enter the name of the foreign country. ▶  see instructions for filing requirements for FiroCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  c if "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5a Dose 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 Dose 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?  7b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?  7 Did the organization notify the donor of the value of the goods or services provided?  8 Did the organization motify the donor of the value of the goods or services provided?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07.  8 Sponsoring organization make any taxable distributions under section 4968 or					
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	D				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	against amounts and or room an anomy i i i i i i i i i i i i i i i i i i i	12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  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?  If "Yes," see 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?		, , , ,			
a Is the organization licensed to issue qualified health plans in more than one state?  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		roo, once an amount of tax oxempt more rooms as a sociated as ing the year.			
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			13a		
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	u	·			
the organization is licensed to issue qualified health plans	b				
c Enter the amount of reserves on hand	_	' '			
14a Did the organization receive any payments for indoor tanning services during the tax year?	С				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14a		X
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?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			14b		
If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		
to the enganization an educational motivation caspot to the education record state and the investment motivation.		If "Yes," see instructions and file Form 4720, Schedule N.			
If "Yes," complete Form 4720, Schedule O.	16		16		
		If "Yes," complete Form 4720, Schedule O.		200	

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Sect	ion 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	3		
	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	8		
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, or 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		X
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 /	,	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	<i>.)</i> Yes	No
		100	163	X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	IIa		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		Х
12a		12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b		
_	rise to conflicts?	120		
С		12c		
10	describe in Schedule O how this was done	13		Х
13	Did the organization have a written document retention and destruction policy?	14		Х
14	Did the process for determining compensation of the following persons include a review and approval by			
15	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 in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			•
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record ANDREA BOUCH 34900 CHARDON RD WILLDUGHBY HILLS, OH 44094 (440) 497-4201	s 🕨		

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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.

(A) Name and Title	(B)  Average hours per week (list any hours for related organizations below dotted line)	box, office or div	not ch unles er and	Pos neck s pe	(C) Position Coke more than one person is both an adirector/trustee) Officer  Office		Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
			Ф			ated				
(1)JESSEMIN SHEYDA-LOSICK PRESIDENT (2)OSCAR HACKETT	4.00 0. 2.00	Х		Х				0.	0.	0.
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.	X						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)ANDREA BOUCH-DIMONDSTEIN	40.00									
EXECUTIVE DIRECTOR	0.			Х					0.	0.
<u>(10)</u>										
(11)										
<u>(12)</u>										
<u>(13)</u>										
(14)										

JSA

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Pa	art VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plc	ye	es,	and H	lig	hest Compensat	ed Employ	yees (c	ontinue	<i>∍d)</i>	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reporta compensatio relate organizat	on from d	an	(F) Estimated amount of other compensation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	9-MISC)		om the anizatior d related anization	b
c	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	-						<b>&gt; &gt; &gt;</b>	0.		0. 0. 0.			0.
	Total number of individuals (including but not reportable compensation from the organization	limited to t	hose					o re	eceived more than	\$100,000	of			
_				4	ıoto	_	leave of		Javaa ar bisbaa		atad		Yes	No
	Did the organization list any <b>former</b> offic employee on line 1a? <i>If "Yes," complete Schedi</i>	ule J for su	ch ind	livid	ual			• •				3		Х
4	For any individual listed on line 1a, is the sorganization and related organizations gro	eater than	\$15	0,0	00?	l If	"Yes	3, "	complete Schedu	le J for s	such			Х
5	Did any person listed on line 1a receive or	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or indivi	dual	4		
Se	for services rendered to the organization? If "You be called B. Independent Contractors	es," comple	te Scr	nedu	ile J	tor	such	per	son			5		Х
1	Complete this table for your five highest comcompensation from the organization. Report of year.													
	(A) Name and business add	dress							(B) Description of se	rvices	C	(C) compens		
_														
_								F						
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nite		thos	e li	isted above) who	received				

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### Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to an	y line in this Part V	III		
		·		(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	449,970.				
nd a	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	▶	449,970.			
nue			Business Code				
Program Service Revenue	2a b c d						
ogra	f	All other program service revenue					
<u>_</u>	g	Total. Add lines 2a-2f	▶	0.			
	3	Investment income (including divider and other similar amounts)		0.			
	5	Royalties		0.			
	6a b	Gross rents	(ii) Personal				
	d	Net rental income or (loss)	(ii) Other	0.			
	7a	assets other than inventory	(ii) Other				
	b c	Less: cost or other basis and sales expenses Gain or (loss)					
	d	Net gain or (loss)	▶	0.			
Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
er F		See Part IV, line 18 a	0.				
Other	b	Less: direct expenses b					
	С	Net income or (loss) from fundraising events	▶	0.			
		Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold <b>b</b> Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code	0.			
	11a						
	b						
	c						
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶	0.			
	12	Total revenue. See instructions		449,970.			

### Part IX Statement of Functional Expenses

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

Check if Schedule O contains a resp	onse or note to any line	in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
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 members	0.			
5 Compensation of current officers, directors, 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):				
a Management	0.		404	
<b>b</b> Legal	424.		424.	
c Accounting	7,750.		7,750.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
<b>9</b> Other. (If line 11g amount exceeds 10% of line 25, column	10,446.	10,446.		
(A) amount, list line 11g expenses on Schedule O.)	7,038.	10,440.	3,569.	3,469.
12 Advertising and promotion	439.		439.	3,409.
13 Office expenses	6,497.		6,497.	
14 Information technology	0,457.		0,457.	
15 Royalties	0.			
16 Occupancy	309.	309.		
17 Travel	0051			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates.	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aRUSTIC PATHWAYS CAMBODIA	59,219.	59,219.		
bRUSTIC PATHWAYS THAILAND	150,706.	150,706.		
cRUSTIC PATHWAYS FIJI	111,361.	111,361.		
dRUSTIC PATHWAYS TANZANIA	7,659.	7,659.		
e All other expenses ATCH 1	54,747.	54,747.		
25 Total functional expenses. Add lines 1 through 24e	416,595.	394,447.	18,679.	3,469.
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  following SOP 98-2 (ASC 958-720)	0.			

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## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	80,580.		109,859.
	2	Savings and temporary cash investments	0.		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.			
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	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			
Ø		organizations (see instructions). Complete Part II of Schedule L	0.	_	0.
Assets	7	Notes and loans receivable, net	0.	-	0.
As	8	Inventories for sale or use	5,043.		1,881.
	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D	0		
		Less: accumulated depreciation		10c	0.
	11	Investments - publicly traded securities		11	0.
	12	Investments - other securities. See Part IV, line 11		12	0.
	13	Investments - program-related. See Part IV, line 11		13	0.
	14	Intangible assets		14	0.
	15	Other assets. See Part IV, line 11	85,623.	15	111,740.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,360.		102.
	17	Accounts payable and accrued expenses		18	0.
	18	Grants payable		19	0.
	19 20	Deferred revenue		20	0.
	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D		21	0.
Ø	22	Loans and other payables to current and former officers, directors,	<u> </u>	21	<b>3</b> 1
Liabilities		trustees, key employees, highest compensated employees, and			
ē		disqualified persons. Complete Part II of Schedule L	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	0.
	24	Unsecured notes and loans payable to unrelated third parties		24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	7,360.		102.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
Fund Balances	27	complete lines 27 through 29, and lines 33 and 34.	78,263.	0-	111,638.
alaı	27 28	Unrestricted net assets	78,203.	27 28	0.
Ö.	29	Temporarily restricted net assets  Permanently restricted net assets	0.	29	0.
Ĕ	23	Organizations that do not follow SFAS 117 (ASC 958), check here	<u> </u>	23	· ·
P.		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	78,263.	33	111,638.
	34	Total liabilities and net assets/fund balances	85,623.	34	111,740.
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OIIII 5	2010)				ıα	<u> </u>
Part						$\overline{}$
	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				70.
2	Total expenses (must equal Part IX, column (A), line 25)	2				95.
3	Revenue less expenses. Subtract line 2 from line 1	3				375.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			78,2	263.
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		1	11,6	38.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				
			_		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?.		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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?		L	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	ıa			
	separate basis, 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	oversio	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	_	- 1	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			
	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo t	he			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		
				Form	990	(2018)

#### **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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE RUSTIC PATHWAYS FOUNDATION INC.

Employer identification number 02-0776291

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must c	omplet	e this pa	art.) See instructions		
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in secti	school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service o	rganization described i	n <b>sectio</b>	n 170(b)	(1)(A)(iii).		
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st	tate:						
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).		
7	Х	An organization that norma	ally receives a sub	ostantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public	
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)					
8		A community trust describe							
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix) (	operated	I in conjunction with a	land-grant college	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state of	f the college or	
		university:							
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ited to its exempt facilities to its exempt for its exempt income and un	functions - subject to on nrelated business tax	certain e able inco	xception me (less	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	•	•					
		of one or more publicly su				. , . ,	` ' ' '	` ' ' '	
		Check the box in lines 12a t	hrough 12d that d	escribes the type of su	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.	
а		oxdot <b>Type I.</b> A supporting orga	•		-		• , ,		
		the supported organization				ajority of	the directors or truste	es of the	
		supporting organization. <b>`</b>	-	•					
b	L	<b>Type II.</b> A supporting org	•				• • •	. , ,	
		control or management of	•	_	the sam	e person	is that control or man	age the supported	
		organization(s). <b>You must</b>	-						
С		Type III functionally integ						ly integrated with,	
		its supported organization	. , .	•					
d		Type III non-functionally			•		• •	• , ,	
		that is not functionally inte	-		_		•	an attentiveness	
		requirement (see instruct	·	-					
е		Check this box if the orga						ı, Type III	
	En	functionally integrated, or ter the number of supported			porting o	organizat	ion.		
'		ovide the following information							
9		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of	
	(1)	arite of supported organization	(11) = 111	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see	
				above (see instructions))		ment?	instructions)	instructions)	
					Yes	No			
(A)									
<b>/</b> -\									
(B)									
(C)									
(C)									
(D)									
(5)									
(E)									
<del> ,</del>									

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

Schedule A (Form 990 or 990-EZ) 2018

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) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	49,064.	224,715.	232,178.	141,944.	449,970.	1,097,871.
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	49,064.	224,715.	232,178.	141,944.	449,970.	1,097,871.
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)						279,771.
6	Public support. Subtract line 5 from line 4						818,100.
Sec	tion B. Total Support					•	,
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	49,064.	224,715.	232,178.	141,944.	449,970.	1,097,871.
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						1,097,871.
12	Gross receipts from related activities, etc. (s	ee 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		•				
14	Public support percentage for 2018 (lin	ne 6, column (f)	divided by line	11, column (f)).		14	74.52%
15	Public support percentage from 2017	Schedule A, Pa	rt II, line 14			15	96.54%
16a	331/3% support test - 2018. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl	
	box and <b>stop here.</b> The organization qu	ualifies as a pub	licly supported	organization			<b>&gt;</b> X
b	331/3% support test - 2017. If the org	anization did no	ot check a box o	on line 13 or 16	a, and line 15 is	s 331/3 % or mor	re, check
	this box and <b>stop here</b> . The organization			-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	•
	Part VI how the organization meets to			_		· · · · · · ·	
	organization						
b	10%-facts-and-circumstances test - 2	_	•		•		
	15 is 10% or more, and if the orga						•
	Explain in Part VI how the organization	on meets the "	facts-and-circun	nstances" test.	The organizatio	n qualifies as a	publicly
	supported organization						
18	<b>Private foundation.</b> If the organization						
	instructions						· · · · <u> </u>

Schedule A (Form 990 or 990-EZ) 2018

#### 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.)

				· ·		,	
	tion A. Public Support	(-) 2014	(b) 201 <i>E</i>	(-) 2016	(4) 2017	(-) 2049	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	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						
	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						
4.0	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				51511		
14	First five years. If the Form 990 is for	J	,		,		` ^ ′
	organization, check this box and stop here						▶
	tion C. Computation of Public Supp			(5)			
15	Public support percentage for 2018 (line 8,						%
16	Public support percentage from 2017 Sche					16	%
	tion D. Computation of Investment						0/
17	Investment income percentage for 2018 (lin						%
18	Investment income percentage from 2017 S						%
19 a	331/3% support tests - 2018. If the org						
	17 is not more than 331/3 %, check thi		_				
b	331/3% support tests - 2017. If the orga						
	line 18 is not more than 331/3 %, check		•	•	. ,		
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see instr	uctions -

JSA 8E1221 1.000 Schedule A (Form 990 or 990-EZ) 2018 Page 4

#### 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.)

#### Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5а		5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	_	
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? <i>If "Yes," provide detail in Part VI.</i>	6		
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 or 990-EZ).	7		
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).	8		
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 <b>Part VI</b> .	9a		
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? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	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? <i>If "Yes," provide detail in Part VI.</i>	9с		
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)? <i>If "Yes," answer 10b below.</i>	10a		

Schedule A (Form 990 or 990-EZ) 2018

10b

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Schedule A (Form 990 or 990-EZ) 2018 Page 5

	NO A (1 0111 000 01 000 E2) 2010			age <b>c</b>
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	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 <b>Part VI</b> 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 <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on 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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>		
occii	on B. All Type III oupporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	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 <b>Part VI</b> 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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
_			Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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		
		_u		
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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0.		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **6** 

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ  1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organic Section A - Adjusted Net Income	zations r	nust complete Section (A) Prior Year	ns A through E. (B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</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		
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-functional	y integra	ted Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **7** 

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish ex	cempt purposes					
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supporte	ed				
	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 <b>Part VI</b> ). See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	•		(ii)	(iii)			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018			
_1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2018						
а	From 2013						
b	From 2014						
С	From 2015						
d	From 2016						
е	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in <b>Part VI</b> . See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2014						
b	Excess from 2015						
	Excess from 2016						
d	Excess from 2017						

Schedule A (Form 990 or 990-EZ) 2018

Excess from 2018

#### Schedule B (Form 990, 990-EZ,

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

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

2018

**Employer identification number** 

THE RUSTIC PATHWAYS FOUNDATION INC. 02-0776291 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 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 or 990-EZ), 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990. 990-EZ, or 990-PF), 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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization THE RUSTIC PATHWAYS FOUNDATION INC.

Employer identification number 02-0776291

art I	Contributors (see i	nstructions). Us	e duplicate co	opies of Part I if	additional space is needed	
-------	---------------------	------------------	----------------	--------------------	----------------------------	--

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GENESEE MOUNTAIN FOUNDATION	_	Person X
	1700 N LINCOLN ST STE 2550	\$139,867.	Payroll Noncash
	DENVER, CO 80203-4502	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	RUSTIC PATHWAYS AUSTRALIA (USA) INC	_	Person
	34900 CHARDON RD, STE. 107	\$155,775.	Payroll Noncash
	WILLOUGHBY HILLS, OH 44094	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	KELLET SCHOOL ASSOCIATIONS LIMITED	_	Person
	2 WAH LOK PATH	\$	Payroll Noncash
	POK FU LAM HONG KONG	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PERTH LADIES COLLEGE		Person X
	58 PARER ST	\$	Payroll Noncash
	BURWOOD VIC AUSTRALIA	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	SYSCO CORPORATION		Person
	1390 ENCLAVE PKWAY	\$5,000.	Payroll Noncash
	HOUSTON, TX 77077	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_	Person
		\ \$	Payroll Noncash
			(Complete Part II for

Name of organization THE RUSTIC PATHWAYS FOUNDATION INC.

Employer identification number 02-0776291

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

Name of or	ganization THE RUSTIC PATHWAYS FO	UNDATION INC.		Employer identification number				
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for the	the year from any on ions completing Part III e year. (Enter this infor	e contributor. Coll, enter the total of mation once. Se	complete columns (a) through (e) and of exclusively religious, charitable, etc.				
(a) Na	Use duplicate copies of Part III if addit	ional space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held				
		(e) Transfer o	of gift					
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held				
		(a) Tuomofou (						
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee				
	-							
(a) No			Г					
(a) No. from Part I	(b) Purpose of gift	(c) Use of (	gift	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(-) N-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of (	gift	(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transfer o	_	schin of transferor to transferoe				
	rransieree's name, address, al	IU 4IF † 4	Helation	ship of transferor to transferee				

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

#### SCHEDULE F (Form 990)

#### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE RUSTIC PATHWAYS FOUNDATION INC. 02-0776291 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total of offices in émployees, region (by type) (such as, a program service, expenditures for describe specific type of fundraising, program services, the region agents, and and investments investments, grants to recipients located in the region) independent service(s) in the region in the region contractors in the region (1) EAST ASIA AND THE PACIFIC ο. 0. PROGRAM SERVICES WATER SYSTEMS/KINDGERG 111,360. (2) SOUTH ASIA PROGRAM SERVICES BUILT TOILETS 0. 2,791. 0. (3) EAST ASIA AND THE PACIFIC 0. 0. PROGRAM SERVICES BUILT PRIMARY SCHOOL 59,219. COMMUNITY DEVELOPMENT CENTRAL AMERICA/CARIBBEAN PROGRAM SERVICES 6,920. 0. 0. (5) SOUTH AMERICA 0. 0. PROGRAM SERVICES SUPPORT FOR EDUCATION 25,601. (6) SUB-SAHARAN AFRICA 0. ο. PROGRAM SERVICES ROOF ON DINING HALL 7,659. 0. EAST ASIA AND THE PACIFIC 0. PROGRAM SERVICES BUILT SCHOOL LIBRARY 16,325. EAST ASIA AND THE PACIFIC 0. 0. PROGRAM SERVICES SUPPORT EDUCATION 150,706. (9) (10) (11)(12)(13)(14)(15)(16)(17)Subtotal За 380,581.

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

from continuation

sheets to Part I **Totals** (add lines 3a and 3b)

Schedule F (Form 990) 2018

380,581.

Total

		Part II	Schedule F
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated	Grants and Other Assistance to Organizations or Entities Outside the United States.	Schedule F (Form 990) 2018
	ecipient who receive	ance to Organizat	
	ed more than \$5,000. F	tions or Entities Outsion	
	art II can be	de the Unite	
	duplicated if	ed States. Co	
_	addition	omplete	
	າal space	if the o	
	additional space is needed.	if the organization answered "Yes" on Form 990	
		answer	
		ed "Ye	
		s" on F	
		orm 9	Pa
		90,	ge <b>2</b>

(16)	(15)	(14)	(13)	(12)	(11)	(10)	9	8	3	6	5)	4	3	(2)	(1)	_
																(a) Name of organization
																(b) IRS code section and EIN (if applicable)
																(c) Region
																(d) Purpose of grant
																(e) Amount of cash grant
																(f) Manner of cash disbursement
																(g) Amount of noncash assistance
																(h) Description of noncash assistance
																(i) Method of valuation (book, FMV, appraisal, other

Schedule F (Form 990) 2018

JSA

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Schedule F (Form 990) 2018

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

מוניווו כמוו של מעשווכמובט וו מעטוווטוומו ששמכל וש ווכבעבט.			_			
(b) Region (c)	(c) Number of recipients cash	(d) Amount of cash grant dist	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule E (Form 990) 2018

Schedu	ile F (FOITH 990) 2018	Page 🕶
Part	IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"	

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X	No

Schedule F (Form 990) 2018

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

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

02-0776291

THE RUSTIC PATHWAYS FOUNDATION INC.

PART III, LINE 4A:

THE RUSTIC PATHWAYS FOUNDATION IS A 501(C)(3) ORGANIZATION THAT AIMS TO HARNESS THE PASSION, ENERGY, AND GENEROSITY OF THE RUSTIC PATHWAYS

COMMUNITY TO DRIVE FORWARD MEANINGFUL COMMUNITY-PRIORITIZED DEVELOPMENT INITIATIVES IN THE AREAS OF EDUCATION, INFRASTRUCTURE, COMMUNITY HEALTH, SOCIAL SERVICES AND ECONOMIC DEVELOPMENT IN THE UNITED STATES AND ABROAD. WITH THOUSANDS OF STUDENTS TRAVELING TO OVER 18 COUNTRIES AND PARTICIPATING IN OVER 200 COMMUNITY PROJECTS ANNUALLY, RUSTIC PATHWAYS HAS GROWN INTO A POWERFUL FORCE FOR CREATING POSITIVE CHANGE IN THE WORLD. FROM REMOTE VILLAGES IN GHANA TO THE BACKWATERS OF THE MEKONG RIVER, WE OFTEN FIND OURSELVES OPERATING IN AREAS WHERE FEW OR NO OTHER NONPROFIT ORGANIZATIONS OPERATE. WE DEVELOP LONG-TERM RELATIONSHIPS WITH WILLING AND ENTHUSIASTIC COMMUNITY PARTNERS TO IMPLEMENT A RANGE OF DEVELOPMENT INITIATIVES.

PART VI, SECTION A LINE 8B

AT THIS TIME THE ORGANIZATION DOES NOT HAVE SEPARATE COMMITTEES OTHER THAN THE GOVERNING BODY TO ACT ON BEHALF OF THE GOVERNING BODY.

PART VI, SECTION B, LINE 11B

THE ORGANIZATION RECEIVES A COPY OF FORM 990 TO REVIEW BEFORE THE FORM IS FILED WITH THE IRS. FORM 990 IS REVIEWED BY EACH BOARD MEMBER AND ANY QUESTIONS OR CONCERNS ARE DISCUSSED BETWEEN THE BOARD AND THE TAX RETURN PREPARER. FORM 990 IS REVIEWED FOR COMPLETENESS AND ACCURACY.

ATTACHMENT 1

Name of the organization

THE RUSTIC PATHWAYS FOUNDATION INC.

Employer identification number

02-0776291

PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

#### FORM 990, PART IX - OTHER EXPENSES

DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
RUSTIC PATHWAYS COSTA RICA	6,920.	6,920.		
RUSTIC PATHWAYS PERU	25,601.	25,601.		
RUSTIC PATHWAYS INDIA	2,791.	2,791.		
RUSTIC PATHWAYS USA	3,110.	3,110.		
RUSTIC PATHWAYS LAOS	16,325.	16,325.		
TOTALS	54,747.	54,747.		