For	990-T	E	Exempt Orga						OMB No 1545-0047		
6	:		(and proxy tax under section 6033(e)) 2000 For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020 2019								
-		For cal						<u>•</u>	ZU 19		
	artment of the Treasury nal Revenue Service	•	► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Demolower identification and the latest information. Open to Public Inspection for 501(c)(3). Open to Public Inspection for 501(c)(3).								
A [Check box if address changed		Name of organization (
В	Exempt under section	Print									
X	501(c 0 (3)	10	Number, street, and room or suite no. If a P.O. box, see instructions.								
	408(e)220(e)	Type	1600 SKY PARK DRIVE								
	408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code MEDFORD, OR 97504 531110								
C B	ook value of all assets end of year		F Group exemption num		>						
			G Check organization typ		_	n 501(c) trust	401(a) trust	Other trust		
		_	ition's unrelated trades or l	ousinesses. 🕨	1	Describe	the only (or first) ur	related			
tr	ade or business here 🕨	► <u>RE1</u>	NTAL INCOME			If only one,	complete Parts I-V.	If more	than one,		
ď	escribe the first in the b	lank spa	ace at the end of the previo	us sentence, complete Pa	arts I an	id II, complete a Schedule	M for each addition	al trade	or		
	usiness, then complete			 		-					
		-	poration a subsidiary in an tifying number of the parei		nt-subs	idiary controlled group?	►l	Ye	es X No		
			THE ORGANIZA			Telepho	one number 🕨 5	41-	973-2728		
			de or Business Inc			(A) Income	(B) Expense:		(C) Net		
1a	Gross receipts or sale	S					, , , ,				
	Less returns and allow			c Balance	1c						
2	Cost of goods sold (S		A, line 7)		2						
3	Gross profit. Subtract		•		3						
4 a	Capital gain net incom	ne (attac	h Schedule D)		4a						
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Forn	n 4797)	4b						
C	Capital loss deduction	for trus	sts	•	4c						
5	Income (loss) from a	partners	ship or an S corporation (a	ttach statement)	5						
6	Rent income (Schedu		. , ,	•	6						
7	Unrelated debt-financ		me (Schedule E)		7	36,774	31,9	53.	4,821.		
8	Interest, annuities, roy	/alties, a	nd rents from a controlled	organization (Schedule F)	8						
9	Investment income of	a sectio	on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9						
10	Exploited exempt activ	vity inco	me (Schedule I)		10						
11	Advertising income (S	Schedule	e J)		11						
12	Other income (See ins	struction	ns; attach schedule)		12/						
13	Total. Combine lines				13	36,774.	31,9	53.	4,821.		
P			ot Taken Elsewhern to directly connected w								
14 15	•	icers, dii	rectors, and trustees (Scho	edule K)				14			
15	Salaries and wages							15			
16	Repairs and mainten	ance						16			
	Bad debts							17			
18	Interest (attach sche	dule) (se	ee instructions)					18	266		
19	Taxes and licenses					1 1		19	266.		
20	Depreciation (attach		,			20					
18 19 20 21 22		aimed or	n Schedule A and elsewher	e on return		21a		21b			
22	Depletion							22			
23	Contributions to defe		mpensation plans					23			
24	Employee benefit pro	7	L. L. D. D.			DEGE		24			
25	Excess exempt exper					RECEIV	ED 7	25			
26	Excess readership co		· · · · · · · · · · · · · · · · · · ·		i	2		26			
27	Other deductions (at				- 1	NOV 18 2	020 181	27	266.		
28	Total deductions. A			a loca daduation Cubi	ال ا		020 SS	28	4,555.		
29	/		ncome before net operating				<u> </u>	29	4,555.		
30	/	erating I	loss arısıng ın tax years be	guilling on or after Janua	ıy 1, 2 0	OGDEN,	UT ⁻ l	,,	0.		
24/	(see instructions)	avahla	nooma Cubtract line 20 fro	om lina 20				30	4,555.		
31'			ncome. Subtract line 30 fro	· · · · · · · · · · · · · · · · · · ·				31	Form 990-T (2019)		
9237	01 01-27-20 LMA FO	n raper	work Reduction Act Notice	s, see mismuctions.		()			rumii 330- i (2019)		

Part III Total Unrelated Business Taxable Income 32 fotal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 33 Amounts paid for disallowed fringes 34 Charitable contributions (see instructions for limitation rules) 35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 35	32 4,555.
 33 Amounts paid for disallowed fringes 34 Charitable contributions (see instructions for limitation rules) 	1 1/0 1 / 1 1 1 1 1
 33 Amounts paid for disallowed fringes 34 Charitable contributions (see instructions for limitation rules) 	
	33
35 Total unrelated husiness tayable income before pre-2018 NOI s and specific deduction. Subtraction 34 from the sum of times 32 and 35 of	34 0.
	35 4,555.
36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36
37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37 4,555.
38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
39 Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	
enter the smaller of zero or line 37	3,555.
Part X Tax Computation	
40 /Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	747.
41 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	1
Tax rate schedule or Schedule D (Form 1041)	41
42 Proxy tax. See instructions	42
43 Alternative minimum tax (trusts only)	43
44 Tax on Noncompliant Facility Income. See instructions	44
45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 747.
Part / Tax and Payments	
46a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	
b Other credits (see instructions) 46b]
c General business credit Attach Form 3800]
d Credit for prior year minimum tax (attach Form 8801 or 8827)]
e Total credits. Add lines 46a through 46d	46e
47 Subtract line 46e from line 45	47 747.
48 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48
49 Total tax. Add lines 47 and 48 (see instructions)	49, 747.
50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
51 a Payments: A 2018 overpayment credited to 2019	
b 2019 estimated tax payments 51b	1 .
c Tax deposited with Form 8868 51c	1 1
d Foreign organizations: Tax paid or withheld at source (see instructions) 51d	1
e Backup withholding (see instructions) 51e	1
f Credit for small employer health insurance premiums (attach Form 8941) 51f	1 1
g Other credits, adjustments, and payments: Form 2439	1
Form 4136 Other Total > 51g	
52 Total payments. Add lines 51a through 51g	52
53 Estimated tax negative (see instructions). Check if Form 2220 is attached.	53 24.
54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54 771.
55 Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55
	56
56 Enter the amount of line 55 you want: Credited to 2020 estimated tax	
56 Enter the amount of line 55 you want: Credited to 2020 estimated tax Part VI Statements Regarding Certain Activities and Other Information (see instructions)	
Part VI, Statements Regarding Certain Activities and Other Information (see instructions)	Yes No
Part VI, Statements Regarding Certain Activities and Other Information (see instructions) 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes No
Part VI. Statements Regarding Certain Activities and Other Information (see instructions) 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	Yes No
Part VI. Statements Regarding Certain Activities and Other Information (see instructions) 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	,
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Part VI. Statements Regarding Certain Activities and Other Information (see instructions) 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 59 Enter the amount of tax-exempt interest received or accrued during the tax year Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Signature of officer Date PRESIDENT & CEO Title	And the IRS discuss this return with the preparer shown below (see instructions)? X Yes No
Part VI. Statements Regarding Certain Activities and Other Information (see instructions) 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 59 Enter the amount of tax-exempt interest received or accrued during the tax year \$\$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Signature of offider PRESIDENT & CEO Title Print/Type preparer's name Preparer's signature Date Check	And the IRS discuss this return with the preparer shown below (see instructions)? X Yes No
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Part VI. Statements Regarding Certain Activities and Other Information (see instructions) 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 59 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Preparer's signature Date Check self- employed Preparer Print/Type preparer's name Preparer's signature Firm's name ▶ MOSS ADAMS LLP Firm's EIN ▶	Andge and belief, it is true, May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No. If PTIN P01245039
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Schedule A - Cost of Goods	Sold. Enter	method of invento	ory va	uluation ► N/A					
1 Inventory at beginning of year	1			Inventory at end of year	r		6		
2 Purchases	2			Cost of goods sold. Su		line 6			•
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4 a Additional section 263A costs				line 2	ĺ	7			
(attach schedule)	4a_		8 Do the rules of section 263A (with respect to					Ye	s No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income ((see instructions)	From Real	Property and I	Pers	onal Property L	ease ——	d With Real Prope	erty)		
1. Description of property									
(1)									
(2)	.						-		
(3)									
(4)						· · · · · · · · · · · · · · · · · · ·			
	2. Rent receive	ed or accrued		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	of rent for per	rsonal į	nal property (if the percentag property exceeds 50% or if d on profit or income)	je	3(a) Deductions directly of columns 2(a) and			in
(1)							-		
(2)									
(3)									
(4)								•	
Total	0.	Total			0.				
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column	(A)	>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see in	nstruc	tions)					
			2.	Gross income from		3. Deductions directly conne to debt-finance	octed wit d proper	h or allocable ty	
1. Description of debt-fin	anced property			or allocable to debt- financed property	(attach schedule) (at		Other deduction (d) (d)		
					S	TATEMENT 3	ST	ATEMENT	4
(1) 1600 SKY PARK DR	IVE, MED	FORD OR		75,730.		15,396.		50,	406.
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 5	of or a	adjusted basis llocable to nced property Schedule) MENT 6	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		B. Allocable dedu dumn 6 x total of a 3(a) and 3(b)	columns
(1) 476,284.	-	980,884.		48.56%		36,774.		31,	953.
(2)				%					
(3)				%					
(4)				%					
STATEMENT 1	STAT	EMENT 2				nter here and on page 1, Part I, line 7, column (A)		ter here and on pa art I, line 7, columi	
Totals				•		36,774.		31,	953.
Total dividends-received deductions in	cluded in column	8							0.
								5 222	T (2019)

Schedule F - Interest, A	Annuities, Roya	lties, an	d Rents	From Co	ntrolle	d Organiza	tions	(see ins	structio	ns)
			Exempt C	Controlled O	rganizati	ons				
Name of controlled organizat	iden	mployer lification imber		elated income instructions)		syments made included in the controlling connect			6. Deductions directly connected with income in column 5	
<u></u>			<u> </u>				 			
<u>(1)</u> <u>(2)</u>			 						_	
(3)			 			-			- +	
(4)		-	 						-	
Nonexempt Controlled Organi	zations		<u> </u>				<u>. </u>			
7. Taxable Income	8. Net unrelated ince	ome (loss)	0 Total	of specified payr	nente	10. Part of colu	nn O that	is included	11 . D	eductions directly connected
7. Totable meems	(see instruction		g. rotare	made	ilionia	in the controlli	ng organi income	zation's	Wil	th income in column 10
(1)			 					·		··
(2)										
(3)										
(4)										
		_				Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					▶			0.		0.
Schedule G - Investme	nt Income of a	Section	501(c)(7), (9), or (17) Ord	anization				
(see instr				,, , , ,	,	,				
1. Desc	ription of income			2. Amount of	income	 Deduction directly conne (attach sched) 	cted	4. Set-	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
				Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals			▶		0.	_				. 0.
Schedule I - Exploited (see instru	•	y Income	e, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly of unit	penses connected oduction related s income	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attribute colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)		Ì								
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	page 1 line 10,	re and on 1, Part I, , col (B)		-	-	-			Enter here and on page 1, Part II, line 25
Schedule J - Advertisin	0.		0.		~					0.
Part I Income From I				olidated	Basis	-				
1. Name of periodical	2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5 Circulati	ion	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				•						
(2)]
(3)]] !
(4)				<u>l</u>]
Totals (carry to Part II, line (5))	•	0.	0.		-					0.
	•			-4	•	•				Form 990-T (2019)

Total. Enter here and on page 1, Part II, line 14

Form 990-T (2019) PATHWAY ENTERPRISES, INC 93-08914

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 7 Excess readership costs (column 6 minus column 5, but not more than column 4) 2. Gross advertising income 5. Circulation income 3. Direct 6. Readership 1. Name of periodical advertising costs costs (1) (2) (3) (4) Totals from Part I \triangleright 0. 0. 0. Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part II, line 26 Totals, Part II (lines 1-5) 0 0. Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable 2. Title to unrelated business (1) % (2) % % (3) (4) %

Form 990-T (2019)

0.

980,884.

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ACQUISITION DEBT	INCOME	STATEMENT 1
DESCRIPTION OF DEBT-FINANCED PROPERTY 1600 SKY PARK DRIVE, MEDFORD OR	ACTIVITY NUMBER 1	AMOUNT OF OUTSTANDING DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR	_	502,296. 497,617. 492,920. 488,204. 483,469. 478,715. 473,943. 469,152. 464,342. 459,512. 454,664. 450,570.
AVERAGE AQUISITION DEBT		476,284.
TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4 FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ADJUSTED BASIS	INCOME	STATEMENT 2
DEGGDIDATON OF DEDA HIMANGED DEODERAN	ACTIVITY	<i>t</i>
DESCRIPTION OF DEBT-FINANCED PROPERTY 1600 SKY PARK DRIVE, MEDFORD OR	NUMBER 1	- AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR	1	995,784. 965,984.

TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5

AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR

FORM 990-T SCHEDULE E - DEPRECI	ATION DEDUCT	ION	STATEMENT 3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION EXPENSE - SUBTOTAL	- 1	15,396.	15,396.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	1 3(A)		15,396.
FORM 990-T SCHEDULE E - OTHE	ER DEDUCTIONS		STATEMENT 4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
UTILITIES BUILDING REPAIRS & MAINTENANCE		13,959. 14,363.	
MORTGAGE INTEREST LICENSES & PERMITS PROPERTY TAXES		8,368. 4,742. 8,974.	
- SUBTOTAL	- 1		50,406.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	1 3(B)		50,406.

FORM 990-T	AVERAGE AC				STATEMENT 5
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE DEBT BALANCE		UBTOTAL -	1	476,284.	476,284
TOTAL OF FORM 990-T,	SCHEDULE E	, COLUMN 4	1		476,284

FORM 990-T	AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI			STATEMENT 6
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ASSET BAS	IS - SUBTOTAL -	1	980,884.	980,884.
TOTAL OF FORM 990	-T, SCHEDULE E, COLUMN	5		980,884.