			EXTENDED TO MAY 17, 2	021		2
			<b>Return of Organization Exempt F</b>		ncome Tax	OMB No. 1545-0047
Form	Q	an I	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	Code (exc	ept private foundation	» <b>2019</b>
		ary 2020)	Do not enter social security numbers on this form a	as it may be	e made public.	Open to Public
Depart	ment of	the Transury us Service	Go to www.ire.gov/Form990 for instructions and	the latest	information,	Inspection
			ar year, or tax year beginning JUL 1, 2019 and	ending J	UN 30, 2020	
B Ch		-	organization		D Employer identific	ation number
ap	eck s plicable	n C Harto C	organization			
	Addres	ITRBA	N PATHWAYS, INC.			
	Name		Jainess as		13-293367	75
	Initial	Number		Room/suite	E Telephone number	
	return Final	675	EIGHTH AVE 16TH FLOOR		212-736-7	7385
	return/ termin- ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	30,363,241.
	Amend		YORK, NY 10018		H(a) is this a group re	turn
	Applica	- F Name a	nd address of principal officer: FREDERICK SHACK		for subordinates	? Yes 🗶 No
	pendin		AS C ABOVE		H(b) Are all subordinates Ind	cluded? Yes No
I Te	1X-9Y	empt status:		or 📃 527	If "No," attach a	list. (see Instructions)
L W	ohait	WWW.	URBANPATHWAYS.ORG		H(c) Group exemption	
K Fr	rm of	organization:	X Corporation Trust Association Other >	L Year	of formation; 1975 N	State of legal domicile: NY
Pa	rt I	Summary				
T	4	Briefly describ	e the organization's mission or most significant activities: URBAI	N PATH	WAYS (UP) IS	5 A
8		NON-PRO	FIT, SOCIAL SERVICE AND SUPPORTIVE	HOUSI	NG ORGANIZA	<b>TION</b>
Governance	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.
- E					3	24
ŝ	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)			24
	5	Total number	of individuals employed in calendar year 2019 (Part V, line 2a)		5	481
ŝ			of volunteers (estimate if necessary)			24
Activities &			d business revenue from Part VIII, column (C), line 12			0.
[*			business taxable income from Form 990-T, line 39			0.
-					Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		22,973,485.	25,450,637.
Revenue			ce revenue (Part VIII, line 2g)		4,870,467.	4,681,426.
- Ē		Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		161,549.	181,641.
č			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		60,377.	49,537.
			- add lines 8 through 11 (must equal Part Vill, column (A), line 12)		28,065,878.	30,363,241.
_			milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		14,972,714.	16,540,724.
sestieds	16a	Professional (	undraising fees (Part IX, column (A), line 11e)		30,000.	0.
- Mod	ь	Total fundrais	ing expenses (Part IX, column (D), line 25) 🕨569,0	41.		10 060 000
	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		11,947,418.	12,063,883.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		26,950,132.	28,604,607.
-	19	Revenue less	expenses. Subtract line 18 from line 12		1,115,746.	1,758,634.
10	20 21 22			B	comming of Current Year	End of Year
and a set of the set o	20	Total assets (	Part X, line 16)		18,397,930.	22,707,990.
As	21		s (Part X, line 26)		9,858,491.	12,409,917.
Net	22		fund balances. Subtract line 21 from line 20		8,539,439.	10,298,073.
I Pa	art II	Signatur	e Block			
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	/ knowledge and belief, it is
true	corre	ct, and comolet	Declaration of orenater lother than officer) is based on all information of w	hich prepare	r has any knowledge.	
		COL	У Ф. С.		Date	
Sig	n	Signatu	re of officer		Date	
Her			DERICK SHACK, CEO	_		
		Type or	print name and title		Data Later F	PTIN
			eparer's name Preparer's signature		Date Check	
Palo	1	MAGDALI		EKNIA	05/14/21 self-empto	
Pre	parer	Firm's name			Firm's EIN 🕨	11-3518842
Use	Only	Firm's addres	5 685 THIRD AVENUE			2 502 0000
			NEW YORK, NY 10017		Phone no. 21	2-503-8800

May the IRS discuss this return with the preparer shown above? (see instructions) 932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	n 990 (2019) URBAN PATHWAYS, INC.	13-2933675 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: URBAN PATHWAYS (UP) IS A NON-PROFIT, SOCIAL SERVICE AN HOUSING ORGANIZATION SERVING THE CITY'S HOMELESS ADULY	TS THROUGH
	OUTREACH, ASSESSMENT, SHELTER-BASED SETTINGS AND TRANS	
	PERMANENT HOUSING. UP'S MISSION IS TO RESPOND TO THE	
2	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.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servic If "Yes," describe these changes on Schedule O.	ces? Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program service	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.	others, the total expenses, and
<b>4a</b>	(Code:) (Expenses \$ 16,216,212. including grants of \$)	(Revenue \$ 2,399,307.)
	THE RESIDENTIAL PROGRAMS, CONSISTING OF TEMPORARY CONC	GREGANT OR SHARED
	APARTMENT LIVING, SERVED OVER 1,028 CLIENTS. OVER 59,	785 MEALS WERE
	SERVED AND APPROXIMATELY 154 INDIVIDUALS WERE PLACED	IN PERMANENT
	HOUSING OR OTHER TRANSITIONAL HOUSING FACILITIES.	
	the second s	
	Den de la companya de	
	THE NON RESIDENTIAL PROGRAMS, CONSISTING OF STREET OUT SHELTERS, SERVED OVER 841 CLIENTS. OVER 22,053 MEALS W THESE CLIENTS AND APPROXIMATELY 640 CLIENTS WERE REFER OR TRANSITIONAL HOUSING, DRUG TREATMENT PROGRAMS, OR H MEDICAL OR PSYCHIATRIC TREATMENT.	VERE SERVED TO
	A CONTRACTOR OF A CONTRACTOR O	
_		
4c	(Code:) (Expenses \$) (code:)	(Revenue \$ )
4d	Other program services (Describe on Schedule O.)	
-	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses > 23,683,126.	11
40	Total program service expenses 23,683,126.	_ 000
932002	2 01-20-20	Form <b>990</b> (2019)

Form 990 (	2019)		I PATHWAYS,	INC
Part IV	<b>Checklist</b> of	Required	Schedules	

1.001			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
1	If "Yes," complete Schedule A		X	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
9	public office? / f "Yes," complete Schedule C, Part /	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, Pert 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	Dld 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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	-	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X	22		2.
	as applicable.	1.1	174-1	COLUMN 1
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		x	
	Part VI	11a	•	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		x
	assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII	11b		-
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
	assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VIII	110		-
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d	x	
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110		X
	The second			_
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	x	
40-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
128	Schedule D, Parts XI and XII	12a		X
	Was the organization included in consolidated, Independent audited financial statements for the tax year?			
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes " complete Schedule F. Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,	-		v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			x
	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
	complete Schedule G, Part III	19 20a		X
20	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	2.00	1	1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization of domestic dowerment on Part IX, column (A), line 1? // "Yes," complete Schedule I. Parts I and II	21	1	x
	BUILDING SUB SUPERIOR OF A VIGINITY THEY THE FULL OF A VIEW OF A V			_

932003 01-20-20

URBAN PATHWAYS, INC. Form 990 (2019) URBAN PATHWAYS, IN Part IV Checklist of Required Schedules (continued)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yea" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? // "Yes," complete	23	x	
<b>2</b> 4a	Schedule J			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		4
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			_
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Pert I	25a	_	X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereoi) 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	Budi	De se	
	Instructions, for applicable filing thresholds, conditions, and exceptions):	1-11	611	
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
G	"Yes," complete Schedule L, Part IV	28c		X
~~	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
29	Did the organization receive more than \$25,000 minor cash contributions in res, complete schedule with the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			-
30		30		X
	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
	Schedule N, Part II	32	-	44
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04	x	
	Part V, line 1	34	X	
35a		35a	4	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		v
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			-
	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	[]		17
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	X	
Pa				_
	Check if Schedule O contains a response or note to any line in this Part V			_
		-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable 1a1	-	14	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	10	X	

932004 01-20-20

Form	990 (2019) URBAN PATHWAYS, INC. 13-2933	675	Р	age 5
Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		-	
	filed for the calendar year ending with or within the year covered by this return	2b	Х	and the second
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	42	1.00
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	123551	x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	-	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 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	4a		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40	-	
b	If "Yes," enter the name of the foreign country	31		
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50	-	-
C	If 'Yes" to line 5a or 5b, did the organization file Form 8886-T?	00		-
<b>6a</b>	Does the organization have annual gross receipts that are nonnally greater than \$ 100,000, and the triggeneater receiver	6a		x
	any contributions that were not tax deductible as charitable contributions?			-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
_	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		34	
7	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
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
D	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
C	to file Form 8282?	70		x
.4	If "Yes," Indicate the number of Forms 6262 filed during the year7d	152		
D	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		X
8	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		
9	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		.77	M.E.
8	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	24	1.201	THIC
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:	22	Sink	
	Initiation fees and capital contributions included on Part VIII, line 12		1.18	1257
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		3.81	1.00
11	Section 501(c)(12) organizations. Enter:	1. 1.	37.	13.5
	Gross income from members or shareholders 11a	12	13	1
b	Gross income from other sources (Do not net amounts due or paid to other sources against	2.00		100
	amounts due or received from them.)	100	2.5	1000
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	_	-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1965	1.3	1000
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			-
a	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.	124	123	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	.23	10.0	
	organization is licensed to issue qualified health plans	10.4		
c	Enter the amount of reserves on hand	-	-	177
14a	Did the organization receive any payments for indoor tanning services during the tax year?	<u>14a</u>	-	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	
	excess parachute payment(s) during the year?	16	-	X
	If "Yes," see instructions and file Form 4720, Schedule N.	1	1000	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	X
	If "Yes," complete Form 4720, Schedule O.	1000	1	1

Form 990 (2019)

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 Form 990 (2019)
 URBAN PATHWAYS, INC.
 13-2933675
 Pag

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			_
		_	Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 1a 24	1537	ti	1
	If there are material differences in voting rights among members of the governing body, or if the governing	123	19	See.
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		5735	
b	Enter the number of voting members included on line 1a, above, who are independent 1b		1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		539	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
70	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			-
		7b		X
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10	1000	100.00
8		8a	x	
<b>a</b>		85	X	
b	Each committee with authority to act on behalf of the governing body?	00	47	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		X
0	organization's mailing address? If "Yes." provide the names and addresses on Schedule D	9		<u>A</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			ht.
		10	Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>	-	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		v	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a		11a	X	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1000	12	200
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	_
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	_
14	Did the organization have a written document retention and destruction policy?	14	X	_
15	Did the process for determining compensation of the following persons include a review and approval by independent	1.11	100	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		100	
a	The organization's CEO, Executive Director, or top management official	15a	X	_
ь	Other officers or key employees of the organization	15b	_	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	(Seet)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		HT T	- Na
	taxable entity during the year?	<b>16a</b>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		123	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		2.1	
_	exempt status with respect to such arrangements?	16b		_
Sec	tion C. Disclosure	_	_	
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availat	ele
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	al	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ROBERT MCPHILLIPS, CFO - 212-736-7385			
	575 EIGHT AVENUE, 16 FLOOR, NEW YORK, NY 10018			
932004	3 01-20-20	Form	990	(2019)

Form 990	2019) URBAN PATH	AYS, INC.	13-2933675	Page 7
Part VII	Compensation of Officers, Dire	ctors, Trustees, Key Employee	es, Highest Compensated	
	Employees, and Independent C	ontractors		_
	Check if Schedule O contains a response	or note to any line in this Part VI		
Section A.	Officers, Directors, Trustees, Key Em	loyees, and Highest Compensated E	mployees	
1a Compl	ete this table for all persons required to be	isted. Report compensation for the cal	endar year ending with or within the organization's	tax year.
• List a	all of the organization's current officers, dl	ectors, trustees (whether individuals or	organizations), regardless of amount of compense	ation.
	columns (D), (E), and (F) if no compensation			
	It was a start to some the second	was it any Qoo instructions for definitin	vr of "key employee "	

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 report-able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	I TOO THOT OTHER ATTORN A MADE AND A MADE AN					an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trastes or director	institutional trastee	Officer	Kay employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ADAM HEFT	1.00 2.00	x						0.	0.	0.
DIRECTOR		•	-	-		+				
(2) AJAY SALHOTRA DIRECTOR	1.00 2.00	x						0.	0.	0.
(3) ANDREA ANDERSON	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(4) CINDY LEVINE	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(5) CYNTHIA SUMMERS	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(6) DAN KATCHER	1.00									
DIRECTOR	2.00	X	_		-	-	-	0.	0.	0.
(7) ED POTEAT	1.00								0.	0.
DIRECTOR	2.00	X	-		-	+	-	0.	U.	<u> </u>
(8) BRIK IPSEN	1.00	1	1		L			0.	0.	0.
DIRECTOR	2.00	X	+		+-	+	+	U.	V.	0.
(9) ERIN ABRAMS	1.00	l.,	L		1			0.	0.	0.
VICE PRESIDENT	2.00	X	+-	X	+-	+	+	0.	. V.	0.
(10) ETHAN KAUFMAN DIRECTOR	1.00	x						0.	0.	0.
(11) GARY BELSKY	1.00	T	1				Τ			
DIRECTOR	2.00	x						0.	0.	0.
(12) JUSTIN GEB	1.00		Γ		Γ		Т			
DIRECTOR (OUTGOING)	1.00	x						0.	0.	0.
(13) KEITH BERGER	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(14) KELLEY GOTT	1.00			Г						
DIRECTOR	2.00	X		1	1	-	+	0.	0.	0.
(15) LISA CHOI	1.00	-								
DIRECTOR	2.00	X	-	-	-	+	+	0.	0.	0.
(16) MARTIN FRANKEN	1.00	-								0.
DIRECTOR	2.00	X	-	+	+	+	+	0.	0.	U.
(17) MELISSA RICHARDS DIRECTOR (OUTGOING)	1.00 2.00	x						0.	0.	0.

932007 01-20-20

Name and title	(B) Average hours per week	(do	not c	Posi heck r as per d a d	) ition more	than o	XN8 1 201	(D) Reportable compensation from	(E) Reportable compensation from related	am	(F) Imated ount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compansated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	) fro orga and	ensation m the nization related hizations
(18) MICHAEL BARNETT	1.00									).	0
TREASURER	2.00	X		X	_	-	-	0.		· •	0.
(19) MICHAEL INNIS-THOMPSON DIRECTOR	2.00	x						0.	0		0.
(20) NICHAEL KAYE	1.00	4			-	-	-	0.			
DIRECTOR	2.00	x						0.	0		0.
(21) PATRICK LI	1.00	-								-	
DIRECTOR	2.00	x						0.	0	).	0.
(22) PAULOMI SHAH	1.00										
DIRECTOR	2.00	X						0.	0	).	0.
(23) PETER BREST	1.00										
SECRETARY	2.00	X		X				0.	0	).	0.
(24) SHAUN MIRZA	1.00										0
DIRECTOR	2.00	X			-	-	-	0.			0.
(25) STEVEN DICESARE	1.00 2.00	x		x				0.	0		0.
PRESIDENT (26) TRISHA LAWSON	1.00				-	-	-			*	0.
DIRECTOR	2.00	x						0.	C	F.	0.
1b Subtotal		_	-			-		0.	C		0.
c Total from continuation sheets to Pa								1,154,220.			,606.
d Total (add lines 1b and 1c)								1,154,220.		187	,606.
2 Total number of individuals (including i	out not limited to th	1098	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable		
compensation from the organization	•	_	_	-	_						Yes No
										Contraction of the	100 110
3 Did the organization list any former of											1
line 1a? If "Yes," complete Schedule J	for such Individual										X
line 1a? // "Yes," complete Schedule J 4 For any individual listed on line 1a, is th	for such Individual ne sum of reportab	 le co	mpe	msat	tion	and	oth	er compensation from t	he organization	3	X
line 1a? // "Yes," complete Schedule J 4 For any individual listed on line 1a, is th and related organizations greater than	for such Individual ne sum of reportab \$150,000? /f "Yes,	le co	mpe mpk	ensat ete S	tion Sche	and dule	oth J fe	er compensation from the or such individual	ne organization	3	1
<ul> <li>line 1a? <i>If</i> "Yes," complete Schedule J</li> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a received</li> </ul>	for such Individual ne sum of reportab \$150,000? <i>if "Yes</i> a or accrue compet	le co ," co nsatio	mple mple on fi	ensat ete S rom i	tion Sche any	and Idule Unre	oth J fo	er compensation from the or such individual	he organization lual for services	3	X
line 1a? // "Yes," complete Schedule J 4 For any individual listed on line 1a, is th and related organizations greater than	for such Individual ne sum of reportab \$150,000? <i>if "Yes</i> a or accrue compet	le co ," co nsatio	mple mple on fi	ensat ete S rom i	tion Sche any	and Idule Unre	oth J fo	er compensation from the or such individual	he organization lual for services	3	x x
line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes," Section B. Independent Contractors 1 Complete this table for your five higher	for such Individual ne sum of reportab \$150,000? if "Yes, a or accrue comper <u>complete Schedul</u> st compensated inc	le co , " co nsati e <i>J fi</i> depe	mple mple on fi or su	ensat ete S rom a uch c nt co	tion Sche any Dersi	and dule unre on	oth J fe slate	er compensation from the or such individual	he organization lual for services 100,000 of comper	3	x x x
<ul> <li>line 1a? <i>If</i> "Yes," <i>complete Schedule J</i></li> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes."</li> <li>Section B. Independent Contractors</li> </ul>	for such Individual ne sum of reportab \$150,000? if "Yes, a or accrue comper <u>complete Schedul</u> st compensated inc	le co , " co nsati e <i>J fi</i> depe	mple mple on fi or su	ensat ete S rom a uch c nt co	tion Sche any Dersi	and dule unre on	oth J fe slate	er compensation from the or such individual	he organization lual for services 100,000 of comper	3 4 5	x x x
<ul> <li>line 1a? <i>If</i> "Yes," <i>complete Schedule J</i></li> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes."</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five higher the organization. Report compensation</li> </ul>	for such Individual ne sum of reportab \$150,000? if "Yes, a or accrue comper complete Schedul st compensated inco n for the calendar y	le co , " co nsati e <i>J fi</i> depe	mple mple on fi or su	ensat ete S rom a uch c nt co	tion Sche any Dersi	and dule unre on	oth J fe slate	er compensation from the or such individual	he organization lual for services i100,000 of comper sar.	3 . 4 . 5 	x x x
<ul> <li>line 1a? <i>If</i> "Yes," <i>complete Schedule J</i></li> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes."</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five higher the organization. Report compensation (A Name and busing)</li> </ul>	for such Individual ne sum of reportab \$150,000? if "Yes, a or accrue comper complete Schedul st compensated inco n for the calendar y	le co , " co nsati e <i>J fi</i>	mple mple on fi or su	ensat ete S rom a uch c nt co	tion Sche any Dersi	and dule unre on	oth J fe slate	er compensation from the or such individual	he organization lual for services i100,000 of comper sar.	3 4 5	x x x
line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> 4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes." Section B. Independent Contractors 1 Complete this table for your five higher the organization. Report compensation (A Name and busing JAMES C. MCINTOSH	for such Individual ne sum of reportab \$150,000? <i>if</i> "Yes, a or accrue competence complete Schedul at compensated into a for the calendar y mess address	le co ," co nsation e J fr dependent ear e	mple on fr or su nder	ensat ete S rom a uch c nt co	tion Sche any Dersi	and dule unre on	oth J fa Nate	er compensation from the or such individual	he organization lual for services 100,000 of comper ear. ervices	sation from (C) Compense	X X X
<ul> <li>line 1a? <i>If</i> "Yes," <i>complete Schedule J</i></li> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes."</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five higher the organization. Report compensation (A Name and busing)</li> </ul>	for such Individual ne sum of reportab \$150,000? <i>if</i> "Yes, a or accrue competence complete Schedul at compensated into a for the calendar y mess address	le co ," co nsation e J fr dependent ear e	mple on fr or su nder	ensat ete S rom a uch c nt co	tion Sche any Dersi	and dule unre on	oth J fa Nate	er compensation from the or such individual	he organization lual for services 100,000 of comper ear. ervices	sation from (C) Compense	x x x
line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> 4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes." Section B. Independent Contractors 1 Complete this table for your five higher the organization. Report compensation (A Name and busing JAMES C. MCINTOSH	for such Individual ne sum of reportab \$150,000? <i>if</i> "Yes, a or accrue competence complete Schedul at compensated into a for the calendar y mess address	le co ," co nsation e J fr dependent ear e	mple on fr or su nder	ensat ete S rom a uch c nt co	tion Sche any Dersi	and dule unre on	oth J fa Nate	er compensation from the or such individual	he organization lual for services 100,000 of comper ear. ervices	sation from (C) Compense	X X X
line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> 4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes." Section B. Independent Contractors 1 Complete this table for your five higher the organization. Report compensation (A Name and busing JAMES C. MCINTOSH	for such Individual ne sum of reportab \$150,000? <i>if</i> "Yes, a or accrue competence complete Schedul at compensated incomponent for the calendar yes mess address	le co ," co nsation e J fr dependent ear e	mple on fr or su nder	ensat ete S rom a uch c nt co	tion Sche any Dersi	and dule unre on	oth J fa Nate	er compensation from the or such individual	he organization lual for services 100,000 of comper ear. ervices	sation from (C) Compense	X X X
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line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> 4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes." Section 8. Independent Contractors 1 Complete this table for your five higher the organization. Report compensation (A Name and busing JAMES C. MCINTOSH	for such Individual ne sum of reportab \$150,000? <i>if</i> "Yes, a or accrue competence complete Schedul at compensated incomponent for the calendar yes mess address	le co ," co nsation e J fr dependent ear e	mple on fr or su nder	ensat ete S rom a uch c nt co	tion Sche any Dersi	and dule unre on	oth J fa Nate	er compensation from the or such individual	he organization lual for services 100,000 of comper ear. ervices	sation from (C) Compense	X X X
line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> 4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes." Section B. Independent Contractors 1 Complete this table for your five higher the organization. Report compensation (A Name and busing JAMES C. MCINTOSH	for such Individual ne sum of reportab \$150,000? <i>if</i> "Yes, a or accrue competence complete Schedul at compensated incomponent for the calendar yes mess address	le co ," co nsation e J fr dependent ear e	mple on fr or su nder	ensat ete S rom a uch c nt co	tion Sche any Dersi	and dule unre on	oth J fa Nate	er compensation from the or such individual	he organization lual for services 100,000 of comper ear. ervices	sation from (C) Compense	X X X
line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> 4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes." Section B. Independent Contractors 1 Complete this table for your five higher the organization. Report compensation (A Name and busing JAMES C. MCINTOSH	for such Individual ne sum of reportab \$150,000? <i>if</i> "Yes, a or accrue competence complete Schedul at compensated incomponent for the calendar yes mess address	le co ," co nsation e J fr dependent ear e	mple on fr or su nder	ensat ete S rom a uch c nt co	tion Sche any Dersi	and dule unre on	oth J fa Nate	er compensation from the or such individual	he organization lual for services 100,000 of comper ear. ervices	sation from (C) Compense	X X X
line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> 4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes." Section B. Independent Contractors 1 Complete this table for your five higher the organization. Report compensation (A Name and busing JAMES C. MCINTOSH	for such Individual the sum of reportab \$150,000? If "Yes, a or accrue compet- complete Schedul at compensated inco- the calendar yr mess address LYN, NY 11	le co " constitue e J fin lepe ear e	mpe mpk on fr or su noder andir	ensat ate S rom a uch p nt co ng wi	tion Sche any persi ith o	and dule unre 20 .	oth o J fe Mate	er compensation from the or such individual	he organization lual for services i100,000 of comper ear. ervices SERVICES	sation from (C) Compense	X X X

Form 990 URBAN P	ATHWAYS,	IN	c.		_				13-293	3675
Part VII Section A. Officers, Directors,	Trustees, Key Em	plo	yee	s, al	nd H	light	st C	Compensated Employe	es (continued)	
(A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all	that	app	y)	compensation	from related	amount of other
	per							from the	organizations	compensation
	week (list any	ы				ploye		organization	(W-2/1099-MISC)	from the
	hours for	Direct				nd em		(W-2/1099-MISC)		organization
	related	Individual trustee or director	ske			Rohest compensated employee				and related
	organizations	trus	nstitutional trustee		kay amployee	duo				organizations
	below	Midua	ftutio	Officier	d a	hest	Former			
	line)	pu	<u>196</u>	暫	Ş	₹	æ			
(27) FREDERICK SHACK	35.00									17 000
CEO	2.00			X				258,939.	0.	17,090.
(26) ROBERT MCPHILLIPS	39.00									no c47
IFO	2.00			X				143,253.	0.	73,617.
(29) ANDREW BRODSKY	40.00									F 440
CONTROLLER						X		121,828.	0.	7,142.
(30) LILLIAN ROUNTREE	40.00									00 540
DEVELOPMENT DIRECTOR						X		165,458.	0.	22,512.
(31) LISA LOMBARDI	40.00									00 007
DEPUTY EXECUTIVE DIRECTOR						X		151,031.	0.	29,907.
(32) MARK HURWITZ	40.00	1								14 071
C00						X		167,336.	0.	14,971.
(33) NANCY SOUTHWELL	40.00									00 267
DEPUTY EXECUTIVE DIRECTOR					1	X	-	146,375.	0.	22,367.
					1	1				
	· · · · · · · · · · · · · · · · · · ·									
			_	1	1	1	1			
		1								
		1	1		-	-	1			
				1	+	-	1			
		1		1		1				
			1	1	-	+	-			
							1			
			1	1	1	+	+-			
		-					1			
		1	1	+	+	+	+			
		_	1	1						
			1	+	+	+	+			
			1	1	_	-	+			
					+	+	+-			
		1	-	_	_	-	-			
		_								
		-	-	-	_	+	-			
		-								
				1	_		_			1
								1 154 000		197 606
Total to Part VII, Section A, line 1c								1,154,220.	,	187,606

		Check if Schedule O	contain	s a respon	nse or not	te to any line	In this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 5
1	1 a	Federated campaigns		1a					1.2.2 C	
	b	Membership dues		1b					11111111111	소 이 말했다.
	C	Fundraising events		1c				The state		
1	d	Related organizations		1d	_					
	0	Government grants (contr	ribution	s) <b>1e</b>	22,	756,389.				
2	f	All other contributions, gifts,	grants, a	and					STR PT	<b>表达力</b> 招点
		similar amounts not included	i above			694,248.				
2	9	Noncash contributions included in	lines 1a-1	lg \$	_	77,000.		1997 - 1992 - 1893		
	h	Total, Add lines 1a-1f	•••••				25,450,637.			
						iness Code			GIE SHUDLAS	
2	2 a	CLIENT RENT				2000	2,331,821.	2,331,821.		
	b	MEDICAID BILLING				0099	1,895,809.	1,895,809.		
NWITTHINT	C	MANAGEMENT FEES				2100	373,641.	373,641.		
	d	CLIENT SERVICE FEE	-	_		4200	55,155.	55,155.		
1	•	DEVELOPMENT FEES	_			1390	25,000.	25,000.		
	f	All other program service								
	8	Total. Add lines 2a-2f	Sec. 17				4,681,426.	Stranger and and	Sector Sector	
3	3	Investment income (inclus	_		-					101 64
		other similar amounts)				🏲  -	181,641.			181,64
4	ŧ.	Income from investment of								
5	5	Royalties					ALC: NOT THE OWNER OF			and the second second
				(i) Real	(11)	Personal		人に見たいに相	1919 24311	
e	6 a Gross rents				The test can	San Raller				
	b	Less: rental expenses	6b					Difference of the	NOTE OF	
	C	Rental Income or (loss)	6c				The second second		and the second	
		Net rental Income or (loss					and the first of			the second second
7	18	Gross amount from sales of	14	i) Securiti	ies (i	ii) Other			·····································	
		assets other than inventory	78		_				NO STREET IN THE	
	b	Less: cost or other basis							25,5-2-1	
		and sales expenses	7b		_				Y LEAST TO BE	
	С	Gain or (loss)	7c				The second second	12 North States	12121010002	127 100 175
	d	Net gain or (loss)						and the second second		Color State
8	3 a	Gross income from fundraisi	ing event	s (not				1. The second second		
		including \$	_	of				and the second second	ED CETS W	
		contributions reported on						Strand Parks		
		Part IV, line 18			8a				The CE STATE	
	_	Less: direct expenses			8b				2020	
		Net income or (loss) from			its					C. A. Martin
8	) a	Gross income from gamin						and the second	Successi	
		Part IV, line 19			9a				14.00 1982	
		Less: direct expenses			9b		The second second	Constant of the State		
1		Net income or (loss) from			· · · · · · · · · · · · · · · · · · ·	🏲		Contraction of the	and the second se	Stands a
10	) a	Gross sales of Inventory,						24-1 ( Sec. 2)	和中国的目标	
		and allowances			10a					
		Less: cost of goods sold			10b					
-	C	Net income or (loss) from	sales o	finventor					The second second	SO THE SH
						iness Code	48 - 14-	40 Fa-	1-2 12 mill -2 mill	
11	1 a	MISCELLANBOUS		_	90	0099	49,537.	49,537.		
	b				_					
NCD V	c				_					
1		All other revenue								-
		Total. Add lines 11a-11d				Do 1	49,537.		The second s	

932009 01-20-20

### URBAN PATHWAYS, INC.

13-2933675 Page 10

Par	990 (2019) URBAN PATHWA tIX Statement of Functional Expense	YS, INC.		13-293	33675 Page 10
ectio	on 501 (c)(3) and 501 (c)(4) organizations must compl	ete all columns. All other	organizations must com	plete column (A).	
	Check if Schedule O contains a response	se or note to any line in th	nis Part IX	(C)	(D)
Do n 7b. 8	ot Include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				112 12
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign			Contraction (	
	individuals. See Part IV, lines 15 and 16				and the second
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	470,112.		470,112.	
6	Compensation not included above to disqualified				
-	persons (as defined under section 4958(1)(1)) and				
	persons described in section 4958(c)(3)(B)				0.00 400
7	Other salaries and wages	12,994,662.	10,958,482.	1,667,748.	368,432
8	Pension plan accruals and contributions (include				40.00-
-	section 401(k) and 403(b) employer contributions)	523,340.	445,987.	63,968.	13,385
9	Other employee benefits	954,167.	850,033.	78,623.	25,511
10	Payroll taxes	1,598,443.	1,346,489.	211,543.	40,411.
11	Fees for services (nonemployees):				
 a	Management				
Ь		47,811.		47,811.	
c		71,000.		71,000.	
d					
	Destaural Aundralistics consistent Peo Dart IV, line 17				
f	Investment management fees				
g	and the state of t				
	column (A) amount, list line 11g expenses on Sch 0.)	410,031.	78,126.	315,719.	16,186
12	Advertising and promotion	80,360.	45,718.	32,372.	2,270
13	Office expenses	241,271.	165,889.	57,696.	17,686
14	Information technology	471,426.	218,258.	249,668.	3,500
15	Royalties				
16	Occupancy	7,240,282.	6,695,726.	544,556.	
17	Travel	300,249.	294,642.	4,625.	982
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				4 - 4 -
19	Conferences, conventions, and meetings	72,963.	54,058.	17,337.	1,568
20	Interest	165,548.	165,548.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	261,157.	255,125.	6,032.	
23	insurance	279,323.	229,313.	50,010.	
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) EQUIPMENT MAINTENANCE	775,437.	675,197.	79,889.	20,351
2	5000	498,000.	and the second data	73,148.	493
ł	TTAL OF OFC	354,486.	354,486.		
	OTTODT TEG	349,783.	313,757.	35,626.	400
		444,756.	111,933.	274,957.	57,866
	All other expenses Total functional expenses. Add lines 1 through 24e	28,604,607.	23,683,126.	4,352,440.	569,041
25	Joint costs. Complete this line only if the organization	1			
26	Joint costs. Complete this line only in the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

932010 01-20-20

Check here 🕨

| If following SOP 98-2 (ASC 958-720)

# Form 990 (2019) URBAN PATHWAYS, INC.

-		Check if Schedule O contains a response or note	в то алу		(A)	Т	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			425,646.	1	18,512
	2	Savings and temporary cash investments			6,179,545.	2	9,004,683
	3	Pledges and grants receivable, net			3,924,962.	3	5,118,445
	4	Accounts receivable, net			275,995.	4	327,778
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%		-	
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described	In section	on 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net			1,319,809.	7	1,319,809
Assets	8	Inventories for sale or use				8	
Ϋ́ε	8				790,112.	9	1,125,519
		Land, buildings, and equipment: cost or other	1 1				
	10.11	basis. Complete Part VI of Schedule D	10a	8,540,668.		23	
	Ь	Less: accumulated depreciation	106		3,744,024.	10c	3,434,951
	11	Investments - publicly traded securities		266,546.	11		
	12	Investments - other securities. See Part IV, line 1			12		
	13	investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	1,471,291.	15	2,358,293		
	16	Total assets. Add lines 1 through 15 (must equi	18,397,930.	16	22,707,990		
	17	Accounts pavable and accrued expenses	2,764,654.	17	4,098,809		
	18	Grants payable		18			
	19	Deferred revenue	4,113,214.	19	2,691,619		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I	425,646.	21	454,342		
	22	Loans and other payables to any current or form	Shine of the		A State Town State 193		
Liabilities	~	trustee, key employee, creator or founder, subst		124.0			
He		controlled entity or family member of any of these		22			
	23	Secured mortgages and notes payable to unrela	2,554,977.	23	1,976,379		
	24	Unsecured notes and loans payable to unrelated				24	3,188,768
	25	Other liabilities (including federal income tax, pa					
	100	parties, and other liabilities not included on lines	Complete Part X				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			9,858,491.	26	12,409,917
-	20	Organizations that follow FASB ASC 958, che					No. of Contraction
8		and complete lines 27, 28, 32, and 33.			정말 물 물 것 () 2월	1	
No.	27	Net assets without donor restrictions	7,831,337.	27	9,468,095		
818	28	Net assets with donor restrictions	708,102.	28	829,978		
8 p	20	Organizations that do not follow FASB ASC 9				10.01	
E.		and complete lines 29 through 33.				2.0	
5	00	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balance	29	Paid-in or capital surplus, or land, building, or ex				30	
188		Retained earnings, endowment, accumulated In				31	
ot A	31	Total net assets or fund balances			8,539,439.	32	10,298,073
	32	Total liabilities and net assets/fund balances			18,397,930.	33	22,707,990

Form	990 (2019) URBAN PATHWAYS, INC.	13-29	33675	Pag	<sub>10</sub> 12
	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
4	Total revenue (must equal Part VIII, column (A), line 12)	1	30,363		
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,604		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,758		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,539	),4	39.
5	Net unrealized gains (losses) on investments	5		_	
6	Donated services and use of facilities	6		_	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
10	column (B)	10	10,298	3,0	73.
Pa	TXII Financial Statements and Reporting				
(Colority)	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: X Cash Accrual Other		1943	120	-
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	1.20	12,13	
0			2a		X
28	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		12	
	separate basis, consolidated basis, or both:		1.51		
	Separate basis, consolidated basis, or both Separate basis Separate basis Separate basis		10.23	3.67	
	Were the organization's financial statements audited by an independent accountant?		2b	X	
P	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		-6-		
			Same Press		12 2.
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
c	If "Yes" to line 2a of 2b, does the organization have a commutee that assume responsionly of orders in the review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.		3 10	
	If the organization changed either its oversight process or selection process during the tax your, or prain the Sit	tinuA elo			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	Biolingia	3a	x	
	Act and OMB Circular A-133?	rod audit			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		3b	х	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				(0010)

SCHEDULE A	Public Cha	rity Status an	d Public S	upport	OMB No. 1545-0047
(Form 990 or 990-EZ)		nization is a section 50"	2019		
	49	47(a)(1) nonexempt cha	ritable trust.		Open to Public
epertment of the Treasury ternal Revenue Service	► Go to www.irs.go	Attach to Form 990 or I v/Form990 for instructi	ons and the latest i	information.	Inspection
lame of the organization	n			Employ	er identification numbe
	URBAN PATHWAYS				13-2933675
Contraction of the local division of the loc	or Public Charity Status				
he organization is not a	private foundation because it is: (	For lines 1 through 12, c	heck only one box.)	474/4	
	vention of churches, or association cribed in section 170(b)(1)(A)(ii).			· Made	
	a cooperative hospital service org			in.	
A medical res	earch organization operated in co	njunction with a hospital	described in secti	on 170(b)(1)(A)(III). Ente	er the hospital's name,
city, and state	a:				
5 An organizatio	on operated for the benefit of a co	lege or university owned	d or operated by a g	overnmental unit descri	bed in
	b)(1)(A)(iv). (Complete Part II.)				
	te, or local government or government				t a shife also and a al fa
	on that normally receives a substa	ntial part of its support f	rom a governmenta	unit or from the genera	public described in
	b)(1)(A)(vi). (Complete Part II.)	(4)(A)(A) (Complete De	+ 11 \		
	trust described in section 170(b) I research organization described			unction with a land-orar	nt college
g An agriculture	or a non-land-grant college of agric	ulture (see instructions).	Enter the name, cit	y, and state of the colleg	ge or
university:	r a normano gran conogo or agrie				
0 An organizati	on that normally receives: (1) more	than 33 1/3% of its sup	port from contributi	ons, membership fees, a	and gross receipts from
activities relat	ed to its exempt functions - subje	ct to certain exceptions,	and (2) no more the	n 33 1/3% of its suppor	t from gross investment
	nrelated business taxable income	(less section 511 tax) fro	om businesses acqu	ired by the organization	after June 30, 1975.
	509(a)(2). (Complete Part III.)				
1 An organizati	on organized and operated exclus	ively to test for public sa	fety. See section 5	09(a)(4).	a numeroa of one or
12 An organizatio	on organized and operated exclus	ively for the benefit of, to	perform the function	See section 509(s)(2)	Check the box in
	supported organizations describe ugh 12d that describes the type of				OTIOON OTO DOX IT
	upporting organization operated, s	unervised, or controlled	by its supported on	anization(s), typically b	y giving
a Type I. A su	ed organization(s) the power to re	gularly appoint or elect a	majority of the dire	ctors or trustees of the	supporting
	. You must complete Part IV, S				
b Type II. As	upporting organization supervised	d or controlled in connec	tion with its support	ed organization(s), by h	aving
control or n	nanagement of the supporting org	anization vested in the s	ame persons that o	ontrol or manage the su	pported
	n(s). You must complete Part IV,				
	ctionally integrated. A supportin				ted with,
its supporte	ed organization(s) (see instructions	a). You must complete	Part IV, Sections A	, D, and E.	nization(e)
	n-functionally integrated. A suppunctionally Integrated. The organiz	porting organization operation operation	tiefy a distribution re	autement and an atten	tiveness
	t (see instructions). You must co				
Check this	box if the organization received a	written determination fro	m the IRS that it is	а Туре I, Туре II, Туре II	1
functionally	integrated, or Type III non-function	nally integrated support	ng organization.		
g Provide the followi	ng information about the support	ed organization(s). (iii) Type of organization	0v) is the organization listed	(v) Amount of monetary	(vi) Amount of other
(i) Name of support organization		(described on lines 1-10	in your covernine document? Yes No	support (see instructions	
o Set Matter		above (see instructions))	169 110		
	Production in the product		The second states		1
l'otal	duction Act Notice, see the Inst				orm 990 or 990-EZ) 20"

932022 09-25-18

Calendar year (or fiscal year beginning in) ▶       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         1       Gifts, grants, contributions, and mamber plants to include any "unusual grants.")       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         2       Tax revenues levide for the organization without charge       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         3       The value of services or facilities       (f) Total       (f) Total       (f) Total       (f) Total         4       Total. Add lines 1 through 3       (f) Total       (f) Total       (f) Total       (f) Total         5       The portion of total contributions by each person (other than a governmental unit or publicly support. Senset lise 16 ten lise 4.       (f) Total       (f) Total         6       Public support. Senset lise 16 ten lise 4.       (f) Total       (f) Total       (f) Total         7       Amounts from line 4       (f) Total       (g) 2016       (o) 2017       (g) 2018       (g) 2019       (f) Total         15527119       18187757.       20566075.       22973485.       25450637.       0.02705073         8       Net Income from inframes.       (f) Total       (f) Total <t< th=""></t<>									
membership fees received. (Do not include any "unsual grants.")       15527119.       18187757.       20566075.       22973485.       25450637.       102705073         2 Tax revewes levide for the organization vib benefit and either peld to or expended on its behalf       15527119.       18187757.       20566075.       22973485.       25450637.       102705073         3 The value of services or facilities furnished by a governmental unit to the organization without charge or expended on its obtain for total contributions by each person (other than a governmental unit or publicly supports organization) included on line 1 that exceede 2% of the amount form line 4.       15527119.       18187757.       20566075.       22973485.       25450637.       102705073         5 Public support a construction (f)       Explore the streme true or publicly support form line 4.       102705073       102705073         6 Public support       Section B. Total Support       Image: Section B. Total Support       102705073         7 Amounts from line 4       Image: Section B. Total Support       Image: Section B. Total Support       102705073         8 Gross income from interest, dividends, symmetric received on securities loans, rents, royalise, end income from interest, dividends, symmetric received on securities loans, rents, royalise, end income from interest, dividends, paymetry carried on into cos from interest, end income from interest, end income from interest, dividends, paymetry carried on into cos from interest, end income from interest, end income from interest, end income from interest, end income									
include any "unusual grants.")       15527119.18187757.20566075.22973485.25450637.102705073         2 Tax reverues levide for the organization's benefit and ether patk to or expended on its behalf       15527119.18187757.20566075.22973485.25450637.102705073         3 The value of services or facilities furnished by a governmental unit to the organization without charge       15527119.18187757.20566075.22973485.25450637.102705073         4 Total. Add lines 1 through 3       15527119.18187757.20566075.22973485.25450637.102705073         5 The portion of total contributions by each person (drifter than a governmental unit or publicly supported organization) included on line 111, column (f)       102705073         6 Public eupport. Sement ine 5 forn line 4       102705073.252973485.25450637.102705073         8 Cross income from interest, dividends, payments received on securities loans, rents, royalties, end income from interest, dividends, payments received on securities loans, rents, royalties, end income from interest, dividends, payments received on securities loans, rents, royalties, end income from interest, dividends, payments received on securities loans, rents, royalties, end income from interest, dividends, payments received on securities loans, rents, royalties, end income from interest, dividends, payments received on securities loans, rents, royalties, end income from interest, end income from interest, dividends, payments received on securities loans, rents, royalties, end income from interest, dividends, payments received on securities loans, rents, royalties, end income from interest, end to the rome from interest, end to the romaveliated suburess activities, whether or									
2 Tax revenues levied for the organization's benefit and effer paid to or expended on its behalf									
Ization's benefit and either paid to or expended on its behalf       Image: specific spec									
or expended on its behalf         3 The value of services or facilities furnished by a governmental unit to the organization without charge         4 Total. Add lines 1 through 3         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 (h)         6 Public support         Calender year (or fiscel year beginning in) ▶         7 Amounts from line 4         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources         9 Net income from mutested business activities, whether or not the business is regularly carried on rices from the sale of capital assets (Explain In Part VL).         105, 818.       105, 653.       124, 808.       179, 033.       49, 537.       565, 849									
3 The value of services or facilities furnished by a governmental unit to the organization without charge       1         4 Total. Add lines 1 through 3       5527119.         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)       1         6 Public support. Subtrat line 5 from line 4.       102705073         7 Amounts from line 4.       102705073         8 Gross income from interest, dividends, payments received on securities loans, rents, roystlies, and income from interest, dividends, payments received on securities loans, rents, roystlies, and income from the sale of capital assets (Explain in Part VI.)       1         10 Cher income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       105, 818.       106, 653.       124, 808.       179, 033.       49, 537.       565, 849         10 Start lines from niested activities, etc. (see instructions)       12       24, 100, 560.       12       24, 100, 560.									
3 The value of services or facilities furnished by a governmental unit to the organization without charge       1         4 Total. Add lines 1 through 3       5527119.         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)       1         6 Public support. Subtrat line 5 from line 4.       102705073         7 Amounts from line 4.       102705073         8 Gross income from interest, dividends, payments received on securities loans, rents, roystlies, and income from interest, dividends, payments received on securities loans, rents, roystlies, and income from the sale of capital assets (Explain in Part VI.)       1         10 Cher income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       105, 818.       106, 653.       124, 808.       179, 033.       49, 537.       565, 849         10 Start lines from niested activities, etc. (see instructions)       12       24, 100, 560.       12       24, 100, 560.									
furnished by a governmental unit to the organization without charge       1         4       Total. Add lines 1 through 3       1         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)       1       1         6       Public support.       1       02705073         7       Amounts from line 4.       1       02705073         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, end income from interest, dividends, payments received on securities loans, rents, royalties, end income from interest, dividends, payments received on securities loans, rents, royalties, end income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain In Part VI)       1									
<ul> <li>the organization without charge</li> <li>4 Total. Add lines 1 through 3</li> <li>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)</li> <li>6 Public support. Subract line 6 from line 4.</li> <li>Section B. Total Support</li> <li>Calendar year (or fited year beginning in) </li> <li>7 Amounts from line 4</li></ul>									
4 Total. Add lines 1 through 3       1527119.18187757.20566075.22973485.25450637.002705073         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)       15527119.18187757.20566075.22973485.25450637.002705073         6 Public support. Submetiles 6 from line 4.       102705073         5 The portion of total contributions by each person (other than a governmental unit or public) supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f)       102705073         6 Public support. Submetiles 6 from line 4.       102705073         7 Amounts from line 4       15527119.18187757.20566075.22973485.25450637.102705073         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources sectivities, whether or not the business is regularly carried on include gain or loss from the sale of capital assets (Explain in Part VI.)       172,777.149,133.161,790.161,549.181,641.826,890.         10 Cher income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       105,818.106,653.124,808.179,033.49,537.565,849.         11 Total support. Add lines 7 through 10       105,818.106,653.124,808.179,033.49,537.565,849.       104097812         12 Gross receipts from related activities, etc. (see Instructions)       12 24,100,560.									
6       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)       102705073         8       Public support: Subsective 5 forn line 4.       102705073         8       Public support: Subsective 5 forn line 4.       102705073         8       Gross Income from interest, dividends, payments received on securities loans, rents, royatiles, and income from initial support.       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         172,777.       149,133.       161,790.       161,549.       181,641.       826,890.         9       Net income from interest, dividends, payments received on securities loans, rents, royatiles, and income from sinilar sources       105,818.       106,653.       124,808.       179,033.       49,537.       565,849.         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       105,818.       106,653.       124,808.       179,033.       49,537.       565,849.         11       Total support. Add lines 7 through 10       12       24,100,560.       12       24,100,560.         12       24,100,560.       12       24,100,560.       12       24,100,560.									
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). <b>8</b> Public support. Subtract line 6 from line 4. <b>Section B. Total Support Calender year (or flocal year beginning in) a</b> (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total <b>Section B. Total Support Calender year (or flocal year beginning in) a</b> (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total <b>Section B. Total Support Calender year (or flocal year beginning in) a</b> Gross income from line 4. <b>b</b> (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total <b>Section B. Total Support Calender year (or flocal year beginning in) a</b> (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total <b>Section B. Total Support Calender year (or flocal year beginning in) a</b> (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total <b>Section B. Total Support Calender year (or flocal year beginning in) a</b> (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total <b>Section B. Total Support Calender year (or flocal year beginning in) a</b> (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total <b>Section B. Total Support Calender year (or flocal year beginning in) a</b> (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total <b>Section B. Total Support c</b> (a) const included business activities, whether or not the business is regularly carried on <b>c</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>c c</b> (see Instructions) <b>c c</b> (see Instructions) <b>c c c</b> (see Instructions) <b>c c c c c c c c c c</b>									
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       102705073         6 Public support. Subtract line 6 from line 4.       102705073         5ection B. Total Support       102705073         Calendar year (or fiscal year beginning in) > 7 Amounts from line 4       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7 Amounts from line 4       15527119       18187757       20566075       22973485       25450637       102705073         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       172,777       149,133       161,790       161,549       181,641       826,890         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       105,818       106,653       124,808       179,033       49,537       565,849         11 Total support. Add lines 7 through 10       105,818       106,653       124,808       179,033       49,537       565,849         12       24,100,560       12       24,100,560       12       24,100,560									
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 102705073 <b>B Public support.</b> Subtract line 6 from line 4. <b>Calendar year (or fiscal year beginning in)</b> <b>Calendar year beginning in)</b> <b>Calendar year (or fiscal year beginning in)</b> <b>Calendar year beginning in)</b> <b>Calendar year beginning in)</b> <b>Calendar year beginning in</b> <b>Calendar year </b>									
on line 1 that exceeds 2% of the amount shown on line 11, column (f)       102705073         8 Public support. Subtract line 5 from line 4.       102705073         Section B. Total Support       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7 Amounts from line 4       15527119       18187757       20566075       22973485       25450637       102705073         8 Gross Income from interest, dividends, payments received on securities loans, rents, royaties, and income from similar sources       172,777       149,133       161,790       161,549       181,641       826,890         9 Net Income from unrelated business activities, whether or not the business is regularly carried on       105,818       106,653       124,808       179,033       49,537       565,849         10 Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)       105,818       106,653       124,808       179,033       49,537       565,849         11 Total support. Add lines 7 through 10       12       24,100,560       12       24,100,560         12 Gross receipts from related activities, etc. (see Instructions)       12       24,100,560       12       24,100,560									
amount shown on line 11, column (f)       102705073         8 Public support. Subtract line 6 from line 4.       102705073         Section B. Total Support         Calendar year (or fiscal year beginning in) >         7 Amounts from line 4       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         Section B. Total Support         Calendar year (or fiscal year beginning in) >>         7 Amounts from line 4       15527119.       18187757.20566075.22973485.25450637.102705073         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources									
column (f)       102705073         6 Public support. Subtract line 5 from line 4.       102705073         Section B. Total Support         Calendar year (or fiscal year beginning in) >         7 Amounts from line 4       15527119.18187757.20566075.22973485.25450637.102705073         8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources       172,777.149,133.161,790.161,549.181,641.826,890.         9 Net Income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       105,818.106,653.124,808.179,033.49,537.565,849.         10 Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       105,818.106,653.124,808.179,033.49,537.565,849.         11 Total support. Add lines 7 through 10       102,818.106,653.124,808.179,033.49,537.565,849.         12 Gross receipts from related activities, etc. (see Instructions)       12 24,100,560.         12 Stops receipts from related activities, etc. (see Instructions)       12 24,100,560.									
6       Public support. Subtrast like 5 from line 4.       102705073         Section B. Total Support         Calendar year (or fiscal year beginning in) ▶         7       Amounts from line 4       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       172,777.       149,133.       161,790.       161,549.       181,641.       826,890.         9       Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       105,818.       106,653.       124,808.       179,033.       49,537.       565,849.         10       Gross receipts from related activities, etc. (see Instructions)       12       24,100,560.         12       Cat, 100, 560.       12       24,100,560.									
6       Public support. Submetilies 6 from line 4.         Section B. Total Support       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7       Amounts from line 4       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Totai         8       Gross income from line 4       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Totai         9       Net income from similar sources activities, whether or not the business activities, whether or not the business is regularly carried on arried on assets (Explain in Part VI.)       105, 818.       106, 653.       124, 808.       179, 033.       49, 537.       565, 849.         11       Total support. Add lines 7 through 10       105, 818.       106, 653.       124, 808.       179, 033.       49, 537.       565, 849.         12       24, 100, 560.       12       24, 100, 560.         13       Eiset fine wasset. If the form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)									
Calendar year (or flacat year beginning in)         Calendar year (or flacat year beginning in)       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         7 Amounts from line 4									
<ul> <li>Amounts from line 4</li></ul>									
<ul> <li>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li></ul>									
dividends, payments received on securities loans, rents, royalties, and income from similar sources       172,777.149,133.161,790.161,549.181,641.826,890.         8 Net income from unrelated business activities, whether or not the business is regularly carried on       172,777.149,133.161,790.161,549.181,641.826,890.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       105,818.106,653.124,808.179,033.49,537.565,849.         11 Total support. Add lines 7 through 10       105,818.106,653.124,808.179,033.49,537.565,849.         12 Gross receipts from related activities, etc. (see Instructions)       12 24,100,560.         12 Eiset fine wases. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)									
<ul> <li>securities loans, rents, royalties, and income from similar sources activities, whether or not the business activities, whether or not the business is regularly carried on</li> <li>10 Other Income. Do not include gain or loss from the sale of capital assets (Explain In Part VI.)</li> <li>11 Total support. Add lines 7 through 10</li> <li>12 Gross receipts from related activities, etc. (see Instructions)</li> <li>13 Einet five waves. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)</li> </ul>									
<ul> <li>securities loans, rents, royalties, and income from similar sources activities, whether or not the business activities, whether or not the business is regularly carried on</li> <li>10 Other Income. Do not include gain or loss from the sale of capital assets (Explain In Part VI.)</li> <li>11 Total support. Add lines 7 through 10</li> <li>12 Gross receipts from related activities, etc. (see Instructions)</li> <li>13 Einet five waves. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)</li> </ul>									
and income from similar sources									
9 Net income from unrelated business activities, whether or not the business is regularly carried on       10         10 Other income. Do not include gain or loss from the sale of capital assets (Explain In Part VI.)       105,818.106,653.124,808.179,033.49,537.565,849.         11 Total support. Add lines 7 through 10       105,818.106,653.124,808.179,033.49,537.565,849.         12 Gross receipts from related activities, etc. (see Instructions)       12 24,100,560.         13 Eiset five wases. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)									
activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain In Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see Instructions) 13 Eiset five veses. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)									
business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain In Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see Instructions) 13 Eiset five veget. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)									
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       105,818.106,653.124,808.179,033.49,537.565,849.104097812         11 Total support. Add lines 7 through 10       105,818.106,653.124,808.179,033.49,537.565,849.104097812         12 Gross receipts from related activities, etc. (see Instructions)       1224,100,560.12         13 Eiset five vegets. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)									
or loss from the sale of capital assets (Explain In Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see Instructions) 13 Eiset five vegets If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)									
assets (Explain In Part VI.)       105,818.       106,653.       124,808.       179,033.       49,537.       565,849.         11 Total support. Add lines 7 through 10       10409781.2       10409781.2         12 Gross receipts from related activities, etc. (see Instructions)       12       24,100,560.         13 Eiset flue wases: If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       501(c)(3)									
11 Total support. Add lines 7 through 10       10 4097812         12 Gross receipts from related activities, etc. (see Instructions)       12 24,100,560.         13 Einst fine waster if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)									
12       Gross receipts from related activities, etc. (see instructions)         13       Event from vegets. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)									
12 Gross receipts from related activities, etc. (see instruction's first, second, third, fourth, or fifth tax year as a section 501(c)(3)									
13 First five years. If the Form 990 is for the organization's lirst, second, unit, or minitative year as a social of the form 990 is for the organization's lirst, second, unit, or minitative years as a social of the form 990 is for the organization's lirst, second, unit, or minitative years as a social of the form 990 is for the organization's lirst, second, unit, or minitative years as a social of the form 990 is for the organization's lirst, second, unit, or minitative years as a social of the form 990 is for the organization's lirst.									
organization, check this box and stop here Section C. Computation of Public Support Percentage									
Section C. Comparation of Abiro Support Helderings									
14 Public support percentage for 2019 (line 6, oblinin (i) divided by when 1, oblinin (i)									
45 Dublic support percentage from 2018 Schedule A, Fall II, III 4 14									
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and									
STAT NOR. THE UNRINGED AS & PUDINT SUPPORTE OF STATEMENT									
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
and stop here. The organization qualifies as a publicly supported organization									
17a 10% -facts-and-circumstances test - 2019. If the organization dld not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization									
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
h 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the									
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Section A. Public Support

Schedule A (Form 990 or 990 EZ) 2019 URBAN PATHWAYS, INC. 13-2933 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 URBAN PATHWAYS, INC. 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨 📘	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
iness under section 513						_
4 Tax revenues levied for the organ-						
ization'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						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than discuslified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						1
c Add lines 7a and 7b		Contract of the local division of the		The second second	International International	
8 Public support. (Subtrart line 7c from line 6.) Section B. Total Support				1		
Calendar year (or fiscal year beginning in) ≽ 📘	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net Income from unrelated business activities not included in line 10b, whether or not the business is regularly 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.)					1	
14 First five years, If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organ	ization,
check this box and stop here						
Section C. Computation of Public	Support Per	rcentage				
15 Public support percentage for 2019 (lir	ne 8, column (f), c	livided by line 13,	column (f)		15	
16 Public support percentage from 2018 s					16	
Section D. Computation of Invest	ment incom	e Percentage				
17 Investment income percentage for 20			line 13, column (f))		17	
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2019. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box and	d stop here. The	organization oua	lifies as a publicly	supported organiz	ation	
b 33 1/3% support tests - 2018. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	
line 18 is not more than 33 1/3%, chec	k this box and e	top here. The org	anization qualifies	as a publicly supp	orted organizatio	n Þ
00 Driveto foundation if the americation	did not check a	box on line 14.19	9a. or 19b. check t	his box and see in	structions	
20 Private foundation. If the organization	I did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	structions	

932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

# Schedule A (Form 990 or 990-EZ) 2019 URBAN PATHWAYS, INC.

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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")? /f "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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 discualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? // "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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? /f "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.)



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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 URBAN PATHWAYS, INC.

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1       Has the organization accepted a gift or contribution from any of the following person?       1	Par	Supporting Organizations (continued)	1	Yes	No
a A person wind directly or Indirectly controls, alther alone or organization? b A numly member of a person discribed in (a) above? b A anyly member of a person discribed in (b) above? c A 39% controlled with of a person discribed in (b) above? c A 39% controlled with of a person discribed in (b) above? c A 39% controlled with of a person discribed in (b) above? c A 39% controlled with of a person discribed in (b) above? c A 39% controlled with of a person discribed in (b) above? c and the discribed with of a person discribed in (b) above? C and the discribed with of a person discribed in (b) above? C and the discribed with of a person discribed in (b) above? C and the discribed with of a person discribed in (b) above? C and the discribed with of a person discribed in the supported organization is discribed organization, and more than one apported organization, and the supported organization order than the supported organization, and the supported organization order than the supported organization, and the supported organization order than the supported organization, and the supported organization order than the supported organization, and the supported organization order than the supported organization, and the supported organization order than the support of the support of the comparization or supported organization order than the support of the support organization or the support of granization order than the support of the support organization or the support of granization order than th		Use the approximate a site of approximation from any of the following persons?	-	Yes	NO
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Schedule A (Form 990 or 990-EZ) 2019 URBAN PATHWAYS, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All 1 other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
-	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	- 2		1.8 2 10
	instructions for short tax year or assets held for part of year):	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	10		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Pert VI):			an a con since a
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		
-	don C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line B, 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	E and the second	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		0

Schedule A (Form 990 or 990-EZ) 2019

# Schedule A (Form 990 or 990-EZ) 2019 URBAN PATHWAYS, INC.

13-2933675 Page 7

Pa		(a)(o) Supporting orga	nizations (continued)	Ourset Vers
	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See Instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(li) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.	Cathold Sectors		
3	Excess distributions carryover, if any, to 2019			
a	From 2014			Encontransised to
	From 2015	HIVE STATES AND		
_	From 2016			
-	From 2017			
	From 2018			
-	Total of lines 3a through e			A CARLES AND A CARLES
	Applied to underdistributions of prior years	NEW CONTRACTOR	De Station State 13	
	Applied to 2019 distributable amount	Contraction of the		
_	Carryover from 2014 not applied (see instructions)			
+	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	the next set in the		
4	Distributions for 2019 from Section D,			
-	line 7: S			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount		the second second	The second s
C	Remainder. Subtract lines 4a and 4b from 4.	No. of Concession, Name		
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
_	than zero, explain in Part VI. See instructions.		and the second second	NAME AND AN ADDREED OF
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.	A CONTRACTOR AND A CONTRACT		the second statements
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			LEADS ADDESDARKS
8	Excess from 2015			
-	Excess from 2016		Electric starting	
c	Excess from 2017		Set if the Arite of the	
	Excess from 2018			
-	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

13-2933675 Page 8

 

 Schedule A (Form 990 or 990-EZ) 2019 URBAN PATHWAYS, INC.
 13-2933675
 Page

 Part VI
 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;<br/>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,<br/>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,<br/>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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS	
2015 AMOUNT: \$	51,968.
2016 AMOUNT: \$	55,800.
2017 AMOUNT: \$	57,658.
2018 AMOUNT: \$	65,280.
2019 AMOUNT: \$	49,537.
FUNDRAISING INCO	DME
2015 AMOUNT: \$	53,850.
2016 AMOUNT: \$	50,853.
2017 AMOUNT: \$	67,150.
2018 AMOUNT: \$	113,753.
·	
-	
932028 09-25-19	Schedule A (Form 990 or 990-EZ) 2019

# 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

19

Employer Identification number

Name of the organization

1	3	_	2	9	3	3	6	7	5	

	URBAN PATHWAYS, INC.	13-2933675
Organization type (che	sek one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See Instructions.

### **General Rule**

Г

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**

- 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 (1) 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 crueity to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filling 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 totaling \$5,000 or more during the year

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).

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

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

Page 2

URBAN PATHWAYS, INC.

Name of organization

Part

Employer identification number 13-2933675

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (c) (d) **(a)** (b) Total contributions Type of contribution Name, address, and ZIP + 4 No. NYC DEPT. OF HEALTH AND MENTAL X Person 1 HYGIENE Pavroll Noncash 3,832,242. 49-09 28TH ST. (Complete Part II for noncash contributions.) NEW YORK, NY 11103 (c) (d) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. **X** NYC DEPT. OF HOMELESS SERVICES Person 2 Pavroll Noncash 9,717,675. 33 BEAVER ST. \$ (Complete Part II for noncash contributions.) NEW YORK, NY 10004 (d) {c) (b) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. NYC HUMAN RESOURCES ADMINISTRATION Person X 3 Payroll \$\_\_\_ 618,257. Noncash 12 W.14TH ST. (Complete Part II for noncash contributions.) NEW YORK, NY 10011 (d) (c) (b) **(a)** Total contributions Type of contribution Name, address, and ZiP + 4 No. NYS OFFICE OF MENTAL HEALTH X 4 Person Payroll 6,973,632. Noncash \$ 44 HOLLAND ST. (Complete Part II for noncash contributions.) ALBANY, NY 12229 **(d)** (c) **(b)** (8) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. PORT AUTHORITY OF NEW YORK AND NEW X Person 5 JERSEY Payroll 1,060,817. Noncash 4 WTC \$ (Complete Part II for noncash contributions.) NEW YORK, NY 10007 (d) (C) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. U.S. DEPT. OF HOUSING AND URBAN X Person DEVELOPMENT 6 Payroli 553,766. Noncash \$ **26 FEDERAL PLAZA** (Complete Part II for noncash contributions.) NEW YORK, NY 10278

923452 11-06-19

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	Page 3
Name of organization	Employer identification number

## URBAN PATHWAYS, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)	(c) FMV (or estimate)	(d) Date received
Description of non-cash property green	(See instructions.)	
· · · · · · · · · · · · · · · · · · ·	s	
(b) Description of noncash property given	(C) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
	_	
	\$	
(b) Description of noncesh property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
1. <del></del>		
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (c) Description of noncash property given (b) Description of noncash property given (c) (c) Description of noncash property given (c) (c) Description of noncash property given (c)	(b)     FMV (or estimate)       Description of noncash property given     \$

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

13-2933675

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
Name of or	ganization			Employer Identification number
TTDDAN	PATHWAYS, INC.			13-2933675
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of axclusively religious, c Use duplicate copies of Part III if additional s	through (e) and the following line en haritable, etc., contributions of \$1,000 or	to/ For omanizations	hat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of git	n	
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
			_	
		(e) Transfer of gli	ft	
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gr	ft	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gi		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee

923454 11-08-19

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

SC	HEDULE D	Supplement	al Financial Statemen	ts		OMB No. 1545-0047
	n 990)	Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 94 ), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or Attach to Form 990.	90, 12b.		2019 Open to Public
	nent of the Treasury Revenue Service	Go to www.irs.gov/Form9	90 for Instructions and the latest info	mation.		Inspection
Nam	e of the organizati		-	1	Emplo	yer Identification number 13-2933675
Die		URBAN PATHWAYS, IN ations Maintaining Donor Advise	C . d Eunde or Other Similar Fund	s or Accr	unte	
Par	the second se	in answered "Yes" on Form 990, Part IV, Iir				· comparent me
	organizatio	manswelet tes on Form 990, Fan IV, hi	(a) Donor advised funds	(b)	Funds	and other accounts
1	Total number at a	nd of year			_	
2		f contributions to (during year)				
3		of grants from (during year)				
4		t end of year				
5	Did the organizati	on inform all donors and donor advisors in	writing that the assets held in donor adv	rised funds		
		on's property, subject to the organization's				Yes 🛄 No
6		on inform all grantees, donors, and donor a				
		ooses and not for the benefit of the donor o				
173 m		ate benefit?				Yes No
Par	and the second se	ration Easements. Complete if the or		J, Part IV, en	87.	
1		servation easements held by the organizati		of a historia	allu im	portant land area
		n of land for public use (for example, recrea of natural habitat	Preservation			
		1 of Open Space		OF & OBICIDO	110000	
2		through 2d if the organization held a quali	ied conservation contribution in the for	m of a conse	rvation	n easement on the last
4	day of the tax yea					ld at the End of the Tax Year
		nservation easements		2	a	
h					<b>b</b>	
c		vation easements on a certified historic str			c	
		vation easements included in (c) acquired in				
		nal Register			d	
3		vation easements modified, transferred, re			ion du	ring the tax
-	year 🕨					
4	Number of states	where property subject to conservation eas	sement is located 🕨			
5		tion have a written policy regarding the pe		đ		
	violations, and ent	forcement of the conservation easements it	holds?			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation e	aseme	ints during the year
7	Amount of expense	es incurred in monitoring, inspecting, hand	Iling of violations, and enforcing conserv	vation easen	ients c	luring the year
	▶\$					
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 17	'O(h)(4)(B)(i)		
	and section 170(h	)(4)(B)(ii)?				Yes No
9		be how the organization reports conservati				ee the
		d include, if applicable, the text of the foot	lote to the organization s financial state	ments that o	eacho	63 U 16
Par	t III Organization's acc	ounting for conservation easements. ations Maintaining Collections of	Art. Historical Treasures, or (	Other Sim	ilar A	ssets.
r en	And a state of the	f the organization answered "Yes" on Form				
40		elected, as permitted under FASB ASC 95		and balano	e shee	t works
181		elected, as permitted under FASB ASC so easures, or other similar assets held for pul				
		Part XIII the text of the footnote to its final				
h		elected, as permitted under FASB ASC 95			eet wo	orks of
		sures, or other similar assets held for public				
		ing amounts relating to these items:		•		
		ded on Form 990, Part VIII, line 1				
	(iii) Assets Include	ed In Form 990, Part X			⊫ \$_	
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financ	ial gain, pro-	vide	
		unts required to be reported under FASB A				
а		on Form 990, Part VIII, line 1			▶ \$_	
		Form 990, Part X			▶ \$	
HA	For Paperwork R	eduction Act Notice, see the Instruction	s for Form 990.		Sc	hedule D (Form 990) 2019
32051	10-02-19					

Scher	tule D (Form 990) 2019 URBAN PA	ATHWAYS, IN	IC.							Page 2
Par		ollections of Art	, Histo	rical Trea	asures, or (	Other S	imilar /	Assets	(continu	(bai)
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the fo	ollowing that m	nake sign	ificant us	e of its		
	collection items (check all that apply):									
а	X Public exhibition	d	🗌 I	oan or exch	nange program	1				
b	Scholarly research	e		Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	lections and explain	how the	ey further the	e organization'	's exempt	t purpose	in Part 2	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, his	torical treas	ures, or other	similar as	sets		-	-
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organ	zation's col	lection?				Yes	X No
Par			te if the	organization	answered "Y	es" on Fo	990, l	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pal									
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for c	ontributions	or other asser	ts not inc	luded		-	
	on Form 990, Part X?								Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing te	uble:						
									Amount	
C	Beginning balance						10			
d	Additions during the year						1d			
	Distributions during the year						10			
f	Ending balance						11		1	
<u>2a</u>	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	stodial accour	at liability	?	🖾	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been j	provided on Pa	art XIII				X
Par	t V Endowment Funds. Complete	if the organization an								
		(a) Current year	(b) P	rior year	(c) Two years	back (d	) Three yea	ars back	(e) Four y	lears back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses								-	
d	Grants or scholarships					-+-				
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
9	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1ç	i, column (a)	) held as:					
а	Board designated or quasi-endowment 🕨		_%							
b	Permanent endowment 🕨	%								
C	Term endowment	<u>%</u>								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organize	ation tha	t are held an	id administere	d for the	organizat	ion	5	No. 1 11.
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations				•••••				3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz								36	
4	Describe in Part XIII the intended uses of the	e organization's endo	wment f	unds.					_	
Pa	rt VI Land, Buildings, and Equipn				C 000		10			
	Complete if the organization answere									value
	Description of property	(a) Cost or o			or other (other)		cumulated eciation		(d) Book	VAIUE
		basis (Investi	menty		5,000.	aopi	CONCLOUT	1.1	265	5,000.
<b>1a</b>	Land				3,149.	1 5	67,23	5.		5,914.
b	•				9,408.		19,40		A 1003	0.
C	Leasehold Improvements		_		7,350.		19,40 19,74		237	7,607.
d					5,761.		19,74 99,33			5,430.
	Other									, 951.
Tota	I. Add lines 1a through 1e. (Column (d) must	egual Form 990, Part	X. colur	nn (B). line 1	0c.)				5/254	

Schedule D (Form 990) 2019

Sc	hedule D	(Form 990) 2019 URBAN	PATHWAYS	S, INC.	13-	-2933675	Page
187	art vii	Complete if the organization answer		orm 990. Part IV. line	11b. See Form 990, Part X, line 12.		
6	a) Descrip	tion of security or category (including name		(b) Book value	(c) Method of valuation: Cost or end-	of-year market v	value
(1)	Financia	al derivatives					
		held equity interests					_
	Other						
	(A)						
	(B)						
-	(C)						
	(D)						
_	(E)						
_	(F)						
	(G)						_
_	(H)	1					
		b) must equal Form 990, Part X, col. (B) lin			and the second from the former		
P	art VIII	Investments - Program Rel					
_		Complete if the organization answer	red "Yes" on Fo		11c. See Form 990, Part X, line 13.		
_		(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-	of-year market v	alue
_	(1)						
_	(2)						
_	(3)						
_	(4)						
_	(5)						
_	(6)						
_	(7)						_
_	(8)						
_	(9)						
	al. (Col. ( art IX	o) must equal Form 990, Part X, col. (B) lin Other Assets.					1.000
_		Complete if the organization answer			11d. See Form 990, Part X, line 15.	6-1 Dealers	h
_			(a) Desc	ription		(b) Book va	
	(1) DU	E FROM RELATED PART	PIES			1,276,	
_	(2) FU	NDED RESERVES			and the second		489.
_	(3) DE	FERRED COMPENSATION	1				231.
_	(4) PA	RTICIPAN'TS ACCOUNT	rs			454,	342.
_	(5)						
_	(6)						
_	(7)						
_	(8)						
	(9)		7. 756.67 18550			2,358,	202
To	tal. (Coly	mn (b) must equal Form 990. Part X. c	ol. (B) line 15.)			Z,330,	433.
P	art X	Other Liabilities.		Dent D/ Kan t	11a an 116 Can Earm 000 Bast V line 05		
-				orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book va	hio
1.	wake	(a) Description of liabl	iny			(0) 20011 14	140
_		eral income taxes					
-	(2)						
_	(3)						
_	(4)						
_	(5)						
_	(6)						
_	(7)						-
_	(8)		-				
_	(9)				<u> </u>		
To	tal. (Colu	mn (b) must equal Form 990. Part X, c	ol. (B) line 25.)				

URBAN PATHWAYS, INC.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .... X Schedule D (Form 990) 2019

dule D (Form 990) 2019 URBAN PATHWAYS, INC.		Charles and a second	13-	2933675 Page 4
rt XI Reconciliation of Revenue per Audited Financial State	ments Wit	n Revenue per Re	eturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
Total revenue, gains, and other support per audited financial statements			1	37,843,842.
Amounts included on line 1 but not on Form 990, Part VIII, line 12:			2 = 1	
Net unrealized gains (losses) on investments	2a		1221	
Donated services and use of facilities	2b	920,594.		
Recoveries of prior year grants	20		15-21	
		6,560,007.		
Add lines 2a through 2d			2e	7,480,601.
			3	30,363,241.
Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
Investment expenses not included on Form 990, Part VIII, line 7b	4a		15-1	
Other (Describe in Part XIII.)	4b			
			4c	0.
			5	30,363,241.
rt XII Reconciliation of Expenses per Audited Financial Stat	ements Wi	th Expenses per l	Retur	n.
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
Total expenses and losses per audited financial statements			1	37,243,593.
Amounts included on line 1 but not on Form 990, Part IX, Ins 25:				
Donated services and use of facilities	2a	920,594.	12.71	
Other (Describe in Part XIII.)		7,718,392.		
Other (Describe in Part XIII.) Add lines 2a through 2d	2d		20	8,638,986.
Add lines 2a through 2d	2d		20 3	8,638,986. 28,604,607.
Add lines 2a through 2d Subtract line 2e from line 1	2d			
Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2d			
Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2d			
Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2d 4a 4b			
Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2d 4a 4b		3	28,604,607.
	Complete if the organization answered "Yes" on Form 990, Part IV, line Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total revenue, gains, and other support per audited financial statements         Amounts included on line 1 but not on Form 990, Part VIII, line 12:         Net unrealized gains (losses) on investments         Donated services and use of facilities         Recoveries of prior year grants         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part VIII, line 12, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Armounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total revenue, gains, and other support per audited financial statements         Amounts included on line 1 but not on Form 990, Part VIII, line 12:         Net unrealized gains (losses) on investments         Donated services and use of facilities         Bonated services and use of facilities         Corner (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part VIII, line 12, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Add lines 4a and 4b         Total revenue, Add lines 3 and 4c, <i>(This must equal Form 990, Part I, line 12.)</i> rt XII       Reconciliation of Expenses per Audited Financial Statements         Amounts included on line 1 but not on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Question         Other losses         Other losses <th>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total revenue, gains, and other support per audited financial statements         Amounts included on line 1 but not on Form 990, Part VIII, line 12:         Net unrealized gains (losses) on investments         Donated services and use of facilities         Recoveries of prior year grants         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part VIII, line 12, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Add lines 4a and 4b         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IV, line 25:         Donated services and use of facilities         2a       920, 594.         2a       920, 594.         2a       920, 594.         2b       2b</th>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total revenue, gains, and other support per audited financial statements         Amounts included on line 1 but not on Form 990, Part VIII, line 12:         Net unrealized gains (losses) on investments         Donated services and use of facilities         Recoveries of prior year grants         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part VIII, line 12, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Add lines 4a and 4b         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IV, line 25:         Donated services and use of facilities         2a       920, 594.         2a       920, 594.         2a       920, 594.         2b       2b

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART IV, LINE 2B:

## THE ORGANIZATION INCLUDED AN ESCROW ACCOUNT LIABILITY OF \$454,342. THESE

ARE FUNDS HELD FOR CLIENTS AS REPRESENTATIVE PAYEE.

PART X, LINE 2:

THE ORGANIZATION BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30,

2020 AND 2019, IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION

("ASC") TOPIC 740, "INCOME TAXES," WHICH PROVIDES STANDARDS FOR

ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX

POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

932054 10-02-19

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 URBAN PATHWAYS, INC.	13-2933675 Page 5
RELATED ENTITYS' REVENUE	8,472,808.
CONSOLIDATING ELIMINATIONS	-1,912,801.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	6,560,007.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RELATED ENTITYS' EXPENSES	11,342,335.
CONSOLIDATING ELIMINATIONS	-3,623,943.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	7,718,392.
	Schedule D (Form 990) 2019
932055 10-02-19	

SC	HEDULE J	Compensation Information	Ĭ.	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	19	1
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	13	
Depar	tment of the Treasury	Attach to Form 990.	10	Open t		ic
***	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer id	second in the second se	ction	and and
мал	e of the organizatio			93367		mover
Pa	duestion	URBAN PATHWAYS, INC. s Regarding Compensation	13-2.	53307	5	
1.0	atte ducation	a negarang compensation			Yes	No
46	Check the engrand	iate box(es) if the organization provided any of the following to or for a person listed on Form	990	and the	TUS	NO
621		line 1a. Complete Part III to provide any relevant information regarding these items.	330,	22		
	First-class or c		nal use	12.2	1	1.5
	Travel for com	_ •				
	=	cation and gross-up payments Health or social club dues or initiation fees		20		SEC.
		spending account Personal services (such as maid, chauffeu	r, chef)	- 7-	1.08	1.2.1
				100	12	
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or		100		
		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	· · · ·	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		to and		
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
					1.	
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's			51	
	<b>CEO/Executive Dire</b>	actor. Check all that apply. Do not check any boxes for methods used by a related organization	on to	123	.20	
	establish compensi	ation of the CEO/Executive Director, but explain in Part III.		153	1.00	
	X Compensation			-	211	
	Independent of	compensation consultant 🛛 🛣 Compensation survey or study			Sec	
	X Form 990 of o	ther organizations X Approval by the board or compensation or	ommittee	157		-28
				12-13	도역	
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		1.1-1	<u>P</u> IC	
	organization or a re	lated organization:		1000	PI-	
a		e payment or change-of-control payment?				X
b	•	celve payment from, a supplemental nonqualified retirement plan?		-	_	X
C		ceive payment from, an equity-based compensation arrangement?	••••••	4c	_	X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		- 72	10 P	
				19	274	
_		:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		1		2
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n		신민	
	contingent on the r				1.000	x
8	The organization?			58	_	X
D		ation?	••••••	<b>. 5</b> b	-	-
~		or 5b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio		1.00	-	
6	contingent on the r			1313		8.5
-				6a		x
a	Any celsted organiz	ation?		6b		X
9		pr 6b. describe in Part III.			-	
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		1020		
1		nes 5 and 6? If "Yes," describe in Part III		7	x	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th		1000		
-				8		X
9		lid the organization also follow the rebuttable presumption procedure described in		The second		
•		n 53.4958-6(c)?		. 9		
I HA		eduction Act Notice, see the Instructions for Form 990.		le J (Forn	n 990)	2019

	listed inc	Note: The sum of columns (B)(i)(iii) for each listed individual must equal th	ual the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	orm 990, Part VII, St	sction A, line 1a, applica	ble column (D) and (E	) amounts for that indi	victual.
		(B) Breakdown of I	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(II) Bonus & Incentive compensation	(iii) Other reportable compensation	ather deferred compensation	benefits	(B)(1-(D)	in column (B) reported as deferred on prior Form 990
(1) FREDERICK SHACK	8	221	18,000.	19,762.	12,846.	4.244.	276.029.	
CEO	(11)			.0		0		
(2) ROBERT MCPHILLIPS	8	142,995.	.0	258.		65,665.	216,870	0
	(11)			.0		.0		
(3) LILLIAN ROUNTREE	8	165		138.	6,07	16,433.	187,97	
ЫI	E			•		.0		
(4) LISA LOMBARDI	E	150		762.	7,666.	22,241.	180.93	
털	(11)			.0		.0		
(5) WARK HURWITZ	8	167		258.		10,752.	182 30	
000	(1)			0.		4		
(6) NANCY SOUTHWELL	8	146		90.	2,86	19,503.	168 74	
DEPUTY EXECUTIVE DIRECTOR	(9)			0.		•	0	
	8							
	(II)							
	8							
	(0)							
	8							
	(11)							
	8							
	(8)							
	8							
	(8)							
	8							
	(11)							
	8							
	(11)							
	8							
	(11)							
	8							
	(0)							
	ε							

932112 10-21-19

Schedule J (Form 990) 2019 URBAN PATHWAYS, INC.	13-2933675 Page 3	399.3
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.	plete this part for any additional information.	
PART I, LINE 7:		
RIC		
DIRECTORS.		
. (TIT) C WATTON IT MAKE T PINAMA		
UNIX B (III) R		
REMENT		
		T
812113 10-21-19	Schedule J (Form 990) 2019	) 2019

### SCHEDULE M (Form 990)

# **Noncash Contributions**

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

2019

Name of the organ	ization
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Go to www.irs.gov/Form990 for instructions and the latest information.

URBAN PATHWAYS, INC.

d.

	Employer identification number
-	13-2933675

	rt I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut		
1	Art - Works of art	X	89	77,000.	FMV		
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
-	trust interests Securities - Miscellaneous						
12 13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						_
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other					_	
18	Collectibles					_	
19	Food inventory	-					
20	Drugs and medical supplies					_	
21	Taxidermy						
2	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other 🕨 ()						
6	Other 🕨 ()						
27	Other 🕨 ()	15					
28	Other 🕨 ( )					_	_
29	Number of Forms 8283 received by the organiz						
	for which the organization completed Form 82	83, Part IV, I	onee Acknowledg	ement 29			1
						Ye	is No
Юa	During the year, did the organization receive by						
	must hold for at least three years from the date					1	12
	exempt purposes for the entire holding period?	?				30a X	
b	If "Yes," describe the arrangement in Part II.				1	377 S.	
H	Does the organization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard contribut	lons?	31 X	
32a	Does the organization hire or use third parties contributions?					32a	x
ь	If "Yes," describe in Part II.		•••••••••	*******			
13	If the organization didn't report an amount in c	olumn (a) for	a type of property	for which column (a) is cher	ked	12.134	
	describe in Part II.		a the or brobarth		riveral)	242	
-	For Panerwork Reduction Act Notice, see	At	lana fan Eann 000		Schedule M (		201 00

Schedule M (Form 990) 2019 URBAN PATHWAYS, INC.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 30B:

89 PIECES OF ART DONATED BY FIDELITY REAL ESTATE COMPANY. APPRAISED FOR

\$77K. AGREED TO HOLD FOR 3 YEARS.

932142 09-27-19

Schedule M (Form 990) 2019



SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



URBAN PATHWAYS, INC.

Employer identification number 13-2933675

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVING THE CITY'S HOMELESS ADULTS THROUGH OUTREACH, ASSESSMENT,

SHELTER-BASED SETTINGS AND TRANSITIONAL AND PERMANENT HOUSING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 STREETS AND FIND PERMANENT SHELTER, DEVELOP SELF-RESPECT, AND

ACHIEVE INDEPENDENCE AND SELF-SUFFICIENCY.

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

AN INDEPENDENT ACCOUNTANT PREPARES THE FORM 990. MANAGEMENT REVIEWS A DRAFT OF THE FORM 990 WITH THE AUDIT/FINANCE COMMITTEE AND PROVIDES EDITS TO THE PREPARER. AFTER THE IS 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 FACE A CONFLICT, THEY MUST NOTIFY THE BOARD OF DIRECTORS OF SUCH CONFLICT, AND LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-08-18

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer Identification number
URBAN PATHWAYS, INC.	13-2933675

MUST ABSTAIN FROM VOTING ON THE MATTER. THE BOARD OF DIRECTORS MAY WAIVE A CONFLICT OF INTEREST OR REQUEST THAT THEY RESPECTIVE DIRECTOR RESCUE 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 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 OF 2018.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OR 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.

932212 09-08-19

Schedule O (Form 990 or 990-EZ) (2019)

	Complete in the organization asserted a 165" on Form 880, Part IV, 106 33, 34, 350, 36, of 37.	orou "res" on rorm sou, rar iv, • Attach to Form 900	ine 43, 44, 450, 36,	or 37.		6102
Depurtment of the Treasury Informal Revenue Service	Co to www.irs.gov/Form98	• Go to www.irs.gov/Form990 for instructions and the latest information.	t information.		0	Open to Public Inspection
ation URBAN	PATHWAYS, INC.				Employer identification number 13-2933675	Acation numb 675
Part I Identification of Disregarded Entities. Complete if the or	ies. Complete if the organization answered " $\gamma$	iganization answered "Yes" on Form 990, Part IV, line 33.				
(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
URBAN PATRWAYS HEGMAN LLC - 27-1814943 575 STH AVE, 16TH FLOOR NEW YORK, NY 10018	43 DHNS PROPERTY	NEW YORK	344, 832,		2.218.972. DREAN PATHWAYS	AYS INC.
Part II Identification of Related Tax-Exem organizations during the tax year.	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	n answered "Yes" on Form 990	Part IV, line 34, bec	ause it had one o	r more related tax-exe	ampt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(a) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
				501(c)(3))		Yes No
MESTSIDE CLUSER 902-904 AMSTERDAM AVE HDFC 13-3401322, 575 8TH AVE, 16TH FLOOR, NEW	TE HDFC - NEW			D	URBAN PATEWAYS	-
YORK, NY 10018	DWINS BUIDLING	NEW YORK	501(C)(3) L	LINE 7	INC.	×
14 11					URBAN PATHWAYS,	
	OWING BUIDILING	NEW YORK	501(C)(4)	н	INC.	×
HALLETS COVE URBAN HDFC - 45-2574228 575 8mm aux 16mm Flood						
	DWIKS BUIDLING	NEW YORK	501(C)(4)		URBAN PATHWAYS,	>
1344 CLINTON AVE, HDFC - 45-4128058						4
575 STH AVE, 16TH FLOOR NEW YORK, NY 10018	OWN'S BUTTLYSC	TROY MAN	503 (P) (A)		URBAN PATHWAYS	,
			181101780	4	-NC.	×

932161 09-10-19 LHA

Schedule R (Form 990) URBAN PATHWAYS, INC.

13-2933675

Part II Continuation of Identification of Related Tax-Exempt Organizatio

Part II Continuation of Identification of Related Tax-Exempt Organizations	kempt Organizations						
(8)	(q)	(c)	(g)	9	£	Section 5	(20b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled organization?	alled ation?
				501(c)(3))		Yes	Na
BOSTON ROAD HDFC - 46-2630878							
575 STH AVE, 16TH FLOOR					ORBAN PATHWAYS,		
NEW YORK, NY 10018	DWNS BUIDLING	NEW YORK	501(C)(4)		INC.	×	
EAST 162 HDFC - 46-3404737							
575 BTH AVE, 16TH FLOOR					URBAN PATHWAYS,		
NEW YORK, NY 10018	DWNS BUIDDING	NEW YORK	501(C)(4)		INC.	×	
EAST 100 HDFC - 81-0973590							
575 BTH AVE, 16TH FLOOR					URBAN PATHWAYS,		
NEW YORK, NY 10018	DMITDING SNMC	NEW YORK	501(C)(4)		INC.	×	
WEST 53RD STREET HDFC							
575 STH AVE, 16TH FLOOR					URBAN PATHWAYS,		
NEW YORK, NY 10018	DWITDING SNMO	NEW YORK	501(C)(4)		TNC	×	
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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legel domicile (stata or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from fax under sections 512-514)		(1) Share of total income	(g) Share of end-of-year assets	Disprepor allocatic	() () () () () () () () () () () () () (	Bil Gene box mun tide perio	() General of Pe marmading ov partner? Yes No	(k) Percentage ownership
AMSTERDAM CLUSTER HOUSE L.P.	-1											
575 BTH AVE, 16TH FLOOR								_			-	
NEW YORK, NY 10018	OWNS BUIDLING	λΛ	N/A	N/A	A	N/A	N/A	N/A	N/A	N/	A	N/A
1974 HUGHES AVE, L.P.												
575 STH AVE, 16TH FLOOR	-										_	
NEW YORK, NY 10018	DNITIDINE SNING	λN	N/A	N/A	A	N/A	N/A	N/A	N/A	N/	A	N/A
HALLETS COVE L.P.	T											
575 BTH AVE, 16TH FLOOR	-							_			_	
NEW YORK, NY 10018	DNITCING SNMC	ΛN	N/A	N/A	A	N/A	N/A	N/A	N/A	N/	A/	N/A
1344 CLINTON HOUSES L.P.	-											
575 STH AVE. 16TH FLOOR	_										_	
NEW YORK, NY 10018	DNITIDING SNMC	λŇ	N/A	N/A	A	N/A	N/A	NIA	N/A	N/N	A	N/A
(a) (b) Name, address, and EIN Primary (b)	EIN	Prin	activity	(c) Legal domicite	(d) Direct controlling			(1) Share of total	(g) Share of	(h) Percent		Section Section
of related organizati	no			(state or foreign country)	entity	(C corp, S corp, or trust)		income	end-of-year assets	ownership		controlled antity?
ANSTERDAM G.P.											+	-
575 STH AVE, 16TH FLOOR											_	
NEW YORK, NY 10018		DWITTOIDE SNMO	DULNG	ЛУ	N/A	C CORP		N/A	N/A	N/A	A	M
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NEW YORK NY 10018		UTTH SMMD	TRC. TRC	NN	NI / N			1 / M	- / - A		,	;
				-	G / H			4/4	W/W	W/W	4	$^+$
575 8TH AVE, 16TH FLOOR											-	_
NEW YORK, NY 10018		DWITTGIDE SNMO	DILING	ΝΥ	N/A	C CORP		N/A	N/A	N/A	A	-
1344 CLINTON G.P.												+
575 8TH AVE, 16TH FLOOR										_	_	-
NEW YORK, NY 10018		OWINS BUIDELING	DELING	λŇ	N/A	C CORP	1	N/A	N/A	N/A	A	-
1351 BOSTON G.P., INC.											+	1
575 STH AVE, 16TH FLOOR											_	
NEW YORK, NY 10016		OWNS BUIDLING	VLING	ÂN	N/N	COBD	_	N/A	AL/N	111	,	>

Schedule R (Form 990) URBA	URBAN PATHWAYS	INC.						13-2933675	3675	
Part III Continuation of Identification of Related Organizations	n of Related Organiza	tions Tax:	Taxable as a Partnership	đ						
(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domiclia (stats or foreign country)	( <b>d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 6 12-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispreportion- ate allocations? Yes No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	() General or merneging partner? Yes No	() (x) Geroral or Percentage managing ownership partner?
1351 BOSTON ROAD L.P. 575 STH AVE, 16TH FLOOR NEW YORK, NY 10018	DWITTGINE SNNC	λN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
316 EAST 162 HOUSES L.P. 575 8TH AVE, 16TH FLOOR NEW YORK, NY 10018	DAITGINE SNMC	Νλ	N/A	N/A	N/A	N/A	N/A	A/A	A/N	N/A

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URBAN PATHWAYS, INC. Schedule R (Form 990)

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R. M. a. 1010         Des BETLELAGE         NY a         N/ a         N/ a         N/ a           R. W. a. 1011         N/         N/         N/         N/         N/         N/         N/           R. W. a. 1011         N/         N/         N/         N/         N/         N/         N/         N/           R. W. a. 1011         N/         N/         N/         N/         N/         N/         N/         N/           R. W. a. 1011         N/         N/         N/         N/         N/         N/         N/         N/         N/           N. N. A. 1011         N/         N/<	316 RAST 162 G.P.		countray						Yes No	o
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(b) Transaction type (a-s) (c) Amount involved (b) (c) (c) (c) (c) (c) (c) (c) (c	ň	
	imount involved	pe

(8)	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.	ip through which the	the organization conduc setment partnerships.	ted more	than five percent	of Its activities (me	assured by	total assets or	gross rev	enue)
Name, address, and EIN of entity	(b) Primery activity	(c) Legal domicile (state or foreign country)	(c) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(c) Arr all Sol(c)(3) Br wrt 3 Voor No	(1) Share of total Income	(g) Share of end-of-year assets	(h) Disprupor- tionata allocations?	(i) (i) (i) (i) (i) (k) Code V-UBI amount in box 20 managing of Schedule (K-1) partner? (Form 1065)	() General or managing partner?	<b>(k)</b> Percentage ownership
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Schedule R (Form 990) 2019	URBAN	PATHWAYS,	INC.

Part VII	Supplemental Information
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Provide additional information for responses to questions on Schedule R. See instructions.

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# Form 8868

(Rev. January 2020)

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	<ul> <li>File a separate application for each return.</li> <li>Go to www.irs.gov/Form8868 for the latest information.</li> </ul>	
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Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	r Name of exempt organization or other filer, see instructions.		Тахрауе	Taxpayer identification number (TIN)			
baur	URBAN PATHWAYS, INC.				13-2933675		
The by the due date for Mumber, street, and room or suite no. If a P.O. box, see Instructions.							
Instructions	NEW YORK, NY 10018						
Enter the	e Return Code for the return that this applicat	ion is for (file a separat	te application for each return)	**********			
Application Is For		Return Code					
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	0-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401 (a) or 408 (a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above)	O6 PHILLIPS, C	Form 8870			12	
1 In the P	If it is for part of the group, check this is equest an automatic 6-month extension of time e organization named above. The extension is calendar year or calendar year or tax year beginning JUL 1, 20 the tax year entered in line 1 is for less than 12 Change in accounting period	e until <u>MA</u> for the organization's 19, an	<u>7 17, 2021</u> , to return for: d ending <u>JUN 30, 202</u>	) file the exen	npt organizati		
	this application is for Forms 990-BL, 990-PF, 9 v nonrefundable credits. See instructions.	990- <b>T, 4720, or 6069, e</b>	enter the tentative tax, less	3a	\$	0.	
b lf 1 es	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b				0.		
c         Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.         3c         \$					\$	0.	
<b>Caution</b> Instruction	: If you are going to make an electronic funds ons.	withdrawal (direct del	bit) with this Form 8868, see Form	n 8453-EO an	d Form 8879-	EO for payment	
	For Delivery Act and Dependents Deduction (	ant blatten ann inchu	ottama		Form Of	868 (Rev. 1.2020)	