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For Paperwork Reduction Act Notice, see the separate instructions.

The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you

990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No 1545-1150

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

Open to Public

Inspection Department of the Treasury ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service 2017, and ending A For the 2017 calendar year, or tax year beginning D Employer identification number 2 C Name of organization 21 B Check if applicable 47383581 🗪 PATH2FREEDOM, INC Address change Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Instal return 9916 239-398-9961 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return NAPLES, FL 34101 Number ▶ 2 Application pending G Accounting Method: ✓ Cash ☐ Accrual Other (specify) ▶ H Check ► ☐ If the organization is not WWW.PATH2FREEDOM.ORG required to attach Schedule B Website: ▶ (Form 990, 990-EZ, or 990-PF).) ◀ (insert no.) ☐ 4947(a)(1) or ☐527 J Tax-exempt status (check only one) - 501(c)(3) 501(c) (K Form of organization: Corporation ☐ Trust ☐ Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I. V 128507 ?: 2 Program service revenue including government fees and contracts 2 ?1 3 3 2 91 4 4 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . L(a) FI) 128598 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 10 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members . . . 11 Salaries, other compensation, and employee benefit E 12 12 18831 13 Professional fees and other payments to independent contractors 3 13 Occupancy, rent, utilities, and maintenance RAY 2 1. 2018 .

Printing, publications, postage, and shippings. 5468 14 14 15 2636 15 16 59524 Other expenses (describe in Schedule O) 2 . 16 Total expenses. Add lines 10 through 16 86459 17 17 42139 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 70506 19 20 Other changes in net assets or fund balances (explain in Schedule O) . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 112645 21

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Form 990-EZ (2017)

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3	Land	l and buildings						23	
4	Othe	r assets (describe in	n Schedule O) .			[24	
5	Total	l assets				[70506	25	11264
6	Total	I liabilities (describ	e in Schedule O)		<i>.</i>	[26	
7	Net a	assets or fund bala	ances (line 27 of co	olumn (E	B) must agree wit	h line 21)	70506	27	11264
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Page 3

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35b Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 36 Did the organization a section 501(c)(4), 501(c)(6), or \$01(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 37 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete schedule Expenditures, direct or indirect, as described in the instructions ▶ 38 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 39 Section 501(c)(7) organizations. Enter: 30 Intiation fees and capital contributions included on line 9 30 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: section 4911 ▶ 30 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on a provide section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 31 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 32 Section 501(c)(3), 501(c)(4), and 501(c)(29) orga	Yes	No V
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 36 If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 37a Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . 37a Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete schedule C part III . 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b Section 501(c)(7) organizations. Enter: 38b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: section 4911 ▶ section 4915 ▶ section 4915 ▶ section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 343 bid the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? bill "Yes" to line 35a, has the organization filled a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . 35 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a bid the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? bill "Yes," complete Schedule L, Part II and enter the total amount involved 38b Fill of the organization schedule L, Part II and enter the total amount involved 39a Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a 39a 39a 39a 39a 39a 39a 39a 39a 3		v v
activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(6), or 501(c)(6), or 501(c)(6) or 501(c)(V
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C Part III		V
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		
b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b if "Yes," complete Schedule L, Part II and enter the total amount involved		
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved		
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		l
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		~
40c reimbursed by the organization		
transaction? If "Yes," complete Form 8886-T		
The organization's books are in care of ▶ ARMANDO VAZQUEZ Located at ▶ 9756TH AVE S #200, NAPLES FL Located at ▶ 9756TH AVE S #200, NAPLES FL 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)? If "Yes," enter the name of the foreign country: ▶		v
Located at ▶ 9756TH AVE S #200, NAPLES FL ZIP + 4 ▶ 341 b 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)? If "Yes," enter the name of the foreign country: ▶		
b 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)? [42b] [6] [7] [8] [8]		3
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	Yes	No
• • • • • • • • • • • • • • • • • • • •		V
Con the instructions for accompany and Plant constitutions to Europe 12 - 444 Box 3 of Fourior B. 1 - 1 1 - 1		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? . 42c If "Yes," enter the name of the foreign country:	<u> </u>	_
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	. 1	▶ □
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		~
c Did the organization receive any payments for indoor tanning services during the year?		~
explanation in Schedule O	1	1
 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	 	-
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		ļ

ANA STEVENSON, PRESIDENT Type or print name and title Print/Type preparer's name Preparer Use Only ANA STEVENSON, PRESIDENT Type or print name and title Preparer's signature Date Check if self-employed self-employed Firm's name Firm's EIN Firm's address Firm's address Phone no	Form 99	10-EZ (2	017)						F	age 4	
Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI	46								Yes		
Ves No year? If "Yes," complete Schedule C, Part II Ves, "complete Schedule C, Part II Ves, "complete Schedule C, Part II Ves, "complete Schedule E 48 Ith erganization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 V Ves V	Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51.	only s must answer que	estions 47-49b an	d 52, and	complete th		for lin		?
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year3 if "Yes," complete Schedule C, Part II 48 st the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 ✓			Check if the organization used Sch	nedule O to respond	to any question ir	this Part	<u>VI</u>	<u> </u>	· · · · · ·		
the the organization as school as described in section 170(b)(1)(h)(l)(l) if "Yes," complete Schedule E 49	47								Yes	No	
Side the organization make any transfers to an exempt non-chantable related organization? Side to the organization? Side to the organization? Side to the organization organization? Side to the organization organization organization organization organization. If there is none, enter "None."	48	-	•					<u> </u>	╁	-	
b ("Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and table of each employee No. Average No. Averag			•						1	1	
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. (i) Reportable compensation from the organization to employee the return of the compensation from the organization to employee the return of the compensation from the organization to employee the return of the compensation from the organization to employee the return of the compensation from the organization is the return of the compensation from the organization is the return of the compensation from the organization. (ii) I have an organization from the organization. (iii) I have an organization from the organization. (iii) I have a compensation from the organization of the compensation from the organization. (iii) I have a compensation from the organization of pressed from the organization organization of pressed from the organization or	b		-	* · · · · · · · · · · · · · · · · · · ·	_						
(a) Name and title of each employee	50				sated employees (d	ther than o	officers, direct	ors, truste			
(a) Name and title of each employee		empl	oyees) who each received more than	\$100,000 of comper	nsation from the org			e, enter "l	None."	' -	
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A law of penury, 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, beckplation of prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, beckplation of prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, beckplation of prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Deckplation of prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Deckplation of prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and the prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and the prepared that the prepared the prepared that the prepared that the prepared the prepared that the prepared tha		(a)	Name and title of each employee	hours per week	compensation	contribut benefit pl	ions to employee ans, and deferred				
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A law of penury, 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, beckplation of prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, beckplation of prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, beckplation of prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Deckplation of prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Deckplation of prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and the prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and the prepared that the prepared the prepared that the prepared that the prepared the prepared that the prepared tha											
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51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A law of penury, 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, beckplation of prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, beckplation of prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, beckplation of prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Deckplation of prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Deckplation of prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and the prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and the prepared that the prepared the prepared that the prepared that the prepared the prepared that the prepared tha						+					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		Com ₁ \$100	olete this table for the organization',000 of compensation from the organization	s five highest compenization. If there is no	ensated independe one, enter "None."					than	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A											
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A								·			
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A											
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A						 .	-				
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 prepare permanent of this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepare permanent is based on all information of which preparer has any knowledge. Sign		Did 1	the organization complete Schedu	le A? Note: All se	ection 501(c)(3) or	_			. [No.	
Sign Here ANA STEVENSON, PRESIDENT Type or print name and title Preparer Use Only Firm's name Firm's address Phone no	Under po	<u>-</u>									
ANA STEVENSON, PRESIDENT Type or print name and title Print/Type preparer's name Preparer Use Only ANA STEVENSON, PRESIDENT Type or print name and title Preparer's signature Date Check if self-employed self-employed Firm's name Firm's EIN Firm's address Firm's address Phone no	true, cor	rect, an	d complete. Declaration of preparer this than	officer) is based on all info	rmation of which prepare	er has any kn	owiedge				
Type or print name and title Paid Preparer Use Only Firm's name Print/Type preparer's name Preparer's signature Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Typ	Sign		Signature of officer	was			5-/4 Date	4-18			
Preparer Use Only Firm's name ► Firm's ell N ► Firm's address ► Phone no	Here	?:									
Use Only Firm's name ► Firm's EIN ► Phone no	Paid Prens	arer	Print/Type preparer's name	Preparer's signature		Date		ווונ			
Firm's address ▶ Phone no	•		Firm's name ▶				Firm's EIN ▶				
May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No							Phone no	_			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

2017 Open to Public

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number 47-383581

PATI	PATH2FREEDOM, INC 47-383581								
Pai	rt I	Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.	
The	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1		church, convention of church						\ <u>"</u>	
2		school described in section		•			* *		
3	- Company of the Comp								
4		medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)((iii). Enter the	
_	hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
5		organization operated for the operated f		college or university	owned o	r operate	ed by a government	ai unit described iii	
6 7									
8	ΠА	community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9	or ur	n agncultural research organi university or a non-land-grainversity:	nt college of agr	culture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or	
10	re Su	n organization that normally r ceipts from activities related ipport from gross investment cquired by the organization a	to its exempt full income and unit	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less so	and (2) no more than ection 511 tax) from	า 33¹/₃% of its	
11		n organization organized and							
12		n organization organized and							
		one or more publicly support							
		neck the box in lines 12a thro	•	• • • •		_			
а		Type I. A supporting organ	•	•	•		•		
		the supported organization supporting organization. Ye					ne directors or truste	ees or the	
_			-					an/a) bu bar daa	
b	, []	Type II. A supporting organ control or management of	the supporting o	organization vested in	the same				
	_	organization(s). You must	=				41 16 1	U	
С	: ப	Type III functionally integ its supported organization(any integrated with,	
d	ı 🗆	Type III non-functionally i	ntegrated. A su	pporting organization	operated	d in conn	ection with its suppo	orted organization(s)	
		that is not functionally integ						d an attentiveness	
	_	requirement (see instruction	•	•					
е		Check this box if the organ functionally integrated, or T						e II, Type III	
f	Ente	er the number of supported o			_				
g	Pro	vide the following information	about the supp	orted organization(s).					
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the disted in you document		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)			 -						
			<u></u>	ļ		 	 		

Part	Support Schedule for Organiza (Complete only if you checked the				, , , , , , , , , , , , , , , , , , ,		-
	Part III. If the organization fails to						amy arras
Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017/	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					/	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				,	/	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					ļ	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		ļi .				
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		ļ//		 	ļ - -	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	f					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he		<u> </u>			<u> </u>	· · > 🗆
	on C. Computation of Public Suppor					,	
14 15 16a	Public support percentage for 2017 (line 6 Public support percentage from 2016 Sch 331/3% support test—2017. If the organization quality and stop here. The organization quality and stop here.	nedule A, Part zation did not	II, line 14 .tcheck the box	con line 13, a	 nd line 14 is 3		
b							
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts	s-and-circumsta	ances" test, c	heck this box	and stop here .	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	tion meets the neets the "fac	ne "facts-and-c ts-and-circums	circumstances stances" test.	" test, check The organizat	this box and sion qualifies as	stop here. a publicly
18	Private foundation. If the organization du instructions						

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

1	(Complete only if y	you checked the box or	n line 10 of Part I or if the organiz	zation failed to qualify	/ under Part II.
1	If the organization	fails to qualify under th	e tests listed below, please com	nlete Part II)	

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		ł	24841	129752	128507	283100
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities]	Ì		
	furnished in any activity that is related to the organization's tax-exempt purpose			1	1		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				ļ		
4				 			
4	Tax revenues levied for the organization's benefit and either paid to				Į	ŀ	
	or expended on its behalf]	j	ļ	
_	·						
5	The value of services or facilities		1	1	ł		
	furnished by a governmental unit to the			}	l		
	organization without charge						
6	Total. Add lines 1 through 5			24841	129752	128507	283100
7a				}	ļ		
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified			1	[1	
	persons that exceed the greater of \$5,000					-	
	or 1% of the amount on line 13 for the year			L			
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from					ì	
	line 6.)						283100
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			24841	129752	128507	283100
10a	Gross income from interest, dividends,	_					
	payments received on securities loans, rents,			Ì			
	royalties, and income from similar sources.				18	91	109
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			j		1	
	acquired after June 30, 1975						
C	Add lines 10a and 10b				18	91	109
11	Net income from unrelated business						
	activities not included in line 10b, whether)	j	ļ	
	or not the business is regularly carried on						
12	Other income. Do not include gain or		<u> </u>				
	loss from the sale of capital assets				}	-	
	(Explain in Part VI.)			j	}		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			24841	129770	128598	283209
14	First five years. If the Form 990 is for th	e organization	's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	
	organization, check this box and stop he	re					. ▶ ☑
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2017 (line 8	3, column (f) di	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2016 Sch	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In-						
17	Investment income percentage for 2017 (y line 13, colum	nn (f))	17	%
18	Investment income percentage from 2016		**	•		18	%
19a	331/3% support tests-2017. If the organ					ore than 331/39	6, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2016. If the organiz	=				=	
	line 18 is not more than 331/3%, check this I						
	Time to is not more than 35 /376, Check this i	oox and stop n	ere. The organi	ization qualifies	as a publicly st	ipported organi	zation 🕨 🔲

Part IV Supporting Organizations

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

Sooti	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P on A. All Supporting Organizations	art V	.)	
Secu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	162	140
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	-	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	-	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		

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

determine whether the organization had excess business holdings.)

Part	IV Supporting Organizations (continued)		T	
	Use the appropriation assented a gift or postulbution from any of the following a second		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			İ
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	{		ĺ
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			ļ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	·		1
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	}		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			·
	an arran 1940 m. Ambarand Ardanipanana	1	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
•	· · · · · · · · · · · · · · · · · · ·	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	}		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	}]
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction:	 s).
, a	The organization satisfied the Activities Test. Complete line 2 below.			,
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ın	st ru ct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
- а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			T -
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			ĺ
	those supported organizations and explain how these activities directly furthered their exempt purposes,]		
	how the organization was responsive to those supported organizations, and how the organization determined			<u> </u>
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			}
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		l	1
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	OL.	<u> </u>	
3		2b		
э a	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
a	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1
~	of its supported organizations? If "Ves" describe in Part VI the role played by the organization in this regard	3h		T

instructions).

Type III Non-Functionally integrated 509(a)(3) Supporting Organic	ganı	zauons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		-
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		<u> </u>
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	· <u>····</u>	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	lv int	egrated Type III supports	ng organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	ion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes				
2					
	organizations, in excess of income from activity				
3					
4	Amounts paid to acquire exempt-use assets				
5	<u></u>				
6					
	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which				
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2017 from Section C, line 6				
10_	Line 8 amount divided by line 9 amount				
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	
1	Distributable amount for 2017 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2017				
а					
b	From 2013				
c	From 2014				
d	From 2015				
e	From 2016				
f	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2017 distributable amount	<u> </u>			
<u> </u>	Carryover from 2012 not applied (see instructions)				
<u>_i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			<u></u>	
4	Distributions for 2017 from				
	Section D, line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2017 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2018. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2013				
b	Excess from 2014				
С	Excess from 2015				
d	Excess from 2016				
е	Excess from 2017				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

PATH2FREEDOM, INC	47-383581
PART 1 LINE 16	
ADMIN WORK 600	
AUCTION ITEMS 207	
BACKPACKS 831	
BANK CHARGES 113	
BOARD MEETING MEALS 865	
COALITION MTG MEALS 302	
DUES & SUBSCRIPTION 30 GALA EVENT 31433	
GOLF & CHARITY EXP 3980	
INTERNET & WEB 1111	
MEALS & ENTERTAIN 566	
OFFICE EXPENSES 4924	
PROMOTIONAL EXP 6146	
TAXES & LICENSES 186	
VICTIM SERVICES 6843	
TRAVEL 1387	
TOTAL 59524	
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