Determine of the Tensor Ward Reports State Do not enter social security numbers on this form as it may be made public. Open to Fublic Inspection A Forth 222 calendar year, or tax year beginning and ending and ending De not enter social security numbers on this form as it may be made public. De not enter social security numbers on this form as it may be made public. Inspection A Forth 222 calendar year, or tax year beginning and ending De molecular Partel State De molecular Partel State Partel St	Form	9	90	Return of Organization Exempt From Incom Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private		OMB No. 1545-0047
Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A Fort the 2022 calendar year. or tar year beginning and ending A A Fort the 2022 calendar year. or tar year beginning Demographication DATE TO YEAR OF TAR TO YEAR OF TAR OF	Dona	rtmont	of the Treasury			
B Check if applicable: Chame of organization PATH International D Employer identification number Address change Diarg basiness as Otino Waa Children's Village 93-1202044 Number and street (of C-bost fmail is not delivered to street address) Room/suite E Telephone number Initial return PO Box 7931 (541) 678-0102 G cross receipts \$1,861,938. Amended return PO Box 7931 (S126 Huckleberry Place Bend, OR 97702 HQ) breat subcodrates include? HQ in this approver includent? HQ includent?				Go to www.irs.gov/Form990 for instructions and the latest informatio	n.	
Address change Doing business as Outino Waa Children's Village 93-1202044 Name change Number and street (or P.O. Dox /m all is not delivered to street address) RoomSuite E Telephone number Initial returnkerninated Amended return Bend, OR 97708-7931 Goross receipts \$1,861,938. Applicatop peting F Name and address of principal officer. David Shuping H(b) the a grey netw re knowtant? Yee I Tare owarpistatus: Stotic(3) Sotic(4)) (insert no.) 4947(a)(1) or S27 I Tare owarpistatus: Sotic(3) Sotic(3) Sotic(4) Yee No I Tare owarpistatus: Sotic(10) Sotic(10) Sotic(10) Sotic(10) Yee No I Briefly describe the organization's mission or most significant activities: To provide care, religion education and health services for the children and unmeer of vulcing members of the governing body (Part VI, line 12) Sotie S	<u>A</u>	For t	he 2022 calen	dar year, or tax year beginning and ending		
Image Analysis Number and street (or P.O. box if mail in de delivered to street address) FoomSuite E Telephone number Initial return OB Dox 7931 E Totephone number E Telephone number Initial return PO Box 7931 E Totephone number E Street Status: Initial return Bend, OR 97708-7931 E Gross receipts \$1,861,938. Initial return F Name and address of principal officer: David Shuping H(b) these apper term for advertised? Ive I we for formation: Status: Ive I we for formation: Statu	В	Check	if applicable:	,	D Emplo	yer identification number
Image: State of province. Country. and ZIP or foreign postal code (541)678-0102 Image: State of province. Country. and ZIP or foreign postal code 6 Gross receipts \$1,861,938. Application preding FN Ame and address of principal office: David Shuping (61326 Huckleberry Place Bend, OR 97702 H(a) bits a grep rem free subcriticat? I Tax-exempt status: Soft(c)(3) Soft(c)(1) (insert no.) 4947(a)(1) or 527 I Tax-exempt status: Soft(c)(3) Soft(c)(1) (insert no.) 4947(a)(1) or 527 I Tax-exempt status: Soft(c)(3) Soft(c)(1) (insert no.) 4947(a)(1) or 527 I Tax-exempt status: Soft(c)(3) Soft(c)(1) (insert no.) 4947(a)(1) or 527 I Tax-exempt status: Soft(c)(3) Soft(c)(1) (insert no.) 4947(a)(1) or 527 I Tax-exempt status: Soft(c)(2) (insert no.) Gross receipts S1,861,938. H(c) Goop exemption number I Tax-exempt status: Soft(c)(2) (insert no.) Gross receipts S1 Soft(c)(2) (insert no.) I Tax-exempt status: Soft(c)(2) (insert no.) Gross receipts S1 Soft(c)(2) (insert no.) I Tax-exempt status: Soft(c)(2) (insert no.) Gross receipt S1 Soft(c)(2) (insert no.) I Tax-exem		Addre	ss change		93-12	202044
Image: Second		Name	change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Teleph	one number
Amended return Amend		Initial	return	PO Box 7931	(541)	678-0102
Application pending F Name and address of principal officer: David Shuping H(a) is fits a group return for subordinates? Inter the image of the second state state of the second state state state state state second state of the second state state second state state second state second state state second state second state second state second state second state second s		Final re	turn/terminated	City or town, state or province, country, and ZIP or foreign postal code		
61326 Huckleberry Place Bend, OR 97702 H(b) Are all subordinates include? Tree he is "No." attach a list. See instructions I Tax-exempt status: Stotici(3) Oti(2) (insert no.) 4947(a)(1) or C27 H(b) Are all subordinates include? Tree he is "No." attach a list. See instructions Website: www.p. pathinternational.co H(c) Grop overginon university M State of legal domicile: OR To provide care, religion education and health services for the children and communities of Northern Uganda and Ethiopia A 7 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 7 4 Number of independent voting members of the governing body (Part VI, line ta) 4 6 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 9 6 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 7 8 Contributions and grants (Part VIII, column (C), line 12 7 7 0. 9 Program service revenue (Part VIII, column (C), line 13, 1, 805, 615. 1, 668, 555. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1, 190. 1, 2078. 11 Other revenue (Part VIII, column (A), lines 4.3, 2 2, 012, 681. </td <th></th> <td>Amen</td> <td>ded return</td> <td></td> <td>G Gross</td> <td>receipts \$1,861,938.</td>		Amen	ded return		G Gross	receipts \$1,861,938.
I Tax-exempt status: I oblic)(3) I oblic)(1) (insert no.) 4947(a)(1) or 527 If "No." attach a list. See instructions J Website: www.pathinternational.co HC) Group exemption number K Form of organization: I coporation Trust Association Other L Year of formation: 2004 M State of legal domicile: OR Part I Summary 1 Briefly describe the organization's mission or most significant activities: To provide Care, religion education and health services for the children and communities of Northern Uganda and Ethiopia 2 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 7 3 Number of voting members of the governing body (Part V, line 1a) 4 6 4 Number of voting members of the governing body (Part V, line 2a) 5 9 6 Total number of voting members of the governing body (Part V, line 2a) 5 9 6 Total number of voting members of the governing body (Part V, line 2a) 5 9 7 A tumber of voting members of the governing body (Part V, line 2a) 5 9 7 Total number of voting members of the governing body (Part V, line 2a) <th></th> <td>Applica</td> <td>tion pending</td> <td></td> <td>(a) Is this a group re</td> <td>eturn for subordinates? Yes No</td>		Applica	tion pending		(a) Is this a group re	eturn for subordinates? Yes No
Website: www.pathinternational.co H(c) Group exemption number K Form of organization: I Corporation Trust Association Other L Year of formation: 2004 M State of legal domicilie: OR PartI Summary 1 Briefly describe the organization's mission or most significant activities: To provide care, religion education and health services for the children and communities of Northern Uganda and Ethiopia 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendar yea 2022 (Part V, line 2a) 4 Number of individuals employed in calendar yea 2022 (Part V, line 2a) 5 7a 6 6 7a 0. 6 6 7a 0. 7b 0. 6 6 7a 0. 7b 0. 7b 0. 7b 0. 7b 0. 7cal number of individuals employed in calendar yea 2022 (Part V, line 2a) 7b 0. 7cal number of volumeters (estimate if necessary) 7ca total numelated business revenue from Form 990-T, Part					(b) Are all subord	dinates included? Yes No
K Form of organization: X Corporation Trust Association Other L Year of formation: 2004 M State of legal domicile: OR 1 Briefly describe the organization's mission or most significant activities:	<u> </u> T	ax-exe	empt status:	X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527	If "No," attach	a list. See instructions
Part I Summary 1 Briefly describe the organization's mission or most significant activities: To provide care, religion education and health services for the children and communities of Northern Uganda and Ethiopia 2 Check this box is the governing body (Part VI, line 1a) 3 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of voting members of the governing body (Part VI, line 1a) 4 5 5 9 6 6 6 7 Total number of volunteers (estimate if necessary) 6 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Nother of individuals employed in calendary year 2022 (Part V, line 2a) 6 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 10 Investment income (Part VIII, line 2g) 205,876 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,190 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 1,190 12 Total rundraising fees (Part IX, column (A), lines 5-13) 354,775 13 Grants and similar amounts paid (Part IX, column (A), lines 5-10) 354,775 28						tion number
1 Briefly describe the organization's mission or most significant activities: To provide care, religion education and health services for the children and communities of Northern Uganda and Ethiopia 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 4 Number of independent voting members of the governing body (Part VI, line 1a). 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a). 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a). 6 Total number of individuals employed in calendar year 2022 (Part V, line 2a). 6 Total number of volunteers (estimate if necessary). 7a Total number of individuals employed in calendar year 2022 (Part V, line 2a). 6 Total number of volunteers (estimate if necessary). 7a Total number of individuals employed in calendar year 2022 (Part V, line 2a). 6 Total number of volunteers (estimate if necessary). 7a Total number of volunteers (estimate if necessary). 7a Total number of volunteers (estimate if necessary). 7b O. Prior Year 8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d). 1, 190. 1, 190. 1, 190. 1, 205, 876. 1, 205, 876. 1, 205, 876. 1, 201, 2681. 1, 861, 938. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to of for members (Part IX, column (A), lines 1-3). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 25). 1, 2053, 4533. 2, 054, 970.					04 м	State of legal domicile: OR
To provide care, religion education and health services for the children and communities of Northern Uganda and Ethiopia 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 3 7 4 Number of individuals employed in calendar year 2022 (Part V, line 2a). 5 9 6 Total number of individuals employed in calendar year 2022 (Part V, line 2a). 5 9 6 Total number of volunteers (estimate in necessary). 7a 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0. 7a Total number of individuals employed in Eatendar year 2022 (Part V, line 2a). 7a 0. 7a Total number of volunteers (estimate in necessary). 7a 0. 0. 7a Total number of volunteers (estimate in necessary). 7b 0. 0. 7a Total number of volunteers (estimate in necessary). 7b 0. 0. 9 Program service revenue (Part VIII, line 1b). 1, 805, 615. 1, 668, 555. 192, 305. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 1, 190. 1, 078. 1, 190. 1, 078. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) </td <th>Pa</th> <td>art I</td> <td></td> <td></td> <td></td> <td></td>	Pa	art I				
children and communities of Northern Uganda and Ethiopia 2 Check this box [] if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 5 Total number of individuals employed in calendar year 2022 (Part VI, line 2a) 5 9 6 Total number of volunteers (estimate if necessary) 6 6 7a 0. 7a 0. 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b 0 0. 7a 0. 8 Contributions and grants (Part VIII, line 1b) 1,805,615. 1,668,555. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 1,190. 1,078. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 2,012,681. 1,861,938. 13 Grants and similar amounts paid (Part IX, column (A), lines 5-10) 354,775. 284,054. 16 14 Benefits paid to or for members (Part IX, column (A), line 4)		1	•	• • • •		
4 Number of independent voting members of the governing body (Part VI, line 1b). 4 6 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a). 5 9 6 Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of individuals employed in calendar year 2022 (Part V, line 12) 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of individuals employed in calendar year 2022 (Part V, line 12) 7a 0. 7a Total number of individuals employed in calendar year 2022 (Part VII. column (C). line 12) 1, 805, 615. 1, 668, 555. 9 Prior main sector evenue (Part VIII. column (A), lines 3, 4, and 7d) 1, 1900. 1, 1, 900. 1, 078. 10 Other revenue (Part VII. column (A), lines 1.4, column (A), line 12) 2, 012, 681. <	ce					or the
4 Number of independent voting members of the governing body (Part VI, line 1b). 4 6 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a). 5 9 6 Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of individuals employed in calendar year 2022 (Part V, line 12) 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of individuals employed in calendar year 2022 (Part V, line 12) 7a 0. 7a Total number of individuals employed in calendar year 2022 (Part VII. column (C). line 12) 1, 805, 615. 1, 668, 555. 9 Prior main sector evenue (Part VIII. column (A), lines 3, 4, and 7d) 1, 1900. 1, 1, 900. 1, 078. 10 Other revenue (Part VII. column (A), lines 1.4, column (A), line 12) 2, 012, 681. <	nan		<u>childr</u>	en and communities of Northern Uganda and Et	hiopia	
4 Number of independent voting members of the governing body (Part VI, line 1b). 4 6 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a). 5 9 6 Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of individuals employed in calendar year 2022 (Part V, line 12) 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of individuals employed in calendar year 2022 (Part V, line 12) 7a 0. 7a Total number of individuals employed in calendar year 2022 (Part VII. column (C). line 12) 1, 805, 615. 1, 668, 555. 9 Prior main sector evenue (Part VIII. column (A), lines 3, 4, and 7d) 1, 1900. 1, 1, 900. 1, 078. 10 Other revenue (Part VII. column (A), lines 1.4, column (A), line 12) 2, 012, 681. <	/eri	2	Check this b	∞ \Box if the organization discontinued its operations or disposed of more than 25% of its net	assets.	
4 Number of independent voting members of the governing body (Part VI, line 1b). 4 6 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a). 5 9 6 Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of volunteers (estimate if necessary). 7a 0. 7a Total number of individuals employed in calendar year 2022 (Part VII. column (C). line 12 7a 0. 7a Duest of the provenue (Part VIII, column (A), lines 3, 4, and 7d) 1, 190. 1, 205, 876. 192, 305. 10 Other revenue (Part VII. column (A), lines 5, 64, 86, 9c, 10c, and 11e) 1 1, 190. 1, 2, 012, 681. 1, 861, 938.	Ő	3	Number of v	voting members of the governing body (Part VI, line 1a)	3	
b Net unrelated business taxable income from Form 990-T, Part I, line 11. 7b 0. Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 1,805,615. 1,668,555. 205,876. 192,305. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 1,190. 1,078. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,012,681. 1,861,938. 11 Other revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,012,681. 1,861,938. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1 4 861,938. 14 Benefits paid to or for members (Part IX, column (A), line 4) 354,775. 284,054. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 55. 1,563,453. 2,054,970. 16a Professional fundraising expenses (Part IX, column (A), line 25) 266,350. 1,918,2288. 2,339,024. 19 Revenue less expenses. Subtract line 18 from line 12 94,453. -477,086. 94,453. -477,086. 8eginning of Current Year		4	Number of in	ndependent voting members of the governing body (Part VI, line 1b)	4	
b Net unrelated business taxable income from Form 990-T, Part I, line 11. 7b 0. Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 1,805,615. 1,668,555. 205,876. 192,305. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 1,190. 1,078. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,012,681. 1,861,938. 11 Other revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,012,681. 1,861,938. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1 4 861,938. 14 Benefits paid to or for members (Part IX, column (A), line 4) 354,775. 284,054. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 55. 1,563,453. 2,054,970. 16a Professional fundraising expenses (Part IX, column (A), line 25) 266,350. 1,918,2288. 2,339,024. 19 Revenue less expenses. Subtract line 18 from line 12 94,453. -477,086. 94,453. -477,086. 8eginning of Current Year	ties	5	Total numbe	er of individuals employed in calendar year 2022 (Part V, line 2a)	5	
b Net unrelated business taxable income from Form 990-T, Part I, line 11. 7b 0. Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 1,805,615. 1,668,555. 205,876. 192,305. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 1,190. 1,078. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,012,681. 1,861,938. 11 Other revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,012,681. 1,861,938. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1 4 861,938. 14 Benefits paid to or for members (Part IX, column (A), line 4) 354,775. 284,054. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 55. 1,563,453. 2,054,970. 16a Professional fundraising expenses (Part IX, column (A), line 25) 266,350. 1,918,2288. 2,339,024. 19 Revenue less expenses. Subtract line 18 from line 12 94,453. -477,086. 94,453. -477,086. 8eginning of Current Year	tivi	6	Total numbe	er of volunteers (estimate if necessary)	6	6
Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 1,805,615. 1,668,555. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 1,190. 1,078. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,190. 1,078. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,012,681. 1,861,938. 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 1-3) 1 2,012,681. 1,861,938. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1 354,775. 284,054. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 354,775. 284,054. 16a Professional fundraising fees (Part IX, column (D), line 25) 266,350. 1,563,453. 2,054,970. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,918,2228. 2,339,024. 94,453. -477,086. 19 Revenue less expenses. Subtract line 18 from line 12 94,453. -477,086. 94,453. 867,792. 20 <	Ac	7a	Total unrelat	ted business revenue from Part VIII, column (C), line 12	7a	0.
8 Contributions and grants (Part VIII, line 1h) 1,805,615. 1,668,555. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 205,876. 192,305. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,190. 1,078. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,012,681. 1,861,938. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4 4 Benefits paid to or for members (Part IX, column (A), line 4) 354,775. 284,054. 14 Benefits paid to or for members (Part IX, column (A), line 4) 354,775. 284,054. 1 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 354,775. 284,054. 16a Professional fundraising expenses (Part IX, column (D), line 25) 266,350. 1,563,453. 2,054,970. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,918,228. 2,339,024. 19 Revenue less expenses. Subtract line 18 from line 12 94,453. -477,086. 20 Total assets (Part X, line 16) 867,792. 1,344,878. 867,792. 21 Total liabilities (Part X, l		b	Net unrelate	d business taxable income from Form 990-T, Part I, line 11	7b	0.
9 Program service revenue (Part VIII, line 2g) 205,876. 192,305. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,190. 1,078. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,012,681. 1,861,938. 13 Grants and similar amounts paid (Part IX, column (A), line 1) 2,012,681. 1,861,938. 14 Benefits paid to or for members (Part IX, column (A), line 1) 354,775. 284,054. 16 Professional fundraising fees (Part IX, column (A), line 25) 266,350. 1,563,453. 2,054,970. 17 Other expenses (Part IX, column (A), line 25) 266,350. 1,918,228. 2,339,024. 19 Revenue less expenses. Subtract line 18 from line 12 94,453. -477,086. 20 Total assets (Part X, line 16) 867,792. 1,344,878. 867,792.				Prior Y	ear	Current Year
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,190. 1,078. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,012,681. 1,861,938. 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,012,681. 1,861,938. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) - - 14 Benefits paid to or for members (Part IX, column (A), line 4) - - 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 354,775. 284,054. 16a Professional fundraising fees (Part IX, column (D), line 25) 266,350. 1,563,453. 2,054,970. 17 Other expenses (Part IX, column (A), line 11e) - 1,918,228. 2,339,024. 19 Revenue less expenses. Subtract line 18 from line 12 94,453. -477,086. 10 Total assets (Part X, line 16) Beginning of Current Year End of Year 1 Total liabilities (Part X, line 26) 1,344,878. 867,792.		8	Contribution	s and grants (Part VIII, line 1h)	5,615.	1,668,555.
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,012,681. 1,861,938. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	an	9	Program ser	rvice revenue (Part VIII, line 2g)	5,876.	192,305.
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,012,681. 1,861,938. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	ven	10	Investment i	ncome (Part VIII, column (A), lines 3, 4, and 7d)	1,190.	1,078.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 14 Benefits paid to or for members (Part IX, column (A), line 4) 354,775. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 354,775. 16a Professional fundraising fees (Part IX, column (A), line 11e) 354,775. 16a Professional fundraising expenses (Part IX, column (D), line 25) 266,350. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,563,453. 2,054,970. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,918,228. 2,339,024. 19 Revenue less expenses. Subtract line 18 from line 12 94,453. -477,086. 20 Total assets (Part X, line 16) End of Year 21 Total liabilities (Part X, line 26) 1,344,878. 867,792.	Re	11	Other reven	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
14 Benefits paid to or for members (Part IX, column (A), line 4)15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)354,775.16a Professional fundraising fees (Part IX, column (A), line 11e)354,775.b Total fundraising expenses (Part IX, column (D), line 25)266,350.17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)1,563,453.18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)1,918,228.19 Revenue less expenses. Subtract line 18 from line 1294,453.20 Total assets (Part X, line 16)Beginning of Current Year21 Total liabilities (Part X, line 26)1,344,878.21 Total liabilities (Part X, line 26)266,350.		12	Total revenu	ie – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,01	2,681.	1,861,938.
 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 		13	Grants and	similar amounts paid (Part IX, column (A), lines 1-3)		
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26)		14	Benefits paid	d to or for members (Part IX, column (A), line 4)		
16a Professional fundraising fees (Part IX, column (A), line 11e)b Total fundraising expenses (Part IX, column (D), line 25)266, 350.17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)1,563, 453.18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)1,918, 228.19 Revenue less expenses. Subtract line 18 from line 1294, 453.20 Total assets (Part X, line 16)Beginning of Current Year21 Total liabilities (Part X, line 26)867, 792.		15	Salaries, oth	ner compensation, employee benefits (Part IX, column (A), lines 5-10) 35	4,775.	284,054.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 1,918,228. 2,339,024. 19 Revenue less expenses. Subtract line 18 from line 12 94,453. -477,086. 10 Beginning of Current Year End of Year 10 Total assets (Part X, line 16) 1,344,878. 20 Total liabilities (Part X, line 26) 1	see	16a	Professional	I fundraising fees (Part IX, column (A), line 11e)		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 1,918,228. 2,339,024. 19 Revenue less expenses. Subtract line 18 from line 12 94,453. -477,086. 10 Beginning of Current Year End of Year 10 Total assets (Part X, line 16) 1,344,878. 20 Total liabilities (Part X, line 26) 1	Jen					
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 1,918,228. 2,339,024. 19 Revenue less expenses. Subtract line 18 from line 12 94,453. -477,086. 10 Beginning of Current Year End of Year 10 Total assets (Part X, line 16) 1,344,878. 20 Total liabilities (Part X, line 26) 1	ĔX				3,453.	2,054,970.
19 Revenue less expenses. Subtract line 18 from line 12 94,453. -477,086. 5 Beginning of Current Year End of Year 20 Total assets (Part X, line 16). 1,344,878. 867,792. 21 Total liabilities (Part X, line 26).						
Beginning of Current YearEnd of Year20Total assets (Part X, line 16)1,344,878.21Total liabilities (Part X, line 26)600			•			
20 Total assets (Part X, line 16) 1,344,878. 867,792. 21 Total liabilities (Part X, line 26) 1	- s:	-				
21 Total liabilities (Part X, line 26)	ets c lance	20	Total assets			
² 22 Net assets or fund balances. Subtract line 21 from line 20	Assi d Bal				,	
	Fund				4,878.	867,792.

Part II Signature Block

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

Sign	Signat	ure of officer			Date			
Here		id Shuping, Executive	Director					
Paid Prepa	,,	Print/Type preparer's name	Preparer's signature	Date		Check if PTIN self-employed		
		Firm's name			Firm's	EIN		
		Firm's address			Phone	e no.		
May the II	RS di	scuss this return with the preparer shown ab	oove? See instructions			🗌 Yes 🔲 No		
For Paperwork Reduction Act Notice, see the separate instructions.								

	990 (2022) PATH International 93-1202044 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III.
1	Briefly describe the organization's mission: TO PROVIDE CARE, RELIGION EDUCATION AND HEALTH SERVICES FOR THE
	CHILDREN OF EAST AFRICA
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,286,042 including grants of \$) (Revenue \$)
	Uganda, Otino Waa Orphanage and Community \$1.12m
	Ethiopia, Chiro Program and Community \$159k
4b	(Code:) (Expenses \$ 418,882. including grants of \$) (Revenue \$)
	HEALTH , EDUCATION and CHURCH
	Uganda, \$386k
	Ethiopia, \$32k
40	(Code:) (Expenses \$ 70,807. including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ 70,807. including grants of \$) (Revenue \$) MINISTRY
	Uganda, \$66k
	Ethiopia, \$5k
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 24,720. including grants of \$) (Revenue \$)
4e	Total program service expenses 1,800,451.

Form 990 (2022) PATH International Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
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 Rev. Proc. 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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in 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		х
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	IIu		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		37
46	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	16		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	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	.,		- 22
	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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2022) PATH International Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		_X_
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>x</u>
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		X
d 25 a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a		05-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
26				
	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 "Yes," 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	20		~
21	founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity			
	(including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
20	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?			
-	If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			
	If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,			
	Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
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			
	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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
D~	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in her 2 of Form 4006. Fater 0, if not enables		Yes	No
1a ⊾	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reporatble gaming (gambling)	1-		
	winnings to prize winners?	<u>1c</u>		(0000)

Form 99	00 (2022) PATH International 93-12	020	44 F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2 a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4 a	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		х
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).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?.	5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
vu	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	- vu		- 21
D.	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
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		
h		7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		
لم		7c		
d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	. –		
	or excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2022) PATH International

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

		Х
ection	A Governing Body and Management	

Secti	on A. Governing Body and Management									
			Yes	No						
1 a	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									
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?									
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		X						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		X						
7 a	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		X						
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	X	<u> </u>						
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at									
Cent	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vee	Na						
10 0	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa								
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12 a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	х							
 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>									
	describe on Schedule O how this was done.	12c	x							
13	Did the organization have a written whistleblower policy?	13		х						
14	Did the organization have a written document retention and destruction policy?	14		х						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official.	15a		х						
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16 a	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									
		16b		L						
	on C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed OR									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s or a situlty for a bit is isometrized by the section of t	only)								
	available for public inspection. Indicate how you made these available. Check all that apply. Image: Structure of the structure									
	X Own website X Another's website X Upon request Other (explain on Schedule O)									

X X Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.

(541)678 - 0102State the name, address, and telephone number of the person who possesses the organization's books and records 20 PATH International PO Box 7931 Bend, OR 97708

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

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

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

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

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

• List all of the organization's current key employees, if any. See 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

(A) (B) Position (D) Reportable Compensation from related organizations (F) (1) David Shuping 40.00 10000 10000 1000 <th></th> <th></th> <th></th> <th></th> <th>(0</th> <th>C)</th> <th></th> <th></th> <th></th> <th></th> <th></th>					(0	C)					
(1) David Shuping 40.00 x 81,937. 1,980. (2) Dwayne Friesen x x 81,937. 1,980. (3) Jeff Lundin x x x x x (4) Katie Caba x x x x x x (5) Thomas Bonn x x x x x x x (6) Scott Nolan x x x x x x x x (6) x x x x x x x x x x (9) - x	(A)	(B)			Posi	ition			(D)	(E)	(F)
Per week (iii stary hours for gelated organizations below dotted ine) Differ and a director/rustee) (iii stary hours for gelated organizations below dotted ine) Other and a director/rustee) (iii stary hours for gelated organizations Other a director/rustee) (iii stary hours for gelated Other a director/rustee) (ii stary hours for gelat	Name and title		(do n	not ch	neck i	more	than o	ne			
(iist any hours for related organizations, below dotted line) (iist any hours for related organizations, below dotted line) (iist any hours for related organizations, below dotted line) (iist any hours for related organization, below dotted line) (iist any hours for related organization, below dotted line) (iist any hours for related organization, below dotted line) (iist any hours for related organization, below dotted line) (iist any hours for related organization, below dotted line) (iist any hours for related organization, below dotted line) (iist any hours for related organization, below dotted line) (iist any hours for related organization, below dotted line) (iist any hours for related organization, below dotted line) (iist any hours for related organization, below dotted line) (iist any hours for related organization, below dotted line) (iist any hours for related organization, below dotted line) (iist any hours for related organization, below dotted line) (iist any hours for related organization, below dotted line) (iist any hours for related organization, below dotted line) (iist any hours for related organization, below dotted line) (iist any hours for related organization, below dotted line) (i) a line dotted line)<			box,	unles	ss pe	rson	is both	an			
Image: Second			office	er and	dad	irecte		,			
Image: second			Indi or c	Inst	Offi	Key	em	For			
(1) David Shuping40.00 Executive DirectorX81,937.1,980.(2) Dwayne Friesen Board ChairXX81,937.1,980.(3) Jeff Lundin Co-treasurerXX1(4) Katie Caba SecretaryXX1(5) Thomas Bonn DirectorX11DirectorX11(6) Scott Nolan DirectorX1DirectorX1(7) Michael DingmanX1(9)111			lirec	ituti	cer	em	hest ploy	mer	1099-NEC)	1099-NEC)	related organizations
(1) David Shuping40.00 Executive DirectorX81,937.1,980.(2) Dwayne Friesen Board ChairXX81,937.1,980.(3) Jeff Lundin Co-treasurerXX1(4) Katie Caba SecretaryXX1(5) Thomas Bonn DirectorX11DirectorX11(6) Scott Nolan DirectorX1DirectorX1(7) Michael DingmanX1(9)111		l v	tor tr	onal		loid	ee ee				
(1) David Shuping40.00 Executive DirectorX81,937.1,980.(2) Dwayne Friesen Board ChairXX81,937.1,980.(3) Jeff Lundin Co-treasurerXX1(4) Katie Caba SecretaryXX1(5) Thomas Bonn DirectorX11DirectorX11(6) Scott Nolan DirectorX1DirectorX1(7) Michael DingmanX1(9)111			uste	trus		/ee	npe				
(1) David Shuping40.00 Executive DirectorX81,937.1,980.(2) Dwayne Friesen Board ChairXX81,937.1,980.(3) Jeff Lundin Co-treasurerXX1(4) Katie Caba SecretaryXX1(5) Thomas Bonn DirectorX11DirectorX11(6) Scott Nolan DirectorX1DirectorX1(7) Michael DingmanX1(9)111			l Å	stee			nsat				
Executive DirectorX81,937.1,980.(2) Dwayne FriesenXX1Board ChairXX1(3) Jeff LundinXX1Co-treasurerX1(4) Katie CabaX1SecretaryX1(5) Thomas BonnX1DirectorX1(6) Scott NolanX1DirectorX1(7) Michael DingmanX1DirectorX1(8)11(9)11							ied				
Executive DirectorX81,937.1,980.(2) Dwayne FriesenXX1Board ChairXX1(3) Jeff LundinXX1Co-treasurerX1(4) Katie CabaX1SecretaryX1(5) Thomas BonnX1DirectorX1(6) Scott NolanX1DirectorX1(7) Michael DingmanX1DirectorX1(8)11(9)11											
(2) Dwayne Friesen X Board Chair X (3) Jeff Lundin X Co-treasurer X (4) Katie Caba X Secretary X (5) Thomas Bonn X Director X (6) Scott Nolan X Director X (7) Michael Dingman X (8) X		40.00									
Board Chair X X (3) Jeff Lundin X X (4) Katie Caba X X (4) Katie Caba X X (5) Thomas Bonn X X (5) Thomas Bonn X X (6) Scott Nolan X X Director X X (7) Michael Dingman X X (8) X X						X			81,937.		1,980.
(3) Jeff Lundin X X Co-treasurer X X (4) Katie Caba X X Secretary X X (5) Thomas Bonn X X Director X X (6) Scott Nolan X X Director X X (7) Michael Dingman X X (8) X X (9) X X											
Co-treasurerX(4) Katie CabaXSecretaryX(5) Thomas BonnXDirectorX(6) Scott NolanXDirectorX(7) Michael DingmanXDirectorX(8)(9)					X						
(4) Katie CabaXXSecretaryXX(5) Thomas BonnXDirectorX(6) Scott NolanXDirectorX(7) Michael DingmanXDirectorX(8)I(9)I	· ·										
SecretaryX(5) Thomas BonnXDirectorX(6) Scott NolanDirectorX(7) Michael DingmanDirectorX(8)(9)					X						
(5) Thomas Bonn X Director X (6) Scott Nolan X Director X (7) Michael Dingman X Director X (8) Image: Construction of the second sec											
Director X X (6) Scott Nolan X Image: Constraint of the second sec					Х						
(6) Scott Nolan X X Director X X (7) Michael Dingman X X Director X X (8) Image: Construction of the second secon											
Director X (7) Michael Dingman X Director X (8) Image: Constraint of the second			X								
(7) Michael Dingman X Director X (8) Image: Constraint of the second sec											
Director X (8) (9)			X								
(8) (9) (9)											
(9)			X								
	(8)										
(10)	(9)		-								
	(10)										
(11)	(11)										
(12)	(12)										
(13)	(13)										
(14)	(14)		-								

Form 990 (2022) PATH International 93-120204 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Part	VII Section A. Officers, Directors, Tru	ustees, Key	y Em	ploy	yee	s, a	nd Hi	gh	est Compensate	ed Employ	ees (d	continued)
					(0	C)							
	(A)	(B)			Pos	ition			(D)	(E)			(F)
	Name and title	Average	(do not check more than c						Reportable	Reportab			ited amount
		hours per week (list any			·		is both		compensation from the	compensat from relate			f other pensation
		hours for officer and a director/trustee)										om the	
		related	or dii	nstit	Officer	fey	High High	Former	1099-MISC/	1099-MIS		•	ization and
		organizations below dotted	r director	utior	er	emp	est o	Per	1099-NEC)	1099-NE0	(ز	related	organizations
		line)	Individual trustee or director	al tr		Key employee	° mp						
			stee	Institutional trustee		G G	bens						
				e			Highest compensated employee						
(15)													
(16)													
()													
(17)													
(18)													
(10)													
(19)													
(20)													
(21)													
(22)													
(22)													
(23)													
\ -7													
(24)													
(25)													
1b	Subtotal								01 027				1 000
с С	Total from continuation sheets to Pa		tion	Δ.		• •			81,937.				1,980.
d								•••	81,937.				1,980.
2	Total number of individuals (including l	out not limit	ted to	tho	se	liste	d abc	ve)	who received m	ore than \$1	100,00	00 of	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	reportable compensation from the orga												
													Yes No
3	Did the organization list any former offic				-		• •		•				
	employee on line 1a? <i>If "Yes," complete</i> For any individual listed on line 1a, is the											3	X
4	organization and related organizations g										i the		
	individual		ψ100	,000	<i>.</i>			oni				4	x
5	Did any person listed on line 1a receive of		ompe	nsa	tion	fro	m any	, . y ur	nrelated organiza	tion or indi	vidual		
	for services rendered to the organization	? If "Yes,"	сотр	lete	Sc	hed	ule J	for	such person .			5	x
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Re tax year.												
	(A)								(B)			(C	
	Name and business address								Description of se	ervices	(Comper	Isation
2	Total number of independent contractors							se li	isted above) who				
	received more than \$100,000 of compen	sation from	the	orga	niz	atio	n						
													000

Form 990 (2022) PATH International

		Check if Schedule O cor	ntain	s a response or n	ote to any line in thi	s Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ທົທ	1a	Federated campaigns		1	a				
Contributions, Gifts, Grants, and Other Similar Amounts		Membership dues				-			
ŋ ñ		Fundraising events				-			
ifts ar A		Related organizations				-			
nii G	e	Government grants (conti				-			
ons	f	All other contributions, gif				-			
ther	·	and similar amounts not in	-		f 1,557,078.				
i di ti	g	Noncash contributions inc							
and	-	—							
					Business Code				
/enu	2a	Designated F	un	d Income	900099	192,305.	192,305.		
Program Service Revenue	b								
vice	c								
Ser	d								
ram	e								
rog	f	All other program service	reve	nue	900099				
<u>ш</u>	g					192,305.			
	3	Investment income (inclue							
		and other similar amounts				1,078.	1,078.		
	4	Income from investment of							
	5	Royalties							
		_		(i) Real	(ii) Personal	-			
	6a		6a			-			
	b	Less: rental expenses	6b			-			
	Ι.	Rental income or (loss)	6c						
	d	Net rental income or (loss Gross amount from sales of	5).	(i) Securities	(ii) Other				
	/ a		7a	(I) Securities		-			
	h	assets other than inventory Less: cost or other basis	1a			-			
			7b						
	6		7c			-			
		····· g-··· ·· (····)							
nue	8a	Gross income from fundr	aisin	g					
eve		events (not including \$		-					
ч К		of contributions reported							
Other Revenu		See Part IV, line 18		8	a				
0	b	Less: direct expenses .		8	b				
	c	Net income or (loss) from	fun	draising events	<u></u>				
	9a	Gross income from gamir	-						
		See Part IV, line 19		<u>9</u> ;	a	_			
		Less: direct expenses .							
	c	Net income or (loss) from	gan	ning activities	<u></u>				
	10a	Gross sales of inventory,	less						
		returns and allowances			1				
		Less: cost of goods sold							
	C	Net income or (loss) from	sale	es of inventory					
sn					Business Code				
neo	11a					+			
Miscellaneous Revenue	b								
isc. Re	C d	All other revenue							
Σ		Total. Add lines 11a-11d				1			
	12	Total revenue. See inst					193,383.		

here if following SOP 98-2 (ASC 958-720).

UYA

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

Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses (A) Total expenses (B) (C) Do not include amounts reported on lines 6b. 7b. 8b. 9b. Program service expenses Management and general expenses and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV. line 22. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, 4 Benefits paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 66,974. 90,405. 220,867. 63,488. 7 Other salaries and wages Pension plan accruals and contributions (include section 12,737 401(k) and 403(b) employer contributions). 12,737 9 Other employee benefits 12,867. 12,867. 37,583. 37,583. 10 Payroll taxes 11 Fees for services (nonemployees): 79,875. 79,875. a Management . . . 20,584. 20,584. **b** Legal **c** Accounting 4,514. 600. 3,914 e Professional fundraising services. See Part IV, line 17 . . . f Investment management fees **g** Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 32,494. 12 32,494. Advertising and promotion 7,063. 10,927. 31,859. 13,869. 13 14 Information technology 15 Rovalties 26,256. 26,256. 16 38,390. 6,510. 17 44,900. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 5,198. 19 Conferences, conventions, and meetings 10,198. 5,000. 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 4,233. 3,175. 1,058. 23 Insurance. 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.) 1,679,401. 1,679,401. a Direct program expenses 2,422. 41,176. 48,442. 4,844. **b** Bank Charges c Transportation 72,120. 72,120. d Designated Funds 94. 94. e All other expenses 2,339,024. 1,852,044. 220,630. 266,350. 25 Total functional expenses. Add lines 1 through 24e 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

Form 990 (2022) PATH International Part X Balance Sheet

	X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
		Beginning of year		End of year
1	Cash — non-interest-bearing.	427,106.	1	190,281
2	Savings and temporary cash investments	917,772.	2	677 , 51
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
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		5	
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)		6	
7	Notes and loans receivable, net.		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges.		9	
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation		10c	
11	Investments — publicly traded securities		11	
12	Investments — other securities. See Part IV, line 11		12	
13	Investments — program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,344,878.	16	867,792
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
, 20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or			
20 21 22	founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
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		25	
26	Total liabilities. Add lines 17 through 25		26	
	Organizations that follow FASB ASC 958, check here			
27 28	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	1,250,527.	27	665 , 677
28	Net assets with donor restrictions.			
	_	94,351.	28	202,115
	Organizations that do not follow FASB ASC 958, check here			
;	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
29 30 31 32 33	Total net assets or fund balances.		32	867,792
33	Total liabilities and net assets/fund balances.	1,344,878.	33	867,792

UYA

Form **990** (2022)

Part XI Reconciliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI 1 1 Total expenses (must equal Part III, column (A), line 12) 1 1, 861, 938. 2 Total expenses (must equal Part III, column (A), line 25) 2 2, 339, 024. 3 -477, 0265. 4 1, 344, 878. 5 Net unrealized gains (losses) on investments 6 6 Donated services and use of facilities. 6 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 867, 792. Part XII Financial Statements and Reporting Check If Schedule O contains a response or note to any line in this Part XII. 9 11 Accounting method used to prepare the Form 990: X Cash	Form 9	^{30 (2022)} PATH International	93-1	120204	4 Pa	age 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1, 861, 938. 2 Total expenses (must equal Part IX, column (A), line 25) 2 2, 339, O24. 3 -477, 086. 3 -477, 086. 4 1, 344, 878. 3 -477, 086. 5 5 5 5 6 7 7 7 8 9 7 8 9 9 5 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 9 0ther changes in net assets or fund balances (explain on Schedule 0) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 2.1 10 867, 792. Part XII Financial Statements and Reporting 1 Check if Schedule 0 contains a response or note to any line in this Part XII. 1 1 Accounting method used to prepare the Form 900: X Cash Accrual Other 1 If we organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule 0. 2a X 1	Par					
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1, 861, 938. 2 Total expenses (must equal Part IX, column (A), line 25) 2 2, 339, O24. 3 -477, 086. 3 -477, 086. 4 1, 344, 878. 3 -477, 086. 5 5 5 5 6 7 7 7 8 9 7 8 9 9 5 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 9 0ther changes in net assets or fund balances (explain on Schedule 0) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 2.1 10 867, 792. Part XII Financial Statements and Reporting 1 Check if Schedule 0 contains a response or note to any line in this Part XII. 1 1 Accounting method used to prepare the Form 900: X Cash Accrual Other 1 If we organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule 0. 2a X 1		Check if Schedule O contains a response or note to any line in this Part XI				
3 Revenue less expenses. Subtract line 2 from line 1 3 -477,086. 4 1,344,878. 4 1,344,878. 5 Net unrealized gains (losses) on investments. 6 6 7 1 7 6 6 7 7 6 8 Prior period adjustments. 6 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 867,792. Part XUI 10 867,792. Part XUI 10 867,792. Part XUI 10 867,792. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a 11 Accounting method used to prepare the Form 990: 2 Cash Accrual Other 11 T'Yes," check a box bolow to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2a X 11	1		1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 344, 878. 5 Net unrealized gains (losses) on investments. 5 5 6 7 1 7 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 8 9 10 Net assets or fund balances (explain on Schedule O) 9 11 Net in Schedule O contains a response or note to any line in this Part XII. 10 867,792. 2 Were the organization's financial statements accountan? 1 Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other - 2a X 1 Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X 16	2	Total expenses (must equal Part IX, column (A), line 25)	2	2,33	9,0	24.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 344, 878. 5 Net unrealized gains (losses) on investments. 5 5 6 7 1 7 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 8 9 10 Net assets or fund balances (explain on Schedule O) 9 11 Net in Schedule O contains a response or note to any line in this Part XII. 10 867,792. 2 Were the organization's financial statements accountan? 1 Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other - 2a X 1 Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X 16	3	Revenue less expenses. Subtract line 2 from line 1	3	-47	7,0	86.
5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 7 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting 10 867 , 792. Part XII Financial Statements compiled or reviewed by an independent accountant? 2a X 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X 11 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2a X 1 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 11 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 11 "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Refer to fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Yes Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 Accounting from a prior year or checked "Other," explain on Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis b Were the organization's financial statements and selection of an independent accountant? If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If "Yes," line 2a or 2b, does the organization required to undergo an audit or audits as set forth in the theU	5		5			
8 Prior period adjustments. 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 867 , 792. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 10 867 , 792. 1 Accounting method used to prepare the Form 990: X Cash Accrual Other Yes If the organization's financial statements compiled or reviewed by an independent accountant? 2a X X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were countant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate thasis	6	Donated services and use of facilities	6			
 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash Accrual Other If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis consolidated basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis consolidated basis b Both consolidated and separate basis, consolidated basis c If "Yes," the organization of its financial statements and selection of an independent accountant? If the organization on dist financial statements and selection of an independent accountant? If the organization of a formalization there are compiled to reversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the the Uniform Guidance, 2 C. F.R. Part 200, Subpart F? b If "Yes," did the organization why on Schedule O and describe any steps taken to undergo the required audit or audits, explain why on Schedule O. <	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 867,792. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Intervent of the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Yes No 1 Accounting method used to prepare the Form 990: Image: Cash independent accountant? Yes No 1 Accounting method used to prepare the Form 990: Image: Cash independent accountant? Yes No 1 Accounting method used to prepare the Form 990: Image: Cash independent accountant? Yes No 1 Accounting method used to prepare the Form 990: Image: Cash independent accountant? Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Za X Image: Cash independent accountant? Za X 16 Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis Zb X X Image: Cash independent accountant? Zb X 16 Yes, 'check a box below to indicate whether the financial statements and selection of an independent accountant?	8	Prior period adjustments	8			
32, column (B)) 10 867,792. Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.		32, column (B))	10	86	7,7	92.
1 Accounting method used to prepare the Form 990: X Cash Accrual Other Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other	Part					
1 Accounting method used to prepare the Form 990: X Cash Accrual Other Image: Cash in the construction of the construction construction of the construction construction of the construction of the construction construction of the construction construction of the construction of the construction of the construction of the construction constructine constructine constructine construction construction c		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X 3a As a result of a federal award, was th					Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2c 2c Separate basis Consolidated basis Both consolidated and separate basis 2c 2c c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X	1	Accounting method used to prepare the Form 990: 🕱 Cash 🛛 Accrual 🗌 Other				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Sa As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the theUniform Guidance, 2 C.F.R. Part 200, Subpart F? B If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. <li< td=""><td></td><td>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule</td><td>D.</td><td></td><td></td><td></td></li<>		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	D.			
basis, consolidated basis, or both: Separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the theUniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		x
basis, consolidated basis, or both: Separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the theUniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed c	n a separate			
b Were the organization's financial statements audited by an independent accountant?						
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis Image: Consolidated basis		Separate basis Consolidated basis Both consolidated and separate basis				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis Image: Consolidated basis	t	Were the organization's financial statements audited by an independent accountant?		2b		х
basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Sa As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the theUniform Guidance, 2 C.F.R. Part 200, Subpart F? B If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.			oasis, consolida	ted		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the theUniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. 3b						
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the theUniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. 3b		Separate basis Consolidated basis Both consolidated and separate basis		-		
of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a theUniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3b	c					
If the organization changed either its oversight process or selection process during the tax year, explain on Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Image: Comparization comparization required to undergo an audit or audits as set forth in the b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the Image: Comparization undergo the generative dudit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. Image: Comparization undergo taken to undergo such audits.				2c		
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the theUniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. 3b 3b		If the organization changed either its oversight process or selection process during the tax year, explain on				
theUniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. 3b						
theUniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. 3b	3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. 3b				3a		x
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	t					
				3b		1
	UYA				n 990	(2022)

SCHEDULE A

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

2 21 **Open to Public** Inspection

OMB No. 1545-0047

	f the Treasury			ach to form 990 or forr				Open to Public
Internal Rever	nue Service	G	So to www.irs.gov/F	orm990 for instructions ar	nd the lates	t informatio	on.	Inspection
Name of the	organization						Employer identification	າ number
PATH]	Interna	tional					93-1202044	
Part I	Reason	for Public Cha	rity Status.(Al	I organizations mus	st comple	ete this p	art.) See instruction	ons.
The organ	nization is n	ot a private founda	ation because it i	is: (For lines 1 throug	h 12, che	ck only o	ne box.)	
1 🗶 A	A church, co	nvention of churc	hes, or associati	on of churches descri	ibed in se	ection 17	0(b)(1)(A)(i).	
2 🗌 A	A school des	scribed in section	170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3 🗌 A	A hospital of	a cooperative ho	spital service or	ganization described i	n sectio	n 170(b)(1)(A)(iii).	
4 🗍 A	A medical re	search organization	on operated in c	onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)(iii). Enter the
		me, city, and state						
5 🗌 A	An organiza	tion operated for the	he benefit of a co	ollege or university ov	vned or o	perated b	y a governmental u	nit described in
s	section 170	(b)(1)(A)(iv). (Cor	mplete Part II.)					
6 🗌 A	A federal, st	ate, or local gover	mment or govern	mental unit described	d in secti	on 170(b)(1)(A)(v).	
7 🗌 A	An organiza [.]	tion that normally	receives a subst	antial part of its supp	ort from a	a governr	nental unit or from t	he general public
d	lescribed in	section 170(b)(1)(A)(vi). (Compl	lete Part II.)				
)(1)(A)(vi). (Complete				
9 🗌 A	An agricultu	ral research organ	ization describe	d in section 170(b)(1)(A)(ix) 0	perated in	n conjunction with a	land-grant college
0	or university	or a non-land-gra	ant college of agr	iculture (see instructi	ons). Ent	er the nai	me, city, and state c	of the college or
	iniversity:							
10 🗌 A	An organiza	tion that normally	receives (1) mor	e than 33 1/3% of its nctions, subject to ce	support I	from cont	ributions, members	hip fees, and gross
S	support from	gross investmen	t income and un	related business taxa	ble incom	ie (less s	ection 511 tax) from	businesses
a	acquired by	the organization a	ifter June 30, 19	75. See section 509((a)(2) . (Co	omplete F	Part III.)	
	•	•	•	sively to test for public	•			-
	•	•	•	ively for the benefit of,	•		•	
			•	escribed in section 5 scribes the type of sup				
			-			-		-
a 🔄				supervised, or control egularly appoint or ele	-			
	••	•	· ·	Sections A and B.	ci a maji	Jilly Of the		s of the supporting
b 🗌	•		•	d or controlled in con	nection w	vith ite eur	ported organization	u(s) by baying
			•	anization vested in th		•		
		-		, Sections A and C.				jo ino ouppontou
с 🗌	•	. ,	-	ng organization opera	nted in co	nnection	with, and functional	ly integrated with.
				s).You must comple				,
d 🗌				porting organization				ted organization(s)
		-		zation generally must	-			
				mplete Part IV, Sect	-		•	
е 🗌	Check this	box if the organiz	ation received a	written determination	from the	IRS that	it is a Type I, Type	II, Type III
	functionall	y integrated, or Ty	pe III non-function	onally integrated supp	oorting or	ganizatio	n.	
f En	ter the num	ber of supported of	organizations .					
g Pro	ovide the fo	llowing informatio	n about the supp	oorted organization(s)				
(i) Na	ame of support	ed 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)
							instructions)	maruotionay
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

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

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

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

OMB No. 1545-0047

Open to Public

0

No

Yes

30a

31

32a

Schedule M (Form 990) 2022

20

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection Employer identification number

PAT	H International				93-12	202044
Par	t I Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part VI	ted on	(d) Method of determining noncash contribution amounts
1	Art – Works of art					
2	Art – Historical treasures					
3	Art – Fractional interests					
4	Books and publications					
5	Clothing and household					
	goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities – Publicly traded	X	2	2'	7,350.	Trade Value
10	Securities – Closely held stock				-	
11	Securities – Partnership, LLC,					
	or trust interests					
12	Securities – Miscellaneous					
13	Qualified conservation					
	contribution – Historic					
	structures					
14	Qualified conservation					
	contribution – Other					
15	Real estate – Residential					
16	Real estate – Commercial					
17	Real estate – Other					
18						
19	Food inventory.					
20	Drugs and medical supplies					
21						
22	Historical artifacts					

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement. 29 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **b** If "Yes," describe in Part II.

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

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

Scientific specimens.

Archeological artifacts

)

)

23

24

25

26

27

28

29

30 a

b

32 a

31

Other (

Other (

Other (

Other (

Schedule M (Form 990) 2022PATH International93-1202044PagePart IISupplemental Information.Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

EFILE COPY

SCHEDULE O			on to Form 990 o		OMB No. 1545-0047		
(Form 990)	Complete to	provide information fo	or responses to specific qui	uestions on	2022		
Department of the Treasury	FUIIII	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.					
Internal Revenue Service	c						
Name of the organization					entification number		
PATH Internatio	onal			93-120)2044		

.

.

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
PATH International	93-1202044
Part VI Line 8b	
ALL GOVERNING BODY MUST HAVE APPROVAL BY THE BOARD OF DI	RECTORS
Part VI Line 11b	
REVIEW OF 990 DONE BY EXECUTIVE DIRECTOR AND BOARD TREAS	URER
Part VI Line 15a or b	
Executive Director 2022	
Part VI Line 18	
COPY of FILED 990 (omitting donor details) AVAILABLE ON C	UR WEBSITE
Part VI Line 18	
OR upon request by email	
Part VI Line 19	
BYLAWS AND ORGANIZATION DOCUMENTS ARE SUBMITTED TO THE C	REGON
Part VI Line 19	
CHARITABLE DIVISION	



Schedule	O (Form 9	990) 2022								Page 2
	the organiz								Employer identification n	
PATH	Inte	ernat	ional						93-1202044	
		Line								
Expe	nses:	\$24	720.00	including	grants	of:	\$0.00	Revenue:	\$0.00	
Damb	TTT	Line	4.4							
				ct provide	dommun	i+., 1	Wolla			
Ugan	ua, v	acer	proje		Commun	LLY	NETTR			
		_								
		_								