Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 154	45-1878
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For calendar year 2019, or fiscal year beginning

, 2019, and ending

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 Part I 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.

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	304,821.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5).		
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	
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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 2019 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.

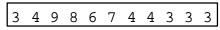
Officer's PIN: check one box o	only					_
X I authorize BDO US.	A, LLP	to enter my PIN	4 4	1 3	3	as my signature
	ERO firm name		Enter fi			
Ü	ax year 2019 electronically filed return.					1 7

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 2019 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.

Dart III Cortification and Authorization						
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.



Date

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 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 $\triangleright 03/02/2020$ ERO's signature ▶

> **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** (2019)

Officer's signature

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(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019
Open to Public Inspection

A F	or th	e 2019	calendar year, or tax year beginning	, 201	9, and er	ding				, 20		
_			C Name of organization				D	Employer ider	ntifica	ation numb	er	
B	heck if a	pplicable:	THE RUSTIC PATHWAYS FO	DUNDATION INC.				02-0776	529	1		
	Addre		Doing business as									
	7 '	e change	Number and street (or P.O. box if mail is r	not delivered to street address)	Room/s	uite	E	Telephone nur	mber			
	Initia	I return	34900 CHARDON RD		107	,	(440) 497-4201					
		return/ nated	City or town, state or province, country, a	nd ZIP or foreign postal code								
	Amer	nded	WILLOUGHBY HILLS, OH 4	14094			G	Gross receipts	\$		304	,821.
		cation	F Name and address of principal officer:	JESSEMIN SHEYDA-LOS	ICK		Н	(a) Is this a grou		ırn for	Yes	X No
	_ pena	ıııg	34900 CHARDON RD107, V	VILLOUGHBY HILLS, OH	44094		н	subordinates' (b) Are all subordi		ncluded?	Yes	☐ No
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		If "No," att	ach a	list. (see inst	ructions)	
			WWW.RUSTICPATHWAYS.ORG	, ()	,	1	Н	(c) Group exemp	otion r	number >	0	
				Association Other	L,	ear of for		1: 2006 M s			micile:	ОН
	art I		ımmary	Julie P					o tato	0. 10ga. uo		
	1		describe the organization's mission or	most significant activities. TO SI	JPPORT	COMM	UNIT	TIES IN '	ГНЕ	IR EFF	ORTS	
ø	•		IMPLEMENT LOCALLY-DRIVEN									
auc			ELOPMENT CHALLENGES.	, , , , , , , , , , , , , , , , , , , ,								
Governance	2			scontinued its operations or dispo	sed of mo	re than 3	05% of	f ite not accets				
Š	3		er of voting members of the governing	·					3			5.
	4		er of independent voting members of the						4			5.
Activities &	5		number of individuals employed in cale						5			$\frac{3.}{1.}$
i×i	_								6			165.
Act	6		number of volunteers (estimate if necess unrelated business revenue from Part VI						7a			0.
•	l								7a 7b			
	D	ivet ur	nrelated business taxable income from F	-orm 990-1, line 39				Prior Year	7.0	Cur	rent Ye	
		Cantri	ibutions and grants (Dort VIII line 4b)					449,97	n	Cur		,821.
ne	8		ibutions and grants (Part VIII, line 1h)					440,01	0.		JUI,	0.
Revenue	9		am service revenue (Part VIII, line 2g)						0.			0.
Re	10		ment income (Part VIII, column (A), line						0.			0.
	11		revenue (Part VIII, column (A), lines 5,					449,97			201	,821.
	12		revenue - add lines 8 through 11 (must					449,97	0.		JU4,	0.
	13		s and similar amounts paid (Part IX, colu						0.			0.
	14		its paid to or for members (Part IX, colur								0.	
Expenses	15		es, other compensation, employee bene		0.					0.		
e	l		ssional fundraising fees (Part IX, column			• •			0.			
EXE			fundraising expenses (Part IX, column (E		0.			416,59	Е		40E	,554.
	17		expenses (Part IX, column (A), lines 11a					416,59				,554.
			expenses. Add lines 13-17 (must equal					33,37				733.
<u> </u>	19	Rever	nue less expenses. Subtract line 18 from	l line 12					_			
ts o			(5			DE	ginnir	ng of Current Y		End	of Yea	
sse	20		assets (Part X, line 16)					111,74				,905.
Net Assets or Fund Balances	21		liabilities (Part X, line 26)					111,63			1.0	0.
	22		ssets or fund balances. Subtract line 21	from line 20				111,03	٥.		10,	, 905.
	rt II		gnature Block		doden en d	-1-1						
true	aer pe e, corre	ect, and	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	officer) is based on all information of w	hich prepa	statemen arer has ar	is, and iy knov	wledge.	шу	knowieage	and be	mei, it is
Sig	n	5	Signature of officer					Date				
He		,	rightature of childer					Dato				
		=	Type or print name and title									
		·	ype or print name and title Type preparer's name	Preparer's signature	Date				- 1	PTIN		
Paic	ı			i reparer a aignature			020	Check	"		7524	0
	oarer	DAV:	. DDO 1103 11D		03	/02/2		self-employe		P013		9
	Only		sname >BDO USA, LLP	THE AUDON OF 44222				irm's EIN ▶1				
	- (1		address ▶301 SPRINGSIDE DR.		-)			110110 1101		-668-96		37
_			iscuss this return with the preparer	·	s)							X No
For	rape	rwork	Reduction Act Notice, see the separate	e instructions.						Forr	∩ ササリ	(2019)

Pa		Service Accomplishments	out III	
1	Briefly describe the organization's	ntains a response or note to any line in this Pa	art III	
•	•	IN THEIR EFFORT TO IMPLEMENT I	LOCALLY-DRIVEN,	
		O THEIR DEVELOPMENT CHALLENGES		
	Did the organization undertake a	ny significant program services during the y	year which were not listed on the	
_				Yes X No
	If "Yes," describe these new service	ces on Schedule O.		
3	<u> </u>	nducting, or make significant changes in		Yes X No
	If "Yes," describe these changes o	n Schedule O		Yes X No
4		gram service accomplishments for each of	its three largest program service	s, as measured by
		I 501(c)(4) organizations are required to ref f any, for each program service reported.	eport the amount of grants and al	locations to others,
4a	(Code:) (Expenses \$	381,272. including grants of \$) (Revenue \$)
	SEE SCHEDULE O			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	1016	24-14-0)		
4d	Other program services (Describe (Expenses \$ inclu	e on Schedule O.) uding grants of \$) (Reven	ue.\$	
4e	Total program service expenses		, , , , , , , , , , , , , , , , , , ,	
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	3410KO L43U	V 19-3.3F		PAGE :

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	·	-		- 21
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			Х
_	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			37
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
. •	If "Yes," complete Schedule G, Part III	19		Х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part	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		162	NO
	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	22		Х
2/2	employees? If "Yes," complete Schedule J	23		
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
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, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
20	"Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	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	22		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
٠.	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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-50		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
Dowl	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check is deficuate deciralis a response of flote to any line in this part v	· · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	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			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	gan	(2019)
9E1030	2.000 3410KO L43U V 19-3.3F	LOIM		(2019) AGE !

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 <i>a</i>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	35		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	16		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.		000	/aa/-

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

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			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
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			
, a	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
D	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
0				
_	the year by the following:	8a	Х	
a	The governing body?	8b		X
b	· · · · · · · · · · · · · · · · · · ·			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue)	
0001	on bit onoice (This coolen b requests information about pointed net required by the internal Neventae	Oodo	Yes	No
40-	Did the expenientian have level shorters branches as efficience?	10a		Х
	Did the organization have local chapters, branches, or affiliates?	iou		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	114		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		Х
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		-
b		12b		
	rise to conflicts?	120		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		
	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Λ
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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			37
	with a taxable entity during the year?	16a		X
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	4.01		
	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 on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	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 🕨		

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII **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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor	any related	orga	niza	tion	COI	mpen	sate	ed any current offic	er, director, or trus	stee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	rson	e than of is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)ANDREA BOUCH-DIMONDSTEIN	40.00									
EXECUTIVE DIRECTOR	0.			Х				117,856.	0.	0
(2) JESSEMIN SHEYDA-LOSICK	4.00									
PRESIDENT	0.	Х		X				0.	0.	0
(3) CHRISTOPHER STAKICH	1.00							_	_	_
DIRECTOR	0.	Х						0.	0.	0
(4) LAURA BUDZYNA	1.00									
DIRECTOR	0.	Х						0.	0.	0
(5) ROBB GIBSON	2.00	37		3.5					0	0
TREASURER	2.00	Х		X				0.	0.	0
(6) HILLARY PROCTOR SECRETARY	2.00	X		Х				0.	0.	0
(7)	0.							0.	0.	0
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Form **990** (2019)

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Ρĕ	rt VII Section A. Officers, Directors, Tru		y ⊑ii	ipic			and r	ııgı	1	T	rees (c	ontinue		
	(A) Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe d a d	erson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	Reporta compensation related organizat	on from d	am	(F) timated ount of other pensation	
		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-	MISC)	orga and	om the anizatio I related nization	t
1b	Sub-total							▶	117,856.		0.			0.
С	Total from continuation sheets to Part VII, S	ection A						•	0.		0.			0.
	Total (add lines 1b and 1c)	limited to t	hose	liste				o re	117,856. eceived more than	 \$100,000 c	0 . of			0.
	reportable compensation from the organization	II ▶	-	1									Var	NI c
2	Did the organization list any former office	or directo	vr or		ıoto	•	kov. o	mn	alovoo or highoo	t compone	otod		Yes	No
3	Did the organization list any former offic employee on line 1a? <i>If</i> "Yes," <i>complete Schedi</i>											3		Х
4	For any individual listed on line 1a, is the sorganization and related organizations greater	sum of repeater than	oortab	ole o 50,0	om 00?	pen	satior "Yes	n aı s,"	nd other compens	sation from	the			
	individual											4		X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "You											5		Х
<u>Se</u>	ction B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report c year.													
	(A) Name and business add	dress							(B) Description of se	ervices	C	(C) Compens	ation	
								+	•			-		

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

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Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to ar	ny line in this Part \	/111		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
A, G	С	Fundraising events 1c				
iift: ar /	d	Related organizations 1d				
s, C mil	е	Government grants (contributions) 1e				
Sign	f	All other contributions, gifts, grants,				
ber		and similar amounts not included above • 1f 304,821.				
ğ	g	Noncash contributions included in				
Sor	١.	lines 1a-1f <u>1g</u> \$	204 001			
	n	Total. Add lines 1a-1f	304,821.			
ø		Dusiness Code				
r Vic	2a					
Program Service Revenue	b					
am	d					
Reg	u					
Pro	f	All other program service revenue				
	g	Total. Add lines 2a-2f	0.			
	3	Investment income (including dividends, interest, and				
		other similar amounts) ▶	0.			
	4	Income from investment of tax-exempt bond proceeds .	0.			
	5	Royalties	0.			
		(i) Real (ii) Personal				
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
	C	Rental income or (loss) 6c	0.			
	d 7a	Net rental income or (loss)	0.			
	'a	sales of assets				
		other than inventory 7a				
Ð	b	Less: cost or other basis				
evenue		and sales expenses 7b				
eve	С	Gain or (loss) 7c				
۶. R	d	Net gain or (loss)	0.			
Other	8a	Gross income from fundraising				
0		events (not including \$				
		of contributions reported on line				
		1c). See Part IV, line 18 8a 0 .				
	b	Less: direct expenses	0			
	C	Net income or (loss) from fundraising events	0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a 0.				
	L	Less: direct expenses 9b 0.				
	b c	Net income or (loss) from gaming activities	0.			
	10a	Gross sales of inventory, less				
		returns and allowances 10a				
	b	Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory.	0.			
SI		Business Code				
Miscellaneous Revenue	11a					
llar /en	b					-
sce Rev	С					-
ž	d	All other revenue				
	<u>е</u> 12	Total Add lines 11a-11d	304,821.			
JSA			304,021.	l		Form 990 (2019)
9⊨105	34		-3.3F			PAGE 1

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				(5)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for 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.			
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
	Payroll taxes	0.			
11	Fees for services (nonemployees):				
а	Management	0.			
	Legal	9,266.		9,266.	
c	Accounting	8,340.		8,340.	
d	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
1	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	10,518.	10,518.		
12	Advertising and promotion	10,620.	10,620.		
13	Office expenses	1,493.	1,350.	143.	
14	Information technology	6,512.		6,512.	
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	0.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	21.		21.	
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 on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	RUSTIC PATHWAYS CAMBODIA	84,000.	84,000.		
b	RUSTIC PATHWAYS THAILAND	72,421.	72,421.		
_	RUSTIC PATHWAYS FIJI	91,640.	91,640.		
d	RUSTIC PATHWAYS TANZANIA	77,552.	77,552.		
е	All other expenses	33,171.	33,171.		
	Total functional expenses. Add lines 1 through 24e	405,554.	381,272.	24,282.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)	0.			

Form 990 (2019)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X					
			(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing	109,859.	1	10,231.			
	2	Savings and temporary cash investments	0.	2	0.			
	3	Pledges and grants receivable, net	0.	3	0.			
	4	Accounts receivable, net	0.	4	0.			
	5	Loans and other receivables from any current or former officer, director,						
		trustee, key employee, creator or founder, substantial contributor, or 35%						
		controlled entity or family member of any of these persons	0.	5	0.			
	6	Loans and other receivables from other disqualified persons (as defined						
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.			
ts	7	Notes and loans receivable, net	0.	7	0.			
Assets	8	Inventories for sale or use	1,881.	8	674.			
Ä	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 10a						
	b	Less: accumulated depreciation		10c	0.			
	11	Investments - publicly traded securities	0.		0.			
	12	Investments - other securities. See Part IV, line 11	0.		0.			
	13	Investments - program-related. See Part IV, line 11	0.	13	0.			
	14	Intangible assets	0.	14	0.			
	15	Other assets. See Part IV, line 11	0.	15	0.			
	16	Total assets. Add lines 1 through 15 (must equal line 33)	111,740.	16	10,905.			
	17	Accounts payable and accrued expenses	102.	17	0.			
	18	Grants payable	0.	18	0.			
	19	Deferred revenue	0.	19	0.			
	20	Tax-exempt bond liabilities	0.	20	0.			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.			
es	22	Loans and other payables to any current or former officer, director,						
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%						
jab		controlled entity or family member of any of these persons	0.		0.			
_	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.			
	24	Unsecured notes and loans payable to unrelated third parties	0.	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.		0.			
	26	Total liabilities. Add lines 17 through 25	102.	26	0.			
Seou		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.						
aa	27	Net assets without donor restrictions	111,638.	27	10,905.			
Ä	28	Net assets with donor restrictions	0.	28	0.			
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.						
ō	29	Capital stock or trust principal, or current funds		29				
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30				
ASS	31	Retained earnings, endowment, accumulated income, or other funds.		31				
et /	32	Total net assets or fund balances	111,638.	32	10,905.			
Ž	33	Total liabilities and net assets/fund balances	111,740.	33	10,905.			

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Part :	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	04,8	321.
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	05,5	554.
3	Revenue less expenses. Subtract line 2 from line 1	3		-1	00,7	733.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1	11,6	538.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			10,9	905.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	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?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	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 over	ersight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such at			3b		
				Form	990	(2019)

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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

THE	RI	JSTIC PATHWAYS FOUNI	DATION INC.				02-07762	91
Par	t I	Reason for Public Cha	rity Status (All o	rganizations must c	omplet	e this pa	art.) See instructions	i.
Γhe	orga	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 chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described i	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	•			•		
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		·				
8		A community trust describe	-		-			
9		An agricultural research org	=			-		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm	ted to its exempt facent income and up	functions - subject to on nrelated business tax	certain e able inco	xception me (les	s, and (2) no more tha s section 511 tax) from	n 331/3% of its
	$\overline{}$	acquired by the organizatio						
11	-	An organization organized	•	•	•			ann ant the numerous
12		An organization organized a of one or more publicly su	•	•				
		Check the box in lines 12a t	· ·					
_		\neg	· ·	,,			•	
а			•	•	-		• , ,	
		the supported organization supporting organization.				ajority of	the directors of truste	es of the
b		Type II. A supporting org	-			with ito	cupported organization	on(s) by baying
D		control or management of	•				· · ·	
		organization(s). You must		=	tile saili	e persor	is that control of man	lage the supported
С		Type III functionally integ	•		ited in co	onnectio	n with and functional	lly integrated with
Ū		_ its supported organization						ny intogratoa with,
d		Type III non-functionally						ted organization(s)
_		that is not functionally inte					• • • • • • • • • • • • • • • • • • • •	• ,
		requirement (see instruct	-		-		•	
е		Check this box if the orga	,	•				I, Type III
		functionally integrated, or						, ,,,
f	En	ter the number of supported						
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization	· ,	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No	,	,
A)								
B)								
C)								
C)								
D)								
E)								
-4-								

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

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	224,715.	232,178.	141,944.	449,970.	304,821.	1,353,628.
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	224,715.	232,178.	141,944.	449,970.	304,821.	1,353,628.
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)						423,808.
6	Public support. Subtract line 5 from line 4						929,820.
	tion B. Total Support						929,020.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	224,715.	232,178.	141,944.	449,970.	304,821.	1,353,628.
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						1,353,628.
12	Gross receipts from related activities, etc. (see	ee instructions) .				12	
13	First five years. If the Form 990 is fo organization, check this box and stop here.						
	tion C. Computation of Public Supp						60.60
14	Public support percentage for 2019 (lin		-			14	68.69 % 74.52 %
15	Public support percentage from 2018 S	•	•			15	
16a	331/3% support test - 2019. If the org						
	box and stop here. The organization qu	-		_			
D	331/3% support test - 2018. If the org						
47-	this box and stop here. The organizatio	-		_			
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	_					
						•	•
	Part VI how the organization meets the			_	=	-	upported □
h	organization						and line
D		-					
	15 is 10% or more, and if the organization Explain in Part VI how the organization						-
					=	=	
10	supported organization						
18							
	instructions						· · · · · ·

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	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.						
С	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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
h	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						
4.5	or not the business is regularly carried on		+				
12	Other income. Do not include gain or loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
13	,						
1.4	and 12.)	or the ergeri-	tion's first see	nd third fourth	or fifth toy	oor oo o oostica	501(0)(2)
14	First five years. If the Form 990 is forganization, check this box and stop here .	_					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2019 (line 8,			mn (f))		15	%
16	Public support percentage from 2018 Sche	, ,	•			16	<u> </u>
	tion D. Computation of Investment					10	/0
	Investment income percentage for 2019 (lin			13 column (f))		17	%
17 18							% %
18	Investment income percentage from 2018 S					18 ore than 331/3.9/	
ıya	331/3% support tests - 2019. If the or	-					
h	17 is not more than 331/3%, check thi 331/3% support tests - 2018. If the organization			•		•	
D	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of		•	•			
				,			

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Schedule A (Form 990 or 990-EZ) 2019 Page 4

Supporting Organizations Part IV

(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.)

S

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	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? If "Yes," provide detail in Part VI .	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 Part VI .	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? If "Yes," provide detail in Part VI.	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? If "Yes," provide detail in Part VI.	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</i> "Yes," <i>answer 10b below.</i>	10a		

Schedule A (Form 990 or 990-EZ) 2019

10b

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

determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2019

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Part	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)	110		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 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		
	on B. Type I Supporting Organizations	110		
00011	on billypo i cupporting organizations		Yes	No
	Did the directors to start and the section of the s			
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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
OCOLI	on b. An Type in cupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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.			
0 1		3		
	on E. Type III Functionally Integrated Supporting Organizations	- 4 4'	'\	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b c	The organization is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inetru	ctionel	
·	The organization supported a governmental entity. Describe in all virious you supported a government entity (see	monu	Yes	
2	Activities Test. Answer (a) and (b) below.		. 55	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (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 Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

9E1231 1.000 3410KO L43U V 19-3.3F PAGE 19

Page **7**

Secti	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exer						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	zations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2019						
а	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
<u>i</u>	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from						
	Section D, line 7: \$						
<u>а</u>	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result						
6	greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019. Subtract lines 3h						
6	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3						
,	and 4c.						
8	Breakdown of line 7:						
<u>о</u> а	Excess from 2015						
a b	Excess from 2016						
C	Excess from 2017						
d	Excess from 2018						
e	Excess from 2019						

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

Schedule A (Form 990 or 990-EZ) 2019

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

Department of the Treasury

Internal Revenue Service

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

Schedule of Contributors

OMB No. 1545-0047

Employer identification number Name of the organization 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, 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

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) (2019)

JSA

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 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) (2019)

Name of organization THE RUSTIC PATHWAYS FOUNDATION INC.

Employer identification number 02-0776291

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	GENESEE MOUNTAIN FOUNDATION 14151 LEXINGTON CIRCLE WESTMINSTER, CO 80023	\$115,119.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
2	RUSTIC PATHWAYS AUSTRALIA (USA) INC 34900 CHARDON RD, STE. 107 WILLOUGHBY HILLS, OH 44094	\$44,266.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3_	ACCELERATION PARTNERS, LLC 16 RAE AVENUE NEEDHAM, MA 02462	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE RUSTIC PATHWAYS FOUNDATION INC.

Employer identification number 02-0776291

Part II	Noncash Property	(see instructions)	Use duplicate copie	es of Part II if additiona	I space is needed
	140116a3111 10pc1ty	1300 111311 401101137.	. Obe auplicate copi	os or i art ii ii additioria	i space is riceacu.

(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
		\$	

	anization THE RUSTIC PATHWAYS FOU	UNDATION INC.	Employer identification number
tl c	10) that total more than \$1,000 for the	he year from any one contri ons completing Part III, enter the year. (Enter this information	ns described in section 501(c)(7), (8), or butor. Complete columns (a) through (e) and total of exclusively religious, charitable, etconce. See instructions.) ▶\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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 **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 2 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.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total émployees, of offices in region (by type) (such as, a program service, expenditures for agents, and the region fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) EAST ASIA AND THE PACIFIC 0. 0. PROGRAM SERVICES SCHOOL INFRASTRUCTURE 255,864. (2) SOUTH AMERICA 0. 0. PROGRAM SERVICES EDUCATION PROGRAMS 23,368. (3) CENTRAL AMERICA/CARIBBEAN 0. 0. PROGRAM SERVICES BUILT HOMES 2,000. (4) SUB-SAHARAN AFRICA 77,552. Ω Ω PROGRAM SERVICES BUILD A SCHOOL (5) (6) (7) (8) (9) (10) (11) (12) (13)(14)(15)(16)(17)Subtotal 3a 358,784. Total from continuation sheets to Part I

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

Schedule F (Form 990) 2019

Totals (add lines 3a and 3b)

358,784.

Schedule F (Form 990) 2019

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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
	er total number of recipient org he IRS, or for which the grantee								
3 Ent	er total number of other organiz	zations or entities	.04 4 00011011 00 1 (0)(0) (Additional lotto			<u> </u>		

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Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_(1)							
(2)							
(3)							
(4)							
_(5)							
(6)							
(7)							
_(8)							
(9)							
(10)							
(11)							
(12)							
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(15)							
(16)							
(17)							
(18)							11.5/5.000

Schedule F (Form 990) 2019

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Part	V Foreign Forms			
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)

Schedule F (Form 990) 2019

X No

Yes

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

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.

THE RUSTIC PATHWAYS FOUNDATION INC.

02-0776291

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.

Name of the organization Employer identification number THE RUSTIC PATHWAYS FOUNDATION INC. 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.

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