Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

A F	or the	e 2017	calendar year, or tax year beginning		0 / / Ol, 2017 ,	and endin	g			/ 30, 20 18		
B c	heck if at	pplicable:	C Name of organization					D Employer idea				
	Addre		URBAN PATHWAYS, INC.					13-2933	36/5	•		
	chang		Doing business as			5 / 1						
	Name	change	Number and street (or P.O. box if mail is		reet address)	Room/suite	1	E Telephone nui				
	+	return	575 EIGHTH AVENUE, 16					(212) 736-7385				
	termir		City or town, state or province, country,									
	Amen return	n	NEW YORK, NY 10018					G Gross receipts		25,587,426.		
	Applio pendi		F Name and address of principal officer:		CK SHACK			H(a) Is this a ground subordinates		Yes X No		
			575 EIGHTH AVENUE, 16	TH FLOOR I	NEW YORK, NY	10018		H(b) Are all subord	nates inc	luded? Yes No		
		empt st) ◀ (insert	no.) 4947(a)(1)	or 5	27	If "No," att	ach a lis	st. (see instructions)		
J	Websi	ite: 🕨	WWW.URBANPATHWAYS.ORG					H(c) Group exemp	otion nu	mber >		
K	Form o	of organ	ization: X Corporation Trust	Association	Other ►	L Year	of format	tion: 1975 M :	State o	of legal domicile: NY		
Pa	art I	Su	mmary									
	1	Briefly	describe the organization's mission	or most significar	nt activities: SEE SC	CHEDULE	0					
မ္ပ												
an												
/er	2	Check	this box let if the organization	discontinued its	operations or dispose	ed of more t	han 25%	of its net assets	S.			
Governance	3	Numb	er of voting members of the governing	g body (Part VI, li	ne 1a)				3	20.		
∞ŏ			er of independent voting members of						4	20.		
Activities &			number of individuals employed in cal						5	450.		
ξi			number of volunteers (estimate if neces						6	48.		
Ac			unrelated business revenue from Part						7a	0.		
			nrelated business taxable income from						7b	13,000.		
								Prior Year		Current Year		
	8	Contri	butions and grants (Part VIII, line 1h)					18,187,75	7.	20,566,075.		
nue			am service revenue (Part VIII, line 2g)					4,774,15		4,734,753.		
Revenue			ment income (Part VIII, column (A), lir					149,13		161,790.		
Re			revenue (Part VIII, column (A), lines 5					-91,72		-8,846.		
								23,019,32		25,453,772.		
			revenue - add lines 8 through 11 (mus s and similar amounts paid (Part IX, co					23,013,32	0.	0.		
									0.	0.		
			its paid to or for members (Part IX, col					12,785,585.		13,842,866.		
Expenses			es, other compensation, employee ber					12,703,30	0.	0.		
nec	IDA	Tatal	ssional fundraising fees (Part IX, colum	n (A), line i ie) ,	522 797		•		0.	0.		
Ä			fundraising expenses (Part IX, column					9,817,59	0	10,730,070.		
			expenses (Part IX, column (A), lines 1					22,603,18	_	24,572,936.		
			expenses. Add lines 13-17 (must equa						_			
- v	19	Rever	ue less expenses. Subtract line 18 fro	m line 12				416,13		880,836.		
Net Assets or Fund Balances							begin			End of Year		
sse 3ala	20		assets (Part X, line 16)				•	17,436,79	_	17,858,145.		
et A	21		liabilities (Part X, line 26)				•	10,893,93	_	10,434,452.		
			ssets or fund balances. Subtract line 2	1 from line 20				6,542,85	/.	7,423,693.		
	rt II		gnature Block									
Und	ter per , corre	nalties c ect, and	of perjury, I declare that I have examined to complete. Declaration of preparer (other that	his return, includir an officer) is based	ng accompanying schedi on all information of whi	ules and stat ch preparer h	ements, a has any k	and to the best of nowledge.	my kr	nowledge and belief, it is		
				•				Ĭ				
Sig	n		Circulative of officer					Data				
Hei			Signature of officer					Date				
	•											
			Type or print name and title									
Paid	ı		Type preparer's name	Preparer's signa	ature	Date		Check	"	TIN		
	oarer	AAR	ARON SHAPIRO					self-employe		P01333816		
	Only		name ▶BKD, LLP					Firm's EIN ▶ 4				
			address ▶655 THIRD AVENUE					Phone no. 2	12.	867.4000		
May	the /	IRS d	iscuss this return with the prepare	er shown above	e? (see instructions)		<u> </u>			X Yes No		
For	Pape	rwork	Reduction Act Notice, see the separa	ite instructions.						Form 990 (2017)		

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Pa	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: ATTACHMENT 1								
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?								
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?								
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured b 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.								
	(Code:) (Expenses \$14,170,554. including grants of \$) (Revenue \$1,961,929.] THE RESIDENTIAL PROGRAMS, CONSISTING OF TEMPORARY CONGREGANT OR SHARED APARTMENT LIVING, SERVED OVER 1,023 CLIENTS. OVER 61,947								
	MEALS WERE SERVED AND APPROXIMATELY 150 INDIVIDUALS WERE PLACED IN PERMANENT HOUSING OR OTHER TRANSITIONAL HOUSING FACILITIES.								
	(Code:) (Expenses \$ 6,736,903. including grants of \$) (Revenue \$2,772,824) THE NON RESIDENTIAL PROGRAMS, CONSISTING OF STREET OUTREACH AND								
	DROP-IN SHELTERS, SERVED OVER 854 CLIENTS. OVER 21,404 MEALS WERE SERVED TO THESE CLIENTS AND APPROXIMATELY 666 CLIENTS WERE								
	REFERRED TO PERMANENT OR TRANSITIONAL HOUSING, DRUG TREATMENT PROGRAMS, OR HOSPITALS FOR MEDICAL OR PSYCHIATRIC TREATMENT.								
	PROGRAMS, OR HOSPITALS FOR MEDICAL OR PSICHIATRIC TREATMENT.								
_									
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)								
_									
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)								
4e	Total program service expenses ► 20,907,457.								

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			37
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	l	3,7	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	37
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
4.0	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	4.0		v
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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	116		Х
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		- 22
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
17		17		Х
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''		
10	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?	10	25	
13	If "Yes," complete Schedule G, Part III	19		Х
	11 100, complete dellecture di l'il 111111111111111111111111111111111	1.9		

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Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			3.5
	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		37	
	employees? If "Yes," complete Schedule J	23	X	
24a	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	245		Х
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
الم	to defease any tax-exempt bonds?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	$ \ \text{Did the organization liquidate, terminate, or dissolve and cease operations?} \ \textit{If "Yes," complete Schedule N,} \\$			3.5
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22	х	
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	21	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34	Х	
25.	or IV, and Part V, line 1	35a	X	
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa	- 21	
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			•
01	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note . All Form 990 filers are required to complete Schedule O.	38	Х	
			000	(0047)

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Par	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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return 450			
_	Statements, filed for the calendar year ending with or within the year covered by this return.	26	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	X	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule</i> O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country: ▶			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 2.0 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 in Schedule O. 20 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Χ 8b Each committee with authority to act on behalf of the governing body?................. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Χ 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, Χ 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 Did the organization have a written whistleblower policy?.......... X 14 14 Did the organization have a written document retention and destruction policy?..... 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? 15a Χ Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \triangleright $\frac{NY}{N}$ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website Other (explain in Schedule O)

State the name, address, and telephone number of the person who possesses the organization's books and records: JSA 7E1042 1.000 Form **990** (2017)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

financial statements available to the public during the tax year.

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any						an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1)KIETH BERGER, ESQ.	1.00										
PRESIDENT	1.00	Х		Х				0.	0.	0.	
(2)BRAD HANDLER	1.00									-	
TREASURER	1.00	Х		Х				0.	0.	0.	
(3)STEPHEN DICESARE, ESQ.	1.00										
VICE PRESIDENT	1.00	Х		Х				0.	0.	0.	
(4)PETER BREST	1.00										
SECRETARY	1.00	Х		Х				0.	0.	0.	
(5)TRISHA LAWSON	1.00										
DIRECTOR	1.00	X						0.	0.	0.	
(6)ERIK IPSEN	1.00										
DIRECTOR	1.00	X						0.	0.	0.	
(7)GARY BELSKY	1.00										
DIRECTOR	1.00	X						0.	0.	0.	
(8)ADAM HEFT, ESQ.	1.00										
DIRECTOR	1.00	X						0.	0.	0.	
(9)DAN KATCHER	1.00										
DIRECTOR	1.00	X						0.	0.	0.	
(10)MICHAEL BARNETT	1.00										
DIRECTOR	1.00	X						0.	0.	0.	
(11)ED POTEAT	1.00										
DIRECTOR	1.00	X						0.	0.	0.	
(12)ETHAN KAUFFMAN	1.00										
DIRECTOR	1.00	X						0.	0.	0.	
(13)ERIN ABRAMS	1.00									_	
DIRECTOR	1.00	X						0.	0.	0.	
(14)LISA CHOI	1.00										
DIRECTOR	1.00	X						0.	0.	0.	

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Form 990 (2017)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)	(B) (C) (D) (E)							(F)			
Name and title	Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe d a d	more rson lirect	e than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	am com	timated nount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	anization d related anization	b
15) KELLY GOTT	1.00											
DIRECTOR	1.00	X						0.	0.			0.
16) MICHAEL KAYE	1.00											
DIRECTOR	1.00	X						0.	0.			0.
17) MELISSA RICHARDS	1.00											
DIRECTOR	1.00	Х						0.	0.			0.
18) ANDREA ANDERSON	1.00											
DIRECTOR	1.00	Х						0.	0.			0.
19) AJAY SOHLTRA	1.00											
DIRECTOR	1.00	Х						0.	0.			0.
20) MARTIN FRANKEN	1.00											
DIRECTOR	1.00	Х						0.	0.			0.
21) GAZEENA SONI	1.00							_	_			
DIRECTOR THROUGH 03/18	1.00	Х						0.	0.			0.
22) SONYA COVINGTON DIRECTOR THROUGH 01/18	1.00	X						0.	0.			0.
23) JAMES LINDSAY	1.00	- 21						0.	0.			
DIRECTOR THROUGH 03/18	1.00	X						0.	0.			0.
24) FREDERICK SHACK	39.00											
CEO	1.00			Х				245,991.	0.		43,0	51.
25) ROBERT MCPHILLIPS	39.00											
CFO	1.00			Х				133,461.	0.		68,1	.76.
1b Sub-total		•						0.	0.			0.
c Total from continuation sheets to Part VII, S	Section A						•	1,016,120.	0.	2	36,8	90.
d Total (add lines 1b and 1c)	-						\blacktriangleright	1,016,120.	0.	2	36,8	90.
Total number of individuals (including but not reportable compensation from the organization)			liste 7	d al	bove	e) who	o re	ceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
										3		21
4 For any individual listed on line 1a, is the												
organization and related organizations gr individual										4	Х	
										4		
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y									on marviauai	5		Х

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 6

Part VII Section A. Officers, Directors, Tru	istees Ke	v Fm	ndo)Vec	25	and F	Hial	hest Compensat	ed Employees (c	Page Page
(A)	(B)	y L	ipic	/ y CC		ana i	iigi	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Posi heck ss pe	ition more rson	than or/trust highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
26) RONALD ABAD	39.00									
C00	1.00				X			175,930.	0.	34,464
27) LISA LOMBARDI	35.00									
DEPUTY EXECUTIVE DIRECTOR	0.					X		131,707.	0.	25,095
28) NANCY OLECKI	35.00									
DIRECTOR OF DEVELOPMENT	0.					X		113,023.	0.	25,958
29) ANDREW BRODSKY	35.00									
CONTROLLER	0.					X		114,875.	0.	9,428
30) NANCY CRYSTAL	35.00									
DIRECTOR OF HUMAN RESOURCES	0.					X		101,133.	0.	30,718
		-								
Sub-total c Total from continuation sheets to Part VII, Sod Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization)	ection A limited to t	hose					> > >	eceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3 X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	If	"Yes	5,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	ron	any	un	related organization	on or individual	5 X
Section B. Independent Contractors	o, comple	10 001	ieut	iie J	101	Sucii	μει	3011		<u> </u>
Complete this table for your five highest com- compensation from the organization. Report of year.										

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form 990 (2017) URBAN PATHWAYS, INC. 13-2933675 Page **9**

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	onse or note to any	y line in this Part VII	1		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ıts	1a	Federated campaigns 1a					
Srar our	b	Membership dues					
ts, C	С	Fundraising events 1c	536,195.				
ia g	d	Related organizations 1d					
ns, Sim	е	Government grants (contributions) 1e	19,006,506.				
utio er \$	f	All other contributions, gifts, grants,					
ē Ę		and similar amounts not included above . 1f	1,023,374.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$ _					
	h	Total. Add lines 1a-1f		20,566,075.			
ň			Business Code				
Seve	2a	CLIENT SERVICE FEES	624200	1,961,929.	1,961,929.		
Se F	b	CLIENT RENT	532000	1,774,218.	1,774,218.		
ž	С	DEVELOPMENT FEES	531390	610,000.	610,000.		
Š	d	MANAGEMENT FEES	522100	388,606.	388,606.		
<u>ra</u>	е						
Program Service Revenue	f	All other program service revenue		4 724 752			
	<u>g</u>	Total. Add lines 2a-2f		4,734,753.			
	3	Investment income (including divide		161,790.			161,790.
	4	and other similar amounts)		0.			101,750.
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	60	Groce route					
	6a b	Cross rents					
	C	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	. <u></u>	0.			
ø	8a	Gross income from fundraising					
Revenue		events (not including \$536,195.					
Şe,		of contributions reported on line 1c).					
ē		See Part IV, line 18	67,150.				
Other	b	Less: direct expenses	133,654.				
	С	Net income or (loss) from fundraising events	s >	-66,504.			-66,504.
	9a	Gross income from gaming activities.					
		See Part IV, line 19	a				
	b						
	С	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances					
	b C	Less: cost of goods sold Net income or (loss) from sales of inventory	•	0.			
		Miscellaneous Revenue	Business Code	0.			
	44-	OTHER	900099	57,658.			57,658.
	11a			3.,030.			37,030.
	b						1
	c d	All other revenue					
	e	Total. Add lines 11a-11d		57,658.			
	12	Total revenue. See instructions.		25,453,772.	4,734,753.		152,944.

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13-2933675 Page **10**

Part IX Statement of Functional Expenses

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

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

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations			3	
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	719,194.		719,194.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	10,465,793.	9,411,944.	817,892.	235,957.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	384,369.	375,377.		8,992.
9	Other employee benefits	1,472,884.	1,315,815.	117,924.	39,145.
10	Payroll taxes	800,626.	712,901.	70,995.	16,730.
11	Fees for services (non-employees):				
а	Management	0.			
b	Legal	58,455.	29,116.	29,339.	
С	Accounting	58,450.		58,450.	
d	Lobbying	0.			
е	Professional fundraising services. See Part IV, line 17.	0.			
f	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	244 442	120 701	102.050	01 600
	(A) amount, list line 11g expenses on Schedule O.)	344,442.	138,791.	123,959.	81,692.
12	Advertising and promotion	127,189.	39,820.	35,369.	52,000.
	Office expenses	857,554.	627,460.	161,373.	68,721.
	Information technology	366,807.	297,365.	63,463.	5,979.
	Royalties	0.	C 010 15C	FC0 27F	Г 000
	Occupancy	6,584,431.	6,010,156. 347,236.	568,375.	5,900. 226.
	Travel	350,969.	347,230.	3,507.	220.
18	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	103,543.	73,002.	26,326.	4,215.
	Conferences, conventions, and meetings	149,358.	149,358.	20,320.	4,213.
	Interest	0.	149,330.		
	Payments to affiliates	357,854.	351,822.	6,032.	
	Depreciation, depletion, and amortization	282,894.	235,263.	47,631.	
	Insurance	202,051.	233,203.	17,031.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_	HEALTH SERVICES	432,855.	432,855.		
-	FOOD	380,054.	202,935.	173,879.	3,240.
	BAD DEBT	275,215.	156,241.	118,974.	5,210.
d		-,	2 - ,	-,	
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	24,572,936.	20,907,457.	3,142,682.	522,797.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. , -		,
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

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Part 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			572,427.	1	578,968.		
	2	Savings and temporary cash investments	6,018,712.	2	5,305,712.				
	3	Pledges and grants receivable, net	2,478,344.	3	3,488,953.				
	4	Accounts receivable, net			447,993.	4	372,674.		
	5	Loans and other receivables from current and							
		trustees, key employees, and highest co							
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers	,		0.	5	0.		
	6	4958(f)(1)), persons described in section 4958(c)(3)(B)	ons (as and o	contributing employers					
		and sponsoring organizations of section 501(c)(9) volu	intary	employees' beneficiary	0				
Ś		organizations (see instructions). Complete Part II of Sche			0.	6	0.		
Assets	7	Notes and loans receivable, net			1,318,809.	7	1,318,809.		
Ą	8	Inventories for sale or use			0.	8	0.		
	9	Prepaid expenses and deferred charges			777,288.	9	773,972.		
	10 a	Land, buildings, and equipment: cost or		0 626 062					
			10a		4,397,741.		4,066,729.		
		Less: accumulated depreciation			167,596.	_	200,818.		
	11	Investments - publicly traded securities			0.	11 12	200,818.		
	12		Investments - other securities. See Part IV, line 11						
	13		Investments - program-related. See Part IV, line 11						
	14 15	Intangible assets	0. 1,257,886.	14 15	1,751,510.				
	16	Other assets. See Part IV, line 11			17,436,796.	16	17,858,145.		
	17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			2,917,477.	17	2,889,208.		
	18	Grants payable			0.	18	0.		
	19	Deferred revenue			3,755,423.	19	3,862,691.		
	20	Tax-exempt bond liabilities			0.	20	0.		
	21	Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D	572,427.	21	578,972.		
Ş	22	Loans and other payables to current and for							
Liabilities		trustees, key employees, highest compen							
abi		disqualified persons. Complete Part II of Schedule			0.	22	0.		
=	23	Secured mortgages and notes payable to unrelate			3,648,612.	23	3,103,581.		
	24	Unsecured notes and loans payable to unrelated	third p	arties	0.	24	0.		
	25	Other liabilities (including federal income tax,							
		parties, and other liabilities not included on lines		'					
		of Schedule D			0.	25	0.		
	26	Total liabilities. Add lines 17 through 25			10,893,939.	26	10,434,452.		
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here X and					
Fund Balances	27	Unrestricted net assets			5,857,505.	27	6,662,991.		
Bal	28	Temporarily restricted net assets			685,352.	28	760,702.		
nd I	29	Permanently restricted net assets		<u></u> [0.	29	0.		
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here and					
ts c	30	Capital stock or trust principal, or current funds				30			
Se	31	Paid-in or capital surplus, or land, building, or equ				31			
Net Assets or	32	Retained earnings, endowment, accumulated inco				32			
Net	33	Total net assets or fund balances			6,542,857.	33	7,423,693.		
_	34	Total liabilities and net assets/fund balances	<u>.</u>	<u></u>	17,436,796.	34	17,858,145.		
_							Form 990 (2017)		

Page **12** Form 990 (2017)

OIIII J	70 (2011)			1 0	.gc . =	
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		453,		
2	2 Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1	3 880,836				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,	542,8	857.	
5	Net unrealized gains (losses) on investments	5			0.	
6	Donated services and use of facilities	6			0.	
7	Investment expenses	7			0.	
8	Prior period adjustments	8			0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	7,	423,6	593.	
Part						
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain ir	1			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled o	r			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversigh	t			
	of the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit according t	•	I	Х		
	If the organization changed either its oversight process or selection process during the tax year, or					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth ir	1			
	the Single Audit Act and OMB Circular A-133?		3a	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	dergo the	э 🗔			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b	X		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

•										
tion.	Open to Public Inspection									
Employer identification number										
12 2022675										

URE	BAN	PATHWAYS, INC.					13-2933	675
Pa	Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ).)	
3		A hospital or a cooperative		· ·				
4		A medical research organiz						A)(iii). Enter the
		hospital's name, city, and st	-	,	•		(// //	, ,
5		An organization operated to		a college or universit	v owned	d or ope	rated by a governm	nental unit described in
-		section 170(b)(1)(A)(iv). (C			,			
6		A federal, state, or local go	. ,	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma				,	,, ,, ,, ,	from the general public
-		described in section 170(b)	=	· ·	pport iii	om a go	vormional and or	nom the general public
8		A community trust describe			Part II \			
9	\vdash	An agricultural research org					in conjunction with	a land-grant college
•		or university or a non-land-	=			-	•	-
		university:	grant conege or ag	griculture (see iristruci	.юпа). Е	inter the i	iame, dity, and state	of the college of
10		An organization that norma	Ily receives: (1) m	ore than 331/2 % of its	sunnort	from co	ntributions mambar	ehin fage and arnee
10		receipts from activities rela support from gross investm	ted to its exempt f	unctions - subject to	certain e	exception	s, and (2) no more th	nan 331/3 %of its
		acquired by the organizatio						III Dusiilesses
11		An organization organized				•	•	
12		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to	carry out the purposes
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or	section 509(a)(2).	See section 509(a)(3).
		Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete	lines 12e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	. supervised, or contr	olled by	its supp	orted organization(s), typically by giving
		the supported organization	•	•	•		• ,	
		supporting organization.				.,. , .		
b		Type II. A supporting org	•	•		with its	supported organiza	ation(s), by having
		control or management of	-					
		organization(s). You must						
С		Type III functionally integ			ited in co	onnectio	n with, and function	ally integrated with.
		its supported organization						. , <u>,</u> ,
d		Type III non-functionally						orted organization(s)
		that is not functionally into			•		• • •	• ,
		requirement (see instruct	•	•	•		•	
е		Check this box if the orga		-				e II. Type III
		functionally integrated, or					* * * * * * * * * * * * * * * * * * * *	- ··, · / - ···
f	Ent	ter the number of supported						
g		ovide the following information						
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	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)
				above (see ilistructions))	Yes	No	mandenons	matructions)
/A\								
(A)								
(B)								
(C)								
(0)								
(D)								
/E\								
(E)								
Tota	al							

Page 2 Schedule A (Form 990 or 990-EZ) 2017

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
Cale	ndar 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.")	12,821,036.	14,671,799.	15,527,119.	18,187,757.	20,566,075.	81,773,786.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	12,821,036.	14,671,799.	15,527,119.	18,187,757.	20,566,075.	81,773,786.		
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)						0.		
6	Public support. Subtract line 5 from line 4						81,773,786.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
7	Amounts from line 4	12,821,036.	14,671,799.	15,527,119.	18,187,757.	20,566,075.	81,773,786.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	141,481.		172,777.	149,133.	161,790.	625,181.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	56,569.	49,859.	51,968.	50,853.	57,658.	266,907.		
11	Total support. Add lines 7 through 10						82,665,874.		
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	20,857,321.		
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>							
Sec	tion C. Computation of Public Sup								
14	Public support percentage for 2017 (lin	ne 6, column (f)	divided by line	11, column (f)).		14	98.92%		
15	Public support percentage from 2016					15	98.64 %		
16a	331/3% support test - 2017. If the org	=							
	box and stop here . The organization qualifies as a publicly supported organization								
b	331/3% support test - 2016. If the org								
	this box and stop here . The organization qualifies as a publicly supported organization								
17a	10%-facts-and-circumstances test - 2	_							
	10% or more, and if the organization					•	•		
	Part VI how the organization meets t			=	-				
	organization								
b	10%-facts-and-circumstances test - 2	_							
	15 is 10% or more, and if the orga						-		
40	Explain in Part VI how the organization supported organization						>		
18	Private foundation. If the organization								
	instructions								

Schedule A (Form 990 or 990-EZ) 2017 Page 3

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

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

Sec	tion A. Public Support			/ 1	<u>'</u>	,	
	ndar 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	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year Add lines 7a and 7b						
	Public support. (Subtract line 7c from						
Ŭ	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
r	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is regularly						
40	Carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd third fourth	or fifth tax v	l as a section	501(c)(3)
	organization, check this box and stop here .	ŭ	· ·		•		` ' ' '
Sec	tion C. Computation of Public Supp						
<u> 15</u>	Public support percentage for 2017 (line 8,			nn (f))		15	%
16	Public support percentage from 2016 Scher					16	
	tion D. Computation of Investment					10	/0
36 0 17	Investment income percentage for 2017 (lin			3 column (f))		17	%
	Investment income percentage from 2016 S	,		1,,,			
18 10 a						18 e than 331/3% s	
ısa	331/3% support tests - 2017. If the org						. \square
h	17 is not more than 331/3%, check this 331/3% support tests - 2016. If the orga	-	-	•		•	
D	line 18 is not more than 331/3%, check				•		
20	Private foundation. If the organization of		-	•			
20	a.a roundation. II the organization t	aid fior dileck	a box on mie	,	, JIIOON IIIIS DO	,, and 366 mon	40110110

Schedule A (Form 990 or 990-EZ) 2017 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- **c** 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.
- 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.
- **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.
- **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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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.**
- **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.**
- c 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.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

		Yes	No
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	3b		
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Schedule A (Form 990 or 990-EZ) 2017

	ne A (1 0111 330 01 330 EZ) 2011			age e
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	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.	116		
Jecu	on B. Type Toupporting Organizations		Yes	No
			163	140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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			
2 (the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		V	NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	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 ins	structi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
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			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
		Za		
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 reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	_~		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	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			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2017

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

Schedule A (Form 990 or 990-EZ) 2017

Secti	ion D - Distributions	Cappo:g Organizat	iono (cominada)	Current Year
1	Amounts paid to supported organizations to accomplish ex	vemnt nurnoses		Current rear
	Amounts paid to supported organizations to accomplish e.		ad	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	sees of supported organic	zatione	
	Amounts paid to acquire exempt-use assets	ses of supported organia	zations	
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
 8	Distributions to attentive supported organizations to which	the organization is rosn	oneivo	
0	(provide details in Part VI). See instructions.	the organization is resp	Olisive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Line o amount divided by Line 9 amount		/::\	/:::\
;	Section 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			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	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			

Schedule A (Form 990 or 990-EZ) 2017

Part VI. See instructions.

Breakdown of line 7: Excess from 2013 Excess from 2014 . . . Excess from 2015 Excess from 2016 Excess from 2017

and 4c.

Excess distributions carryover to 2018. Add lines 3j

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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.)

	<u>-</u>			•		
					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOM	Ε				
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
OTHER	56,569.	49,859.	51,968.	50,853.	57,658.	266,907.
		40.050				0.55, 0.07
TOTALS	56,569.	49,859.	<u>51,968.</u>	50,853.	57,658.	<u> 266,907.</u>

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2017

Employer identification number Name of the organization URBAN PATHWAYS, INC. 13-2933675 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** $\lfloor X \rfloor$ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization URBAN PATHWAYS, INC.

Employer identification number 13-2933675

Part I	Contributors (see instructions).	Use duplicate copies of Part I i	f additional space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	NYC DEPT. OF HOMELESS SERVICES 33 BEAVER ST. NEW YORK, NY 10004	\$8,305,556.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
2	NYS OFFICE OF MENTAL HEALTH 44 HOLLAND AVE. ALBANY, NY 12229	\$6,071,096.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3_	NYC DEPT. OF HEALTH AND MENTAL HYGIENE 49-09 28TH ST. LONG ISLAND CITY, NY 11103	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4_	PORT AUTHORITY OF NY AND NJ 4 WTC 150 GREEWICH ST. NEW YORK, NY 10007	\$871,532.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5_	U.S. DEPT. OF HOUSING AND URBAN DEVELOP. 26 FEDERAL PLAZA NEW YORK, NY 10278	\$557,848.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	NYC HUMAN RESOURCES ADMINISTRATION 12 W 14TH ST.	\$	Person X Payroll Noncash

Name of organization URBAN PATHWAYS, INC.

Employer identification number 13-2933675

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

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization URBAN PATHWAYS, INC. **Employer identification number** 13-2933675 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. 1 Total number at end of year	URB	AN PATHWAYS, INC.	13-2933675
Total number at end of year	Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds o	r Accounts.
Total number at end of year		Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
2 Aggregate value of contributions to (during year) 3 Aggregate value at end of year,		(a) Donor advised funds	(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 3 Aggregate value at end of year,	1	Total number at end of year	
A Aggregate value of grants from (during year). 4 Aggregate value of grants from (during year). 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donors and visor, or for any other purpose conferring impermisable purposes and not for the benefit of the donor or donors advisor, or for any other purpose conferring impermisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable purpose seements. Complete life organization answered "Yes" on Form 990, Part IV, line 7. 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation assement on the last day of the tax year. a Total number of conservation easements C Number of conservation easements Number of conservation easements on a certified historic structure included in (a) 2. 2a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P. No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P. No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements that describes the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue attement and balance sheet works of art, historical treasure			
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Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part VIII, line 1. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. 5 Assets included on Form 990, Part VIII, line 1. 6 Assets included on Form 990, Part VIII, line 1. 7 Assets included on Form 990, Part VIII, line 1.	6	Statt and volunteer nours devoted to monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part VIII, line 1. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. 5 Assets included on Form 990, Part VIII, line 1. 6 Assets included on Form 990, Part VIII, line 1. 7 Assets included on Form 990, Part VIII, line 1.	7	Amount of auropean incurred in manifesting inspecting handling of violations and enfancing	
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. In the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1. Revenue included on Form 990, Part VIII, line 1.	′		conservation easements during the year
and section 170(h)(4)(B)(ii)?		· ———	tion 470/h)/4)/D)/i)
In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part VIII, line 1. (iii) Assets included on Form 990, Part VIII, line 1. Revenue included on Form 990, Part VIII, line 1. Revenue included on Form 990, Part VIII, line 1.	0		
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public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	b		
(i) Revenue included on Form 990, Part VIII, line 1			ucation, or research in furtherance of
 (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. 		·	▶ \$
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following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1	2		
a Revenue included on Form 990, Part VIII, line 1	_		= :
b Assets included in Form 990, Part X	а		
· · · · · · · · · · · · · · · · · · ·		Assets included in Form 990, Part X	> \$

Schedule D (Form 990) 2017 Page **2**

	t III Organizations Maintaining	Collections of	Art, Hist	orical Tre	asures,	or Othe	er Similar Asse	ts (contil	nued)
3	Using the organization's acquisition								
	collection items (check all that apply)								
а	Public exhibition		d	Loan or	exchange	e program:	S		
b	Scholarly research		e						
С	Preservation for future genera	tions		_					
4	Provide a description of the organiz	zation's collections	and expla	ain how the	y further	r the orga	anization's exempt	purpose	in Part
	XIII.								
5	During the year, did the organization	solicit or receive of	donations o	f art, histori	cal treasu	ures, or ot	her similar		
	assets to be sold to raise funds rathe	r than to be mainta	ained as pa	rt of the org	ganization	n's collecti	ion? [Yes	No
Par	t IV Escrow and Custodial Arra	angements.					_		
	Complete if the organization	n answered "Yes	s" on Forn	n 990, Part	IV, line	9, or rep	orted an amount	t on Form	1
	990, Part X, line 21.								
1 a	Is the organization an agent, trustee								
	included on Form 990, Part X?							Yes	X No
b	If "Yes," explain the arrangement in	Part XIII and comp	olete the fol	lowing table	:				
							Amount		
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance	<u>.</u>			1f	1		1	
2a	Did the organization include an amount							X Yes	No No
	If "Yes," explain the arrangement in	Part XIII. Check he	ere if the ex	xplanation ha	as been p	rovided or	n Part XIII		X
Par		n anguared "Vac	" on Form	000 Dort	IV/ line	10			
	Complete if the organizatio						(d) Thursday have	(a) F	
	_	(a) Current year	(b) Prio	r year	(c) Two yea	ars dack	(d) Three years back	(e) Four ye	ears dack
1 a									
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of			e (line 1g, co	olumn (a))) held as:			
a	Board designated or quasi-endowme Permanent endowment ▶	™ >	_%						
b	Temporarily restricted endowment								
·	The percentages on lines 2a, 2b, an		100%						
3 a	Are there endowment funds not in th	•		ition that ar	e held an	nd adminis	stered for the		
Ja	organization by:	e possession of the	ie organiza	illoir triat ar	e neid an	iu auminis	stered for the	Ye	es No
	(i) unrelated organizations							3a(i)	-
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related							3b	
4	Describe in Part XIII the intended us	•							
Par									
	Complete if the organization	on answered "Ye	s" on Forr	n 990, Par	t IV, line			t X, line 1	10.
	Description of property	(a) Cost or (invest		(b) Cost or o		(c) Accur deprec		l) Book value)
1 a	Land				5,000.	, ,,		265	5,000.
b	Buildings			7,52	9,691.	4,05	4,405.	3,475	5,286.
С	Leasehold improvements			21	9,408.	20	5,777.	13	3,632.
d	Equipment			26'	7,102.	1	9,810.	247	7,291.
е	Other			34.	5,761.	28	0,241.	65	5,520.
	I. Add lines 1a through 1e. (Column (n 990. Part	X. column (B). line 10	Oc.)	•	4.066	729.

Schedule D (Form 990) 2017 Page **3**

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990) Part IV line 11b See Form 990) Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	ation:
(1) Financia	al derivatives			
	-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11c. See Form 990), Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of value Cost or end-of-year man	
(1)			Cook or one or your man	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11d. See Form 990	
		scription		(b) Book value
	FROM RELATED PARTIES			1,751,510
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	orang (h) manat a mad Farma 2000 Bart V and (B)	Sec. 45.1		1 751 510
	umn (b) must equal Form 990, Part X, col. (B)	ine 15.)	· · · · · · · · · · · · · · · · · · ·	1,751,510
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990), Part IV, line 11e or 11f. See Fo	rm 990, Part X,
1.	(a) Description of liability	(b) Book valu	ue	
(1) Feder	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	>		
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements t	hat reports the

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017 Page 4

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	า.	- age 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	29,823,395.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of lacinities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
C C	Recoveries of prior year grants		
d e	Add lines 2a through 2d	2e	4,369,623.
3	Subtract line 2e from line 1	3	25,453,772.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	4-	
с 5	Add lines 4a and 4b	4c 5	25,453,772.
Part			23 / 133 / / / 2.
· a. c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	31,783,845.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses 2c Other (Describe in Part XIII.) 2d 7,163,171.		
d	Other (Describe in at Ain.)	2e	7,210,909.
e	Add lines 2a through 2d	3	24,572,936.
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	04 550 036
5 Port	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	24,572,936.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V. I	ine 4: Part X. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	PAGE 5		

Schedule D (Form 990) 2017 JSA

 Schedule D (Form 990) 2017
 URBAN PATHWAYS, INC.
 13-2933675
 Page 5

Part XIII Supplemental Information (continued)

PART IV, LINE 2B

THE ORGANIZATION INCLUDED AN ESCROW ACCOUNTS LIABILITY OF \$578,972. THESE

ARE FUNDS HELD FOR CLIENTS AS REPRESENTATIVE PAYEE.

PART XI, LINE 2D

OTHER ADJUSTMENTS:

AFFILIATE REVENUE 4,321,885

PART XII, LINE 2D

OTHER ADJUSTMENTS:

AFFILIATE EXPENSES 7,163,171

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Open to Public Department of the Treasury ► Go to www.irs.gov/Form990 for the latest instructions. Inspection Employer identification number Name of the organization

URBAN PATHWAYS, INC.					13-2933675	
	tivities. Complete if the o	organization	answered	I "Yes" on Form		17.
	lers are not required to co				, , ,	
	ganization raised funds thro			activities. Check	all that apply.	
a Mail solicitations	,		_	non-government g		
b Internet and emails	solicitations			government grant		
c Phone solicitations	Jonokationo			ising events	.0	
d In-person solicitation	nne	g ope	ciai fullula	ising events		
·			d2 2 d 1 <i>(</i> 2 -	alas Para a Wasana	Paratana tauatana	
2a Did the organization have	ve a written or oral agreeme I in Form 990, Part VII) or e					Yes No
	nest paid individuals or entit					
	5,000 by the organization.	ties (iuiiuiaise	is) puisua	in to agreements	dilder willon the	iuliulaisel is to be
00p00at0a at 10a0t \$0	r,ccc by the organization					
					(v) Amount paid to	
(i) Name and address of indi	ividual (ii) Activity		ndraiser have or control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity		outions?	from activity	fundraiser listed in col. (i)	organization
		Yes	No		coi. (i)	
1		100	110			
•						
_						
3						
4						
5						
6						
7						
8						
9						
10						
			•			
Total						
3 List all states in which	the organization is register			contributions or	has been notified	it is exempt from
registration or licensing.						

Page 2 Schedule G (Form 990 or 990-EZ) 2017

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than \$5,00	00.			
			(a) Event #1 ANNUAL GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	603,345.			603,345
œ		Less: Contributions	536,195.			536,195
	3	Gross income (line 1 minus line 2).	67,150.			67,150
	4	Cash prizes				
	5	Noncash prizes				
# Expenses	6	Rent/facility costs	8,919.			8,919
	7	Food and beverages	91,425.			91,425
Direct	8	Entertainment				
	9	Other direct expenses	33,310.			33,310
	10	Direct expense summary. Add lines 4	1 through 9 in column (d)	1		133,654.
	11	Net income summary. Subtract line 1	0 from line 3. column (d)	'		-66,504
Pa	rt I	Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y			
<u>ө</u>		\$.0,000 0 0 000 2	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) billigo	bingo/progressive bingo	(b) Other gaming	col. (a) through col. (c))
Re	4	Grace rovenue				
	-	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	>	
9 a k	ı İs	nter the state(s) in which the organizate the organization licensed to conduct of "No," explain:		of these states?		. Yes No
		ere any of the organization's gaming l "Yes," explain:	licenses revoked, suspe	nded, or terminated duri	ng the tax year?	. Yes No

URBAN PATHWAYS, INC.

Sched	ule G (Form 990 or 990-EZ) 2017 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
_	amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:
С	in res, enter name and address of the third party.
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2017

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

URBAN PATHWAYS, INC.

Part I Questions Regarding Compensation

Employer identification number

13-2933675

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	10		
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
•	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The second secon			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
·	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
~	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

URBAN PATHWAYS, INC. 13-2933675

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and (D) Nontax	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
FREDERICK SHACK	(i)	228,095.	17,500.	396.	38,051.	5,000.	289,042.	
1 ^{CEO}	(ii)	0.	0.	0.	0.	0.	0.	
RONALD ABAD	(i)	175,840.	0.	90.	4,775.	29,689.	210,394.	
2 ^{COO}	(ii)	0.	0.	0.	0.	0.	0.	
ROBERT MCPHILLIPS	(i)	133,203.	0.	258.	25,339.	42,837.	201,637.	
3 ^{CFO}	(ii)	0.	0.	0.	0.	0.	0.	
LISA LOMBARDI	(i)	131,311.	0.	396.	10,165.	14,930.	156,802.	
DEPUTY EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
_ 5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)				-	-		

URBAN PATHWAYS, INC. 13-2933675

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7

BONUSES ARE BASED ON PERFORMANCE AND ARE DETERMINED BY THE BOARD OF

DIRECTORS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 13-2933675

URBAN PATHWAYS, INC.

FORM 990, PART I, LINE 1

URBAN PATHWAYS (UP) IS A NON-PROFIT, SOCIAL SERVICE AND SUPPORTIVE HOUSING ORGANIZATION SERVING THE CITY'S HOMELESS ADULTS THROUGH OUTREACH, ASSESSMENT, SHELTER-BASED SETTINGS AND TRANSITIONAL AND PERMANENT HOUSING.

FORM 990, PART VI, SECTION B, LINE 11B

MANAGEMENT REVIEWS A DRAFT OF THE FORM 990 WITH THE AUDIT/FINANCE

COMMITTEE AND PROVIDES EDITS TO THE TAX PREPARER. AFTER THIS PROCESS

IS PERFORMED, THE FORM 990 IS SENT TO THE FULL BOARD OF DIRECTORS

PRIOR TO BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

THE ORGANIZATION HAS A BOARD APPROVED CONFLICT OF INTEREST POLICY.

BOARD MEMBERS MUST FILL OUT AN ANNUAL DECLARATION STATING THAT THEY

HAD NO CONFLICTS OR IDENTIFYING THE NATURE OF THEIR INTERESTED PARTY

TRANSACTIONS, AND SUBMIT IT TO THE BOARD. IN THE EVENT ANY DIRECTOR

BELIEVES THEY A FACE A CONFLICT, THEY MUST NOTIFY THE BOARD OF

DIRECTORS OF SUCH CONFLICT, AND MUST ABSTAIN FROM VOTING ON THE

MATTER. THE BOARD OF DIRECTORS MAY WAIVE A CONFLICT OF INTEREST OR

REQUEST THAT THE RESPECTIVE DIRECTOR RECUSE HIM OR HERSELF FROM

INVOLVEMENT IN THE AREA OF CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL

Name of the organization URBAN PATHWAYS, INC.

Employer identification number

13-2933675

REVIEW AND EVALUATION OF COMPENSATION PROGRAMS FOR COMPARABLE POSITIONS

IN THE NEW YORK CITY AREA. FOLLOWING REVIEW OF THESE FINDINGS, AS WELL OF
REVIEW OF THE EXECUTIVE DIRECTOR'S ANNUAL PERFORMANCE REVIEW, THE BOARD

OF DIRECTORS APPROVES COMPENSATION INCREASES, AS APPROPRIATE. THE PROCESS
WAS LAST CONDUCTED IN JUNE 2018.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATIONS'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

UP IS A NON-PROFIT, SOCIAL SERVICE AND SUPPORTIVE HOUSING
ORGANIZATION SERVING THE CITY'S HOMELESS ADULTS THROUGH OUTREACH,
ASSESSMENT, SHELTER-BASED SETTINGS AND TRANSITIONAL AND PERMANENT
HOUSING. UP'S MISSION IS TO RESPOND TO THE PROBLEMS OF THE HOMELESS
BY PROVIDING THE OPPORTUNITIES, HOPE, AND DIGNITY WHICH EMPOWER
CONSUMERS TO IMPROVE THE CIRCUMSTANCES OF THEIR LIVES, AND TO HONOR
EACH PERSON'S RIGHT TO ACHIEVE HIS/HER PLACE IN SOCIETY, INCLUDING A
DECENT PLACE TO LIVE. THE ORGANIZATION ALSO PROVIDES LEADERSHIP IN
ADDRESSING THE CAUSES OF HOMELESSNESS AND DEVELOPING COMPREHENSIVE
SOLUTIONS. ULTIMATELY, WE HELP HOMELESS MEN AND WOMEN LEAVE THE

Schedule O (Form 990 or 990-EZ) 2017 Page **2**

Name of the organization
URBAN PATHWAYS, INC.
Employer identification number
13-2933675

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

INDEPENDENCE AND SELF-SUFFICIENCY.

ATTACHMENT 2

990, PART VII-	COMPENSATION	OF.	THE	F.T A F.	HIGHEST	PAID	IND.	CONTRACTORS	
									=

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BELLA BUS CORP 3167 ATLANTIC AVENUE BROOKLYN, NY 11208	BUS SVC FOR CLIENTS	312,500.
NET AT WORK, INC. P.O. BOX 67033 NEWARK, NJ 07101	IT MANAGEMENT SVCS	226,360.
ARCO MANAGEMENT CORP 4 EXECUTIVE BLVD, SUITE 100 SUFFERN, NY 10901	PROPERTY MANAGEMENT	176,540.
COMPUTER INTEGRATED SRV 561 SEVENTH AVE 13TH FL NEW YORK, NY 10018	IT MANAGEMENT SVCS	126,382.
ADP, LLC P.O. BOX 842875 BOSTON, MA 02284	PAYROLL SERVICES	124,109.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

URBAN PATHWAYS, INC.

Department of the Treasury

Internal Revenue Service

Employer identification number 13-2933675

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) URBAN PATHWAYS HEGEMAN LLC 27-1814943					
575 8TH AVE 16TH FL. NEW YORK, NY 10018	OWNS PROPERTY	NY	344,832.	2,436,601.	UP INC
(2)					
(3)					
(4)					
(5)					
(6)					

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	12(b)(13) rolled
						Yes	No
(1) 1965 BELMONT AVENUE HOUSING DEV FUND 26-3013552							
575 8TH AVE., 16TH FL NEW YORK, NY 10018	OWNS BUILDING	NY	501(C)(3)	LINE 7	UP INC	X	İ
(2) WESTSIDE CLUSTER 902-904 HDFC INC. 13-3404322							
575 8TH AVE - 16TH FL NEW YORK, NY 10018	OWNS BUILDING	NY	501(C)(3)	LINE 7	UP INC	X	l
(3) HALLETS COVE URBAN HDFC 45-2574228							
575 8TH AVE 16TH FL NEW YORK, NY 10018	OWNS BUILDING	NY	501(C)(3)	LINE 7	UP INC	X	
(4) 1344 CLINTON AVE HDFC 45-4128058							
575 8TH AVE 16TH FL NEW YORK, NY 10018	OWNS BUILDING	NY	501(C)(3)	LINE 7	UP INC	X	l
(5) 1351 BOSTON RD HDFC 46-2630878							
575 8TH AVE 16TH FL NEW YORK, NY 10018	OWNS BUILDING	NY	501(C)(3)	LINE 7	UP INC	X	l
(6) EAST 162 HDFC 46-3404737							
575 8TH AVE 16TH FL NEW YORK, NY 10018	OWNS BUILDING	NY	501(C)(4)		UP INC	X	
(7) EAST 100 HDFC 81-0973590							
575 8TH AVE 16TH FL NEW YORK, NY 10018	OWNS BUILDING	NY	501(C)(4)		UP INC	X	İ

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

Schedule R (Form 990) 2017

URBAN PATHWAYS, INC. 13-2933675

Schedule R (Form 990) 2017

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (b) Primary activity (d) (e) Predominant (g) (h) (j) (k) Code V - UBI Name, address, and EIN of Lègal Direct controlling Share of total Share of end-of-Percentage General or Disproportionate income (related, domicile related organization amount in box 20 entity income year assets managing ownership allocations? unrelated. (state or of Schedule K-1 partner? excluded from foreign (Form 1065) tax under sections 512 - 514) country) Yes No Yes No (1) (2) (3) (4) (5) (6)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(13) lled
(1)								Yes N	
(2)								\vdash	_
(3)								\vdash	_
(4)								\vdash	_
								\sqcup	_
(5)									
(6)									

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(7)

Schedule R (Form 990) 2017

Schedul	e R (Form 990) 2017					Page •
Part \	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	es No
1 [During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X
	Gift, grant, or capital contribution to related organization(s)				1b	X
С (Gift, grant, or capital contribution from related organization(s)				1c	X
d L	oans or loan guarantees to or for related organization(s)				1d	X
e L	oans or loan guarantees by related organization(s)				1e	X
f [Dividends from related organization(s)				1f	X
	Sale of assets to related organization(s)				1g	X
h F	Purchase of assets from related organization(s)				1h	X
i E	Exchange of assets with related organization(s)				1i	X
j L	Lease of facilities, equipment, or other assets to related organization(s)				1j	X
k L	ease of facilities, equipment, or other assets from related organization(s)				1k	Х
	Performance of services or membership or fundraising solicitations for related organization(s)				11	X
	Performance of services or membership or fundraising solicitations by related organization(s).				1m	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X
	Sharing of paid employees with related organization(s)				10	Х
	Reimbursement paid to related organization(s) for expenses				1p	X
q F	Reimbursement paid by related organization(s) for expenses				1q	X
	Other transfer of cash or property to related organization(s)				1r	X
	Other transfer of cash or property from related organization(s)				1s	X
_2 l	f the answer to any of the above is "Yes," see the instructions for information on who must complete t		· · · · · · · · · · · · · · · · · · ·	action thres		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method o amou	(d) of deterr nt involv	
(1)						
(2)						
(3)						
(4)						
(5)						

(6)

URBAN PATHWAYS, INC. 13-2933675

Schedule R (Form 990) 2017

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
(4)			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
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(13)													
(14)													
(15)													
(16)													

JSA Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.