990EF EF Transmission Status				2019				
		(Keep for your records)						
Name(s) as shown on return				EIN number				
Pathfinder Outdoor	Education, Inc.			59-3252028				
The following will be trans	nitted to the IRS.	990 🗌 8868 🗌	Amended	14				
The following state returns	will be transmitted:							
The following returns have	been suppressed or are not eli	gible and will NOT be transm	iitted.					
EF Notes Federal extension has an Extension (ETD) Message Page.								

	Acknowledgement and General Information for Entities That File Returns Electronically	2019
Name(s) as shown on return		Employer Identification Number
Entity address	Noor Education, Inc.	**-***2028
<u>Saint Petersb</u> Thank you for par	ticipating in IRS e-file.	
1. x 2019 8868 The electronic fil	income tax retum for rederal was filed el ing services were provided by JEANETTE EDWARDS, CPA, LLC	lectronically.
	income tax return was accepted on <u>11-15-2020</u> using a Person nature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to en D assigned to this return is 5900452020320xc10jg3	

Form 990

(Rev. January 2020)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2019

Under section 501(c), 527	or 4947(a)(1) of the	Internal Revenue Code	e (except private	foundations
		Internal recording occus	(oncopt printing	roundationo

A for the 2019 calendar year, or tax year beginning 07-01 .2019, and ending 06-30 .2020 B Check 1 spicialitie: C. Name of spinning 0.2011, 2019, and ending 0.2012, 2012 Address drawp Domp barries as 59-3252028 159-3252028 159-3252028 Intra-change Number and attrate (P.O. bac if mail is not delivered to stare address) If commbuter 152-325028 162-530 Application particle E Temp and address of province, country, and 21P or foreign postal code E Temp and address of province (morph of discr VINCENT DELLA ROCCA H(a) is the argumentation Application particle F Name and address of province (morph of discr VINCENT DELLA ROCCA H(b) is the argumentation Yee [] Net I raceogene taxits Biol (morph of discr VINCENT DELLA ROCCA H(b) is the argumentation Yee [] Net Y read organization: A cabocation or most significant activities: To provide engaging, fun, challenging address duration singsion or most significant activities: To provide engaging, fun, challenging adventures through address this box h [] the organization discontinued its operations or disposed of more than 25% of its net assets. 3 111 1 Birdiffy describe the organization discontinued its operations or disposed of more than 25% of its net assets. <th colspan="4">Department of the Treasury Do not enter social security numb</th> <th></th> <th></th> <th>-</th> <th></th> <th>-</th> <th></th> <th></th> <th>Open to Public</th>	Department of the Treasury D o not enter social security numb						-		-			Open to Public
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Andered Grange Delay business at		For th	ne 2019 calenda				· · ·	and en	ding	0	6-30	, 20 20
Number of ordings Number and states (or PC 0 base f mult in classes to state address) Number of PC 0 base f mult in classes to states address of the power in the interview intervi	В	Check i	if applicable:	C Name of organizationPa	athfinder Outdoor 1	Education	, Inc.			D Emp	•	
Image: Status 310 22nd Avenue South (727)328-0300 Praid real-memory intervent with the provide carry, and 29 transp potal code 0 drass months Praid real-memory intervent with the provide carry, and 29 transp potal code 0 drass months Weight = Name and attest of provide, carry, and 29 transp potal code 0 drass months Weight = Name and attest of provide, carry, and 29 transp site. (weight solution) 1 drass site. (weight solution) Weight = Name and attest of provide, carry, and 29 transp site. (weight solution) 1 drass site. (weight solution) Weight = Name and attest of provide in the provide carry and 20 transp site. (weight solution) 1 drass site. (weight solution) Weight = Name and attest of provide in the provide carry and 20 transp site. (weight solution) 1 drass site. (weight solution) Yee = Name and attest of provide in the provide carry and 20 transp site. (weight solution) 1 drass site. Part I Summary 1 Briefly describe the organization discontinued its operations carry and the environment through corders and the environment through corders and the environment through corders and the governing body (Part VI, line 10) 3 drass 2 Chack this box > -I if the organization discontinued its operations of disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 10) 3 drass 4 Number of voting members of the governing body (Part VI, line 10) 27,	Ц	Address	s change	Doing business as				1			59-	3252028
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r Form of apprication Curposition Trut Association Other > Part I Summary Image: Second Se	<u> </u>	Tax-exe	empt status: X	501(c)(3) 501(c) () < (insert no.) 4947(a))(1) or 5	27		lf "No,"	attach a l	ist. (see ir	nstructions)
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14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 413,042 347,137 16a Professional fundraising fees (Part IX, column (D), line 25) ▶ 0 0 17 Other expenses (Part IX, column (D), line 25) ▶ 0 0 18 Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 0 19 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0 20,125 (60,497) 19 Revenue less expenses. Subtract line 18 from line 12 20,125 (60,497) Beginning of Current Year End of Year 20 Total assets (Part X, line 26) 178,234 143,762 178,234 143,762 21 Total assets or fund balances. Subtract line 21 from line 20 116,911 56,415 56,415 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Jeaentte Edwards Signature of officer		12	Total revenue	- add lines 8 through 11	(must equal Part VIII, columr	n (A), line 12)		•	872	2,406		625,630
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 413,042 347,137 16a Professional fundraising expenses (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (A), line 25) 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 424,667 338,990 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 852,281 686,127 19 Revenue less expenses. Subtract line 18 from line 12 20,125 (60,497 20 Total assets (Part X, line 16) 178,234 143,762 21 Total liabilities (Part X, line 26) 178,234 143,762 21 Total assets (Part X, line 26) 178,234 143,762 22 Total assets or fund balances. Subtract line 21 from line 20 116,911 56,415 Determine this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Under the admards Sign Jeaentte Edwards Sign Under the Edwards, CPA Type or print name and title <td< td=""><td></td><td>13</td><td>Grants and si</td><td>milar amounts paid (Part</td><td>IX, column (A), lines 1-3) .</td><td></td><td></td><td>•</td><td>14</td><td>.,572</td><td></td><td>0</td></td<>		13	Grants and si	milar amounts paid (Part	IX, column (A), lines 1-3) .			•	14	.,572		0
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (A), line 11e) 0 17 Other expenses (Part IX, column (A), line 11e) 424, 667 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 852, 281 19 Revenue less expenses. Subtract line 18 from line 12 20, 125 20 Total assets (Part X, line 16) 177, 8, 234 21 Total assets (Part X, line 26) 178, 234 21 Total assets or fund balances. Subtract line 21 from line 20 116, 911 22 Net assets or fund balances. Subtract line 21 from line 20 116, 911 23 Beginning of Current Vari 116, 911 24 104 116, 911 25 Gentation of preparer (other than officer) is based on all information of which preparer has any knowledge. 0ate Jeaentte Edwards Signature of officer Date Jeaentte Edwards, CPA Type or print name and title 95-19-2021 Pari II Signature of officer Date Jeaentte Edwards, CPA Date Type or print name and title		14	Benefits paid	to or for members (Part I	X, column (A), line 4)			•				0
u 17 Other expenses (Part X, column (A), lines 11a-110, 111-24e) 424,667 338,990 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 852,281 686,127 19 Revenue less expenses. Subtract line 18 from line 12 20,125 (60,497) 19 Revenue less expenses. Subtract line 18 from line 12 20,125 (60,497) 19 Revenue less expenses. Subtract line 16) 178,234 143,762 20 Total assets (Part X, line 16) 61,323 87,347 21 Total liabilities (Part X, line 26) 61,323 87,347 22 Net assets or fund balances. Subtract line 21 from line 20 116,911 56,415 Jeaentte Block Under expense domestive of perjary. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Jeaentte Edwards Date Jeaentte Edwards, CPA Print/Type preparer's signature Date Jeaentte Edwards 05-19-2021 self-employed P01382167 Preparere JEANETTE EDWARDS, CPA, LLC	Ś	15	Salaries, othe	r compensation, employe	e benefits (Part IX, column (A	A), lines 5-10)		•	413	3,042		347,137
Image: Market Park IX, Column (A), lines 11a-110, 111-24e) 424,667 338,990 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 852,281 686,127 19 Revenue less expenses. Subtract line 18 from line 12 20,125 (60,497) 19 Revenue less expenses. Subtract line 18 from line 12 20,125 (60,497) 19 Revenue less expenses. Subtract line 18 from line 12 20,125 (60,497) 19 Revenue less expenses. Subtract line 18 from line 12 20,125 (60,497) 19 Revenue less expenses. Subtract line 18 from line 20 178,234 143,762 20 Total lassets (Part X, line 26) 61,323 87,347 21 Total liabilities (Part X, line 26) 116,911 56,415 Part II Signature Block Under expenses companying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Jeaentte Edwards, CPA Type or print name and title Preparer's signature Date Jeanette Edwards, CPA Firm's name P	ŝ	16	a Professional f	undraising fees (Part IX,	column (A), line 11e)			•				0
u 17 Other expenses (Part X, column (A), lines 11a-110, 111-24e) 424,667 338,990 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 852,281 686,127 19 Revenue less expenses. Subtract line 18 from line 12 20,125 (60,497) 19 Revenue less expenses. Subtract line 18 from line 12 20,125 (60,497) 19 Revenue less expenses. Subtract line 16) 178,234 143,762 20 Total assets (Part X, line 16) 61,323 87,347 21 Total liabilities (Part X, line 26) 61,323 87,347 22 Net assets or fund balances. Subtract line 21 from line 20 116,911 56,415 Jeaentte Block Under expense domestive of perjary. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Jeaentte Edwards Date Jeaentte Edwards, CPA Print/Type preparer's signature Date Jeaentte Edwards 05-19-2021 self-employed P01382167 Preparere JEANETTE EDWARDS, CPA, LLC	ber		b Total fundrais	ing expenses (Part IX, co	olumn (D), line 25) ►		0	_				
19 Revenue less expenses. Subtract line 18 from line 12 20,125 (60,497 19 Revenue less expenses. Subtract line 18 from line 12 178,234 143,762 10 Total assets (Part X, line 16) 178,234 143,762 20 Total liabilities (Part X, line 26) 61,323 87,347 21 Total liabilities (Part X, line 26) 61,323 87,347 22 Net assets or fund balances. Subtract line 21 from line 20 116,911 56,415 Part II Signature Block 116,911 56,415 Under penaties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Jeaentte Edwards Signature of officer Date Jeaentte Edwards, CPA Type or print name and title Preparer's signature JEANETTE EDWARDS Date Check if PTIN JEANETTE EDWARDS Pol382167	ũ	17	Other expens	es (Part IX, column (A), li	nes 11a-11d, 11f-24e)			•	424	667		338,990
Segure of percent set of percent set of of the percent set of of the percent set of the percent		18	Total expense	es. Add lines 13-17 (mus	t equal Part IX, column (A), li	ne 25)		·	852	2,281		686,127
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Jeaentte Edwards Date Jeaentte Edwards, CPA Date Type or print name and title Print/Type preparer's name Preparer's signature JEANETTE EDWARDS Date Check if employed P11N Preparer Firm's name JEANETTE EDWARDS, CPA, LLC Firm's EIN		-	Revenue less	expenses. Subtract line	18 from line 12			•	20	,125		(60,497)
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Jeaentte Edwards Date Jeaentte Edwards, CPA Date Type or print name and title Print/Type preparer's name Preparer's signature JEANETTE EDWARDS Date Check if entryloged P11N Self-employed Firm's name JEANETTE EDWARDS, CPA, LLC Firm's EIN	2	Sal							ginning of Curr	ent Year	-	End of Year
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Jeaentte Edwards Date Jeaentte Edwards, CPA Date Type or print name and title Print/Type preparer's name Preparer's signature JEANETTE EDWARDS Date Check if entryloged P11N Self-employed Firm's name JEANETTE EDWARDS, CPA, LLC Firm's EIN	sets	20	Total assets (Part X, line 16)				·	178	3,234		143,762
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Jeaentte Edwards Date Jeaentte Edwards, CPA Date Type or print name and title Print/Type preparer's name Preparer's signature JEANETTE EDWARDS Date Check if employed P11N Preparer Firm's name JEANETTE EDWARDS, CPA, LLC Firm's EIN	at As	21	Total liabilities	s (Part X, line 26)				·	61	.,323		87,347
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Jeaentte Edwards	_				line 21 from line 20			•	116	5,911		56,415
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Jeaentte Edwards, CPA Type or print name and title Print/Type preparer's name Preparer's signature Date Check if PTIN getANETTE EDWARDS Preparer Firm's name JEANETTE EDWARDS, CPA, LLC Firm's EIN												
Jeaentte Edwards Date Signature of officer Date Jeaentte Edwards, CPA Type or print name and title Print/Type preparer's name Preparer's signature Date JEANETTE EDWARDS Preparer's signature Date Firm's name JEANETTE EDWARDS, CPA, LLC Firm's EIN								t of my ki	nowledge and be	lief, it is		
Sign Signature of officer Date Here Jeaentte Edwards, CPA Type or print name and title Date Print/Type preparer's name Preparer's signature Date Paid JEANETTE EDWARDS Date Preparer Firm's name JEANETTE EDWARDS, CPA, LLC			<u> </u>		,		, ,					
Here Jeaentte Edwards, CPA Type or print name and title Print/Type preparer's name Preparer's signature Date Check if PTIN Paid JEANETTE EDWARDS 05-19-2021 self-employed P01382167 Preparer Firm's name JEANETTE EDWARDS, CPA, LLC Firm's EIN	C :-											
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Print/Type preparer's name Preparer's signature Date Check if PTIN Paid JEANETTE EDWARDS Date Check if PTIN Preparer Firm's name JEANETTE EDWARDS, CPA, LLC Firm's EIN ►	He	re			A							
Paid JEANETTE EDWARDS 05-19-2021 office P01382167 Preparer Firm's name ▶ JEANETTE EDWARDS, CPA, LLC Firm's EIN									I			
Preparer Firm's name > JEANETTE EDWARDS, CPA, LLC Firm's EIN >	_				Preparer's signature				Check	if		
				E EDWARDS			05-19-20)21	self-em	ployed	PO	1382167
		•				C			Firm's EIN 🕨			

Use Only	Firm's address	435 12th STREET WEST	Phone no.	
		Bradenton FL 34205	941-447-0773	
May the IRS	discuss this return with th	e preparer shown above? (see instructions)	 	X No

Form	990 (2019) Pathfinder Outdoor Education, Inc.	59-3252028	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:		
	To provide engaging, fun, challenging adventures that help people learn about		
	and the environment through cooperative games, canoeing, challenge course, s	cience explo	ration,
	tree climbing and outdoor leadership.		
	Did the same faction and database of a first standard and in the same the standard barries and the standard the		
2	Did the organization undertake any significant program services during the year which were not listed on the		x No
	prior Form 990 or 990-EZ?	ies į	<u>X</u> NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
3			v No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by	
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c		
	the total expenses, and revenue, if any, for each program service reported.		
	······································		
4a	(Code:) (Expenses \$574,048 including grants of \$) (Revenue	\$)
	Founded in 1993, Pathfinder provides programs for over 5,000 people through		These
	programs range from a half day to 5 days and are dedicated to building person		
	environmental responsibility through the power of shared experience. We offe		
	educational programs that develop leadership, increase self-confidence, and		
	through trust and team-building activities. Participants work together to id	entify and a	chieve
	common goals. In the process, they gain new skills in problem-solving, resol	ving conflic	t
	peacefully, active listening, observing and working effectively in a group.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
40		Ψ	/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 574,048		
EEA		Form	990 (2019)

Forr	n 990 (2019) Pathfinder Outdoor Education, Inc. 59-32520	28	F	age 3
Pa	Int IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
7		6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	1		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		x
3	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, VIII, IX, or X as applicable.			
a				
	complete Schedule D, Part VI	11a	x	
k	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b				
	"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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		x
15	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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a		20a		x
k	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
		_		

Form	990 (2019) Pathfinder Outdoor Education, Inc. 59-32520	28	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			r
			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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	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, Part I	25a		х
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?			
	If "Yes," complete Schedule L, Part L	25b		х
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 or any of these persons? If "Yes," complete Schedule L, Part II	26		х
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 thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	

Form	990 (2019) Pathfinder Outdoor Education, Inc. 59-32520	28	F	Page 5
Par	Tt 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 2a 34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		
h	and services provided to the payor?	7a 7b		x
b		70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		v
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> </u>
•	sponsoring organization have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

Form	990 (2019) Pathfinder Outdoor Education, Inc. 59-32520	28	Р	age 6
Par	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	IS.		
	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
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
100	Did the ergenization have lead chapters branches or effiliates?	100	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a ⊾	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120	х	
C	describe in Schedule O how this was done	120	v	
13	Did the organization have a written whistleblower policy?	12c 13	х	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	14	~	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			-
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Florida			
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) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 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 financial 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			

VINCENT DELLA ROCCA (727)328-0300, 1310 22nd Avenue South, Saint Petersburg, FL 33705

Form 990 (20	19) Pathfinder Outdoor Education, Inc.	59-3252028	Page 7				
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated Employe	es, and				
	Independent Contractors						
	Check if Schedule O contains a response or note to any line in this Part VII						
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
1a Complete	1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the						
organization's	organization's tax year.						

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

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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.

	0			((C)	,				
(A)	(B)	Position (do not check more than one		(D)	(E)	(F)				
Name and title	Average					nan one s both ar	n	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week (list any		<u>г г</u>					from the organization	from related organizations	compensation from the
	hours for	or d	Inst	Officer	Key	emp	Forme	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	irect	tutio	er	emp	loye	ner			related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ë				
	below	stee	ruste		ē	pens				
	dotted line)		ĕ			Highest compensated employee				
(1) VINCENT DELLA ROCCA	2.00									
Finance		х		х				0	0	0
(2) MOLLY BARNES	1.00									
Lifetime Member		х						0	0	0
(3) ASTRID ELLIS	1.00									
Lifetime Member		х						0	0	0
(4) JEREMY JACKSON	3.00									
Board Chair		х		х				0	0	0
(5) CHARMION_BREEDING	3.00									
Vice Chair		х		х				0	0	0
(6) MATT_ELSEY	1.00									
Treasurer		х		х				0	0	0
(7) KATIE HALE	2.00									
Board Member		х						0	0	0
(8) LISA HALTER	2.00									
Board Member		х						0	0	0
(9) JAMIE MCWADE	2.00									
Board Member		х						0	0	0
(10)CORY_KAPES	2.00									
Board Member		х						0	0	0
(11)JOE WHALEN	2.00									
Board Member		х						0	0	0
(12)										
<u>(13)</u>										
<u>(14)</u>										

90 (2019) Pathfinder Outdoo	or Educat	.1011,	11	nc.					59	9-32520	028	F	2 Page 8
VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, ar	nd H	ligh	est Co	omp	ensated Employe	es (contin	ued)			
(A) Name and title	(B) Average hours per week	box,	, unles	Po eck m ss pe	sition nore tl rson i	s both ar		(D) Reportable compensation from the	Reporta compensa from rela	able ation ated	COI	of othei npensat	r
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	-		orga	nization	
						•••	· ►						
1 /							• •	0		0			0
· –		isted a	DOVe	e) w	no re	eceive	a mo	ore than \$100,000	OT				C
												Yes	No
-		-				-					3		x
				' con	nple	te Sch	edul	le J for such			4		x
				· · unr	••• elate	•••• ed orga	••• aniza	ation or individual		••••	-		Λ
	s," complete	Schea	lule .	J for	suc	h pers	on				5		х
	ited independ	dent co	ntra	ctore	tha	t recei	ved	more than \$100.00)0 of				
										ax year.			
(A)								(B)			(C)		
Name and business addres	SS							Description of service	ces		Compens	ation	
	-				ted a	above)) wh	0					
	(A) Name and title Name and title Name and title Name and title	(A) (B) Name and title Average hours per week (list any hours for related organizations below dotted line) Image: Subtor in the intermediate state in	(A) (B) Name and title Average hours per week (list any per week (list any below dotted line) (do box office per week (list any below dotted line)	(A) (B) Average hours per weak (list any former officer an end title (do not choose under former and title Name and title Image: State of the state of th	(A) (B) Product and a diversion of the contractors (including but not limited to those list (A) Name and title (B) Average border and a diversion of the contractors compensation from any unrest or related organizations below dotted line) (C) (C) (B) (B) (B) (C) (C) <td< td=""><td>(A) (B) Average how of the compensation from any unrelated organizations and other compensation from any unrelated organizations and other compensation from any unrelated organizations and other compensation from the organizations and other compensation from any unrelated organizations and other compensation from the organizations and other compensation from any unrelated organizations and other compensation from the organizations and other compensation from the organizations and other compensation from any unrelated organizations and other compensation from the organization. Cold the organization is tary former officer, director, trustee, key employee, or here organization and related organizations and other compensation from any unrelated for services rendered to the organization. • Cold the organization from the organization. • • • Did the organization list any former officer, director, trustee, key employee, or here organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual set of the organization? If "Yes," complete Schedule J for such individual</td><td>(A) (B) Name and tite (C) Periadion (C) Discrete (D) Periadion (D) Pe</td><td>(A) Name and life (A) Name and</td><td>(i) (i) (</td><td>(A) (B) (C) (</td><td>(A) (A) (</td><td>(A) (B) (C) (</td><td>(A) (B) (</td></td<>	(A) (B) Average how of the compensation from any unrelated organizations and other compensation from any unrelated organizations and other compensation from any unrelated organizations and other compensation from the organizations and other compensation from any unrelated organizations and other compensation from the organizations and other compensation from any unrelated organizations and other compensation from the organizations and other compensation from the organizations and other compensation from any unrelated organizations and other compensation from the organization. Cold the organization is tary former officer, director, trustee, key employee, or here organization and related organizations and other compensation from any unrelated for services rendered to the organization. • Cold the organization from the organization. • • • Did the organization list any former officer, director, trustee, key employee, or here organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual set of the organization? If "Yes," complete Schedule J for such individual	(A) (B) Name and tite (C) Periadion (C) Discrete (D) Periadion (D) Pe	(A) Name and life (A) Name and	(i) ((A) (B) (C) ((A) ((A) (B) (C) ((A) (B) (

Form 9				oor 1	Education, In	nc		59-32520	28 Page 9
Part	VIII	Statement of Rev	enue						
		Check if Schedule O co	ontains a respons	se or n	ote to any line in th	s Part VIII			<u> [</u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a					
s s	b	Membership dues		1b					
unt	c	Fundraising events		1c					
S, G	d	Related organizations .		1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contr	ibutions)	1e					
ns, Simi	f	All other contributions, gif	ts, grants,						
utio Ier S		and similar amounts not in	ncluded above	1f	8,389				
otp	g								
Con		lines 1a-1f		1g					
	h	Total. Add lines 1a-1f		• • •		8,389			
					Business Code				
8		PROGRAM SERCICE F			900099	611,887	611,887		
je Š		PROMOTIONAL ITEMS			900099	4,812	4,812		
n Se ent	C .								
Program Service Revenue	d								
roc	e	All other program service							
		Total. Add lines 2a-2f .				616,699			
						010,099			
	3	Investment income (includi other similar amounts) .				542	542		
	4	Income from investment of				512	512		
	5	Royalties		•					
		· , · · · · · · · · · · · · ·	(i) Rea		(ii) Personal				
	6a	Gross rents	6a	-					
	b	Less: rental expenses	6b						
	c	Rental income or (loss)	6c						
	d	Net rental income or (loss)			>				
	72	Gross amount from	(i) Securit	ies	(ii) Other				
		sales of assets							
	Ь	other than inventory Less: cost or other basis	7a						
ani		and sales expenses	7b						
Other Revenue	c	Gain or (loss)	7c						
Re		Net gain or (loss)		• • •	<u></u> ▶				
ther	8a	Gross income from fundrai	ising						
ð				_					
		of contributions reported o							
		1c). See Part IV, line 18							
		Less: direct expenses .							
		Net income or (loss) from f	-	ιs .	· · · · · · ►				
	yа	Gross income from gaming	-	0-					
	L	activities, See Part IV, line		9a 9b					
		Less: direct expenses . Net income or (loss) from g							
				' <u>· ·</u>	···· ►				
	10a	Gross sales of inventory, le returns and allowances .		10a					
	h	Less: cost of goods sold		10a					
		Net income or (loss) from s							
				, <u></u>	Business Code				
ន	11a								
nor Lie									
ella ven	c								
Miscellanous Revenue	-	All other revenue							
2		Total. Add lines 11a-11d							
		Total revenue See instru			•••••••••••••••••••••••••••••••••••••••	625 620	617 241	0	0

Form 990 (2019) Pathfinder Outdoor Part IX Statement of Functional Expenses Pathfinder Outdoor Education, Inc.

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Section 50	1(c)(3) and 501(c)(4) organizations must	complete all columns. All other orga	nizations must complet	e column (A).
	Check if Schedule O contains a respor	nse or note to any line in this Part IX		

Do not	Check if Schedule O contains a response or note to a	(A)	(B)	(C)	(D)
	include amounts reported on lines 6b, 7b,	Total expenses	Program service	Management and	Fundraising
	and 10b of Part VIII.		expenses	general expenses	expenses
	rants and other assistance to domestic organizations				
	d domestic governments. See Part IV, line 21				
	rants and other assistance to domestic				
	dividuals. See Part IV, line 22				
	rants and other assistance to foreign				
	ganizations, foreign governments, and				
	reign individuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,				
	istees, and key employees				
6 Co	ompensation not included above, to disqualified				
pe	ersons (as defined under section 4958(f)(1)) and				
pe	ersons described in section 4958(c)(3)(B)				
7 Ot	her salaries and wages	294,341	232,594	61,747	
8 Pe	ension plan accruals and contributions (include				
se	ction 401(k) and 403(b) employer contributions)				
9 Ot	her employee benefits	31,383	25,321	6,062	
10 Pa	ayroll taxes	21,413	13,493	7,920	
11 Fe	ees for services (nonemployees):				
a Ma	anagement				
b Le	gal				
c Ac	counting	5,522		5,522	
d Lo	bbying	7,900		7,900	
e Pr	ofessional fundraising services. See Part IV, line 17 .				
f In	vestment management fees				
g Ot	her. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	5,538	1,890	3,648	
	vertising and promotion	1,065	532	533	
	fice expenses	2,616	785	1,831	
	formation technology	4,753	475	4,278	
	oyalties				
	ccupancy	11,000	3,300	7,700	
	avel	,		.,	
	ayments of travel or entertainment expenses				
	r any federal, state, or local public officials				
	onferences, conventions, and meetings	6,011	5,410	601	
		0,011	5,410	001	
	ayments to affiliates				
	-				
	epreciation, depletion, and amortization	15 861	14 104	1 588	
		15,761	14,184	1,577	
	ther expenses. Itemize expenses not covered				
	ove (List miscellaneous expenses on line 24e. If				
	e 24e amount exceeds 10% of line 25, column				
) amount, list line 24e expenses on Schedule O.)				
	rogram facility fees	234,912	234,912		
	rogram equipment & supplies	4,730	4,730		
	comotional items	4,186	4,186		
	cholarships and discounts	23,935	23,935		
	other expenses	11,061	8,301	2,760	
-	tal functional expenses. Add lines 1 through 24e	686,127	574 , 048	112,079	
	bint costs. Complete this line only if the				
Or	ganization reported in column (B) joint costs				
	ndraising solicitation. Check here \blacktriangleright if				
	lowing SOP 98-2 (ASC 958-720)				

	990 (20	· · · · · ·	5	9-325202	28 Page 11
Part	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		•••••	
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	1,539
	2	Savings and temporary cash investments	-	2	165,000
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	18,270	4	(27,033)
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		_	
	-	controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use			1,465
∢	9	Prepaid expenses and deferred charges	1,528	9	2,791
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,500	-		
	b	Less: accumulated depreciation			
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)			143,762
	17	Accounts payable and accrued expenses			(768)
	18	Grants payable		18	
	19			19	3,981
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
bilit		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D			84,134
	26	Total liabilities. Add lines 17 through 25	61,323	26	87,347
		Organizations that follow FASB ASC 958, check here x			
Ses	07	and complete lines 27, 28, 32, and 33.		07	
and	27	Net assets without donor restrictions	-	27	56,415
Bal	28	Net assets with donor restrictions		28	
pur		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
sset	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	32	Total net assets or fund balances		32	56,415
	33	Total liabilities and net assets/fund balances	178,234	33	143,762

EEA

Form 990 (2019)

Form	990 (2019) Pathfinder Outdoor Education, Inc.	59-325202	8	Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. x
1	Total revenue (must equal Part VIII, column (A), line 12)			625,	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		686,	,127
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(60,	,497)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		116,	,911
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			1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10		56,	415
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2019)

S	C	Н	Ε	D	U	L	Ε	Α	

11 12

f

~~			Public Charity Status and Public Support	ŀ	OMB No. 1545-0047			
SCHEDULE A Complete			Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexe	mpt charitable trust	. 2019			
•		0 or 990-EZ)	► Attach to Form 990 or Form 990-EZ.		Open to Public			
•		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the latest info	mation.	Inspection			
Name	of the	e organization	•	Employer identification	on number			
Pat	hfi	nder Outdo	or Education, Inc.	59-3252028	1			
Pa	rt I	Reason	for Public Charity Status (All organizations must complete this part.) S	e instructions.				
The	orga	nization is not a	private foundation because it is: (For lines 1 through 12, check only one box.)					
1		A church, con	vention of churches, or association of churches described in section 170(b)(1)(A)(i).					
2		A school desc	ribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)					
3		A hospital or a	cooperative hospital service organization described in section 170(b)(1)(A)(iii).					
4		A medical res	earch organization operated in conjunction with a hospital described in section 170(b)(1)(A	(iii). Enter the				
		hospital's nam	e, city, and state:					
5		An organizatio	n operated for the benefit of a college or university owned or operated by a governmental ur	it described in				
		section 170(b)(1)(A)(iv). (Complete Part II.)					
6		A federal, stat	e, or local government or governmental unit described in section 170(b)(1)(A)(v).					
7		An organizatio	n that normally receives a substantial part of its support from a governmental unit or from the	general public				
		described in s	ection 170(b)(1)(A)(vi). (Complete Part II.)					
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
9			research organization described in section 170(b)(1)(A)(ix) operated in conjunction with	a land-grant college	е			
		or university o	r a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of	the college or				
		university:						

10 х An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

с Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Enter the number of supported organizations

e 🗌 Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

g Provide the following information abo	out the supported of	rganization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Sche	,		Education,			59-325202	
Pa	IT II Support Schedule for Organization	ations Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you checked th	e box on line	5, 7, or 8 of	Part I or if the	e organizatior	n failed to qual	ify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	lease comple	te Part III.)	
Se	ction A. Public Support						
Cal	endar 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	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(.,		(0) = 0 11		(,, _, _, _, _, _, _, _, _, _, _, _, _, _	(1) 1 2 101
8	Gross income from interest, dividends,						
-	payments received on securities loans,						
	rents, royalties and income from						
	similar sources						
9	Net income from unrelated business						
•	activities, whether or not the business						
	is regularly carried on						
10							
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10.						
	Gross receipts from related activities, etc. (s	ee instructions	;)			12	
	First five years. If the Form 990 is for the or						(3)
	organization, check this box and stop here						
See	ction C. Computation of Public Support	rt Percentag	e				<u></u>
14				column (f))	• • • • • • • •	14	%
15	Public support percentage from 2018 Sched		-			15	%
	33 1/3% support test - 2019. If the organization						
	box and stop here. The organization qualifie						
ł	33 1/3% support test - 2018. If the organization			-			
_	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2019.	-		-			
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact					• •	
	organization			-	-		_
ŀ	0 10%-facts-and-circumstances test - 2018.						
ĸ	15 is 10% or more, and if the organization m	-					
	Explain in Part VI how the organization meet					-	cly
	supported organization				•	-	· _
18	Private foundation. If the organization did r						
10	instructions						
							· • • · ·

Schedule A (Form 990 or 990-EZ) 2019

Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 18,929 17,804 31,923 27,532 8,389 104,577 Gross receipts from admissions, merchandise 2 sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 758,888 790,250 753,482 844,874 616,699 3,764,193 3 Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the 4 organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 777,817 808,054 785,405 872,406 625,088 3,868,770 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 disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 8 Public support. (Subtract line 7c from line 6.) 3,868,770 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 9 Amounts from line 6 872,406 777,817 808,054 785,405 625,088 3,868,770 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources . . 122 799 40 49 46 542 **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 **c** Add lines 10a and 10b 40 49 46 799 122 542 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, 777,857 808,103 785,451 872,528 625,630 3,869,569 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ▶ | Section C. Computation of Public Support Percentage **15** Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 99.98 % 16 Public support percentage from 2018 Schedule A, Part III, line 15 16 99.99% Section D. Computation of Investment Income Percentage 0.00 % 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)). 17 18 0.00 % 19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . ► 🕱 b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . .

Pathfinder Outdoor Education, Inc.

If the organization fails to qualify under the tests listed below, please complete Part II.)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to gualify under Part II.

(c) 2017

(d) 2018

(b) 2016

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

(a) 2015

Schedule A (Form 990 or 990-EZ) 2019

59-3252028

(e) 2019

Page 3

(f) Total

EEA

Schedule A (Form 990 or 990-EZ) 2019

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

Part III

	e A (Form 990 or 990-EZ) 2019 Pathfinder Outdoor Education, Inc. 59-32520 IV Supporting Organizations			age
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co	•		
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V.)		
ect	ion A. All Supporting Organizations			
			Yes	Ν
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
~	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
за	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		_
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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.	4c		
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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5 1-		
_	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
-	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
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	7		
~	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	0		
0-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		_
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	0-		
F	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	0		
-	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		_
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	0-		
0	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
υa	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		_
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

 Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from a A person who directly or indirectly controls, either alone below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or Section B. Type I Supporting Organizations 	e or together with persons described in (b) and (c)	11a	Yes	No
 a A person who directly or indirectly controls, either alone below, the governing body of a supported organization b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or 	e or together with persons described in (b) and (c)			
 below, the governing body of a supported organization b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or 				
 b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or 	?			
c A 35% controlled entity of a person described in (a) or		4.41		
		11b		
	(b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
4 Did the discrete an ender a merchanic france and			Yes	No
1 Did the directors, trustees, or membership of one or mo				
regularly appoint or elect at least a majority of the organ	-			
tax year? If "No," describe in Part VI how the supported				
controlled the organization's activities. If the organization				
describe how the powers to appoint and/or remove dire	ectors or trustees were allocated among the supported			
organizations and what conditions or restrictions, if any	v, applied to such powers during the tax year.	1		
2 Did the organization operate for the benefit of any supp	ported organization other than the supported	-		
organization(s) that operated, supervised, or controlled				
VI how providing such benefit carried out the purposes				
supervised, or controlled the supporting organization.	or the supported organization(s) that operated,	2		
Section C. Type II Supporting Organizations		2		
bection 6. Type in Supporting Organizations			Yes	No
1 Were a majority of the organization's directors or truste	es during the tax year also a majority of the directors		100	1.1.
or trustees of each of the organization's supported orga				
or management of the supporting organization was ves				
	sed in the same persons that controlled of managed	1		
the supported organization(s). Section D. All Type III Supporting Organizations				
bection D. All Type in Supporting Organizations			Yes	No

			Yes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a D The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

Yes

No

Schedule A (Form 990 or 990-EZ) 2019 Pathfinder Outdoor Education, Inc.		59-325	2028 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explai	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	zations	must complete Section	ns A through E.
Section A Adjusted Nat Income		(A) Drior Voor	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting	organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Sched	lle A (Form 990 or 990-EZ) 2019 Pathfinder Outdoor Educat		59-325	2028 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3	Supporting Organiz	zations (continued)	
Sec	tion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exen			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	ions		
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	e organization is respons	sive	
	(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	1		
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) 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			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
-	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
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.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
EEA			Sched	ule A (Form 990 or 990-EZ) 2019

Schedule A (Fo	m 990 or 990-EZ) 2019 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEI	DULE D
(Form	990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,

OMB No. 1545-0047

(Fo	(Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					2019	
_	► Attach to Form 990						Public
•	rtment of the Treasury al Revenue Service		990 for instructions and the latest informa	tion.		Inspectio	
	of the organization				entification n	•	
Pat	hfinder Outdo	or Education, Inc.		59-3	252028		
Pa	rt I Organizat	tions Maintaining Donor Advised Fu	unds or Other Similar Funds or Acco	unts.			
	Complete	if the organization answered "Yes" on	Form 990, Part IV, line 6.				
			(a) Donor advised funds	(b) Funds and	other account	s
1	Total number at en	nd of year					
2	Aggregate value of	f contributions to (during year)					
3	Aggregate value of	f grants from (during year)					
4	Aggregate value at	tend of year					
5	Did the organizatio	n inform all donors and donor advisors in w	riting that the assets held in donor advised			_	_
	-		on's exclusive legal control?			Yes	No
6	-	-	visors in writing that grant funds can be used				
			r or donor advisor, or for any other purpose			—	
D			<u></u>			Yes	No
Pa		vation Easements.					
	,	e if the organization answered "Yes" o					
1		servation easements held by the organization		a kistariaal	II :		
	Protection of n	f land for public use (e.g., recreation or edu	Ication) Preservation of Preservation of				
	Preservation o			a certineu	msione suit	iciule	
2			d conservation contribution in the form of a co	nconvotion			
2		ist day of the tax year.				. End of the	Tay Veer
а				. 2a	Heid at the	e End of the	e lax rear
b							
c	0		cture included in (a)				
d		vation easements included in (c) acquired a					
				. 2d			
3	Number of conserv	vation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	anization du	uring the		
	tax year 🕨				-		
4	Number of states v	where property subject to conservation ease	ement is located				
5	Does the organizat	ion have a written policy regarding the period	odic monitoring, inspection, handling of				
	violations, and enfo	prcement of the conservation easements it h	nolds?			Yes	🗌 No
6	Staff and volunteer	hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservation	on easeme	nts during t	he year	
	▶						
7	Amount of expense	es incurred in monitoring, inspecting, handlir	ng of violations, and enforcing conservation e	asements o	during the y	ear	
	▶\$						
8			e satisfy the requirements of section 170(h)(4			—	
	and section 170(h)					Ves	∐ No
9	-	e 1	on easements in its revenue and expense stat				
			e to the organization's financial statements th	at describe	sthe		
Da		ounting for conservation easements.	of Art, Historical Treasures, or O	thor Sin	ilar Acc	ote	
га		te if the organization answered "Yes" of			illai A55	C13.	
1a			3, not to report in its revenue statement and b	alance she	at works		
ia	-		ic exhibition, education, or research in further				
		Part XIII the text of the footnote to its finan					
b	•		3, to report in its revenue statement and balar	ice sheet w	orks of		
~	•	-	exhibition, education, or research in furtheran				
		ng amounts relating to these items:					
	•				▶ \$		
2			sures, or other similar assets for financial gain				
	-	required to be reported under FASB ASC 9	-				

a Revenue included on Form 990, Part VIII, line 1

▶ \$

▶ \$

	lule D (Form 990) 2019 Pathfinder Outdo		-		_		59-325		Page 2
Pa	rt III Organizations Maintaining (ssets (co	ntinued)
3	Using the organization's acquisition, accession,	and other records,	check any	of the follo	owing that ma	ake signif	ficant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan (or exchange	program	S		
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain	how they for	urther the o	organization's	s exempt	purpose in Part		
	XIII.								
5	During the year, did the organization solicit or re	eceive donations of	art, historio	cal treasur	es, or other s	imilar			
	assets to be sold to raise funds rather than to b	e maintained as pa	art of the or	ganization	's collection?			. 🗌 Yes	No
Pa	rt IV Escrow and Custodial Arran	gements.							
	Complete if the organization a	nswered "Yes"	on Form	990, Pa	art IV, line	9, or re	ported an am	ount on F	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for contri	butions or	other assets	not			
	included on Form 990, Part X?							🗌 Yes	No
b	If "Yes," explain the arrangement in Part XIII an								
		·	Ū				Ar	nount	
с	Beginning balance					. 1c			
d	Additions during the year								
e	• •								
f	Ending balance					. 1f			
2a	Did the organization include an amount on Form					· ·		. 🗌 Yes	No
b	If "Yes," explain the arrangement in Part XIII. C					•			
	rt V Endowment Funds.		planatorrn				•••••		
	Complete if the organization a	nswered "Yes"	on Form	990 Pa	art IV line	10			
		(a) Current year	(b) Pri		(c) Two years		(d) Three years back		/ears back
1a	Beginning of year balance	(a) Current year		or year	(c) Two years	3 Dack	(u) Three years back		Veals back
b	Contributions								
	Net investment earnings, gains, and								
С									
ы									
a	Grants or scholarships							-	
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current	-	(line 1g, co	olumn (a))	held as:				
a	Board designated or quasi-endowment	%							
b	Permanent endowment %								
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c should	•							
3a	Are there endowment funds not in the possess	ion of the organizat	tion that are	e held and	administered	for the		Г	
	organization by:								Yes No
	()							. 3a(i)	
	., .,							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization						• • • • • • • • •	. 3b	
4	Describe in Part XIII the intended uses of the o	-	wment func	ls.					
Pa	rt VI Land, Buildings, and Equipm		_						
	Complete if the organization ar	nswered "Yes"	on Form	990, Pa	art IV, line	11a. S	ee Form 990,	Part X, lir	ie 10.
	Description of property	(a) Cost or oth			r other basis	.,	Accumulated	(d) Book	value
		(investme	ent)	(other)	de	preciation		
1a	Land	•							
b	Buildings	•							
С	Leasehold improvements	•							
d	Equipment	•			2,500		2,500		
е	Other	•							
Tota	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Pa	rt X, colum	n (B), line	10.c.)				

Schedule D (Form 990) 2019

EEA

	Complete if the organization answere	d "Yes" on For	m 990, Par	t IV, line 1 [.]	1b. See Forr	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book v	alue		(c) Method of valuation: or end-of-year market value
 A) Other (A) (B) (C) 	lerivatives					
(D)						
(E) (F)						
(G)						
(U)						
otal. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12	2.)				
Part VIII	Investments - Program Related. Complete if the organization answered	d "Yes" on For	m 990, Par	t IV, line 1	1c. See Forr	n 990, Part X, line 13.
	(a) Description of investment		(b) Book v	alue		(c) Method of valuation: or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5) (6)						
(7)						
(8)						
(9)						
otal. (Columi	n (b) must equal Form 990, Part X, col. (B) line 13	3.) ►				
Part IX	Other Assets. Complete if the organization answere (a) D	d "Yes" on For	m 990, Par	t IV, line 1	1d. See Forr	n 990, Part X, line 15. (b) Book value
(1)						
(2)						
(3) (4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 15	5.)			🕨	
Part X	Other Liabilities. Complete if the organization answered line 25.	d "Yes" on For	m 990, Par	t IV, line 1	1e or 11f. Se	e Form 990, Part X,
	(a) Description of liability	(b) Book v	alue			
(1) Federal ir						
· /	payroll		3,840	-		
	benefits		2,294			
(4)PPP Loa			78,000			
(5)						
(6)				_		
(7)				_		
(8)						
(9)						
	b) must equal Form 990, Part X, col. (B) line 25.). ►		84,134	Carala (Carala	Latata a di M	t we we with the
-	uncertain tax positions. In Part XIII, provide the tex		-			· ·
ganization's l	iability for uncertain tax positions under FASB AS	C 740. UNECK NER		une loothote h	as been provide	Schedule D (Form 990)

Pathfinder Outdoor Education, Inc.

Schedule D (Form 990) 2019

Investments - Other Securities.

Part VII

59-3252028

Page 3

Sched	ule D (Form 990) 2019 Pathfinder Outdoor Education, Inc.	59-3252028	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>).		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	
Pa	rt XIII Supplemental Information.		

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.

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Pathfinder Outdoor Education, Inc.

59-3252028

Employer identification number

01. Form 990 governing body review (Part VI, line 11)

The Board of Directors reviews the 990 tax return prior to mailing it to the IRS either

through an email attachement sent to all board members or at their monthly board meeting

when the annual audit is delivered.

02. Conflict of interest policy compliance (Part VI, line 12c)

Compliance with the conflict of interest policy is reviewed annually.

03. CEO, executive director, top management comp (Part VI, line 15a)

Compensation is determined through an annual review by the Board of Directors and staff

for the Executive Director and an annual review by the Executive Director for the

Assistant Director.

04. Other officer or key employee compensation (Part VI, line 15b

Compensation is determined through an annual review by the Board of Directors and staff

for other Officers and key employees.

05. Governing documents, etc, available to public (Part VI, line 19)

A hard copy of the governing documents and financial statements are available upon

request.

06. Explanation of other changes in net assets or fund balances (Part XI, line 9)

Rounding

Form	8868
(Rev. Jan	uary 2020)

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

Department of the Treasury Internal Revenue Service

- File a separate application for each return.
- ► Go to www.irs.gov/Form8868 for the latest information.

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	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)	
print	Pathfinder Outdoor Education, Inc.	59-3252028	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.		
due date for 1310 22nd Avenue South			
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
instructions.	Saint Petersburg, FL 33705		

Application	Return	Application	Return	
Is For	Code	Is For	Code	
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07	
Form 990-BL	02	Form 1041-A	08	
Form 4720 (individual)	03	Form 4720 (other than individual)	09	
Form 990-PF	04	Form 5227	10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11	
Form 990-T (trust other than above)	06	Form 8870	12	

• The books are in the care of > VINCENT DELLA ROCCA, 1310 22nd Avenue South, Saint Petersburg, FL 33705

Teleph	one No. ► 727-328-0300	FAX No. ►		
 If the o 	rganization does not have an office or place of business in th			
 If this is 	for a Group Return, enter the organization's four digit Group	p Exemption Number (GEN)	. If this is	
for the who	ole group, check this box \ldots \ldots \ldots \blacktriangleright \Box . If it is for	or part of the group, check this box \blacktriangleright ar	nd attach	
a list with t	he names and TINs of all members the extension is for.			
the ► ► 2 If th	quest an automatic 6-month extension of time until organization named above. The extension is for the organiza calendar year 20 or x tax year beginning 07-01, e tax year entered in line 1 is for less than 12 months, check Change in accounting period	ation's return for: , 20 <u>19</u> , and ending		
3a If thi	is application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6	6069, enter the tentative tax, less		
any	nonrefundable credits. See instructions.		3a	\$
b If th	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
estir	mated tax payments made. Include any prior year overpayment	nent allowed as a credit.	3b	\$
c Bala	ance due. Subtract line 3b from line 3a. Include your payme	nent with this form, if required, by		
usin	g EFTPS (Electronic Federal Tax Payment System). See ins	nstructions.	3c	\$
Caution:	If you are going to make an electronic funds withdrawal (dir	irect debit) with this Form 8868, see Form 8453-EO	and Form 88	379-EO for payment
instruction	3.			
For Priva	cy Act and Paperwork Reduction Act Notice, see instruct	ctions.	For	m 8868 (Rev. 1-2020)

EEA

Form	8879-	ΕO
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IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning 07-01-2019 , and ending 06-30-2020

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

2019

Department of the Treasury
Internal Revenue Service
Name of exempt organization

Name and title of officer

Pathfinder Outdoor Education, Inc.

59-3252028

Employer identification number

Jeaentte Edwards, CPA

Part I I ype of Return and Return Information (Whole Dollars Only)
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on
the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here b lotal revenue, it any (Form 990, Part VIII, column (A), line 12)	
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b	
5a	Form 8868 check here ► 🗴 b Balance Due (Form 8868, line 3c)	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this retum, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X I authorize JEANETTE EDWARDS, CPA, LLC to en ERO firm name	nter my PIN <u>52028</u> as my signature Enter five numbers, but do not enter all zeros
on the organization's tax year 2019 electronically filed retum. If I have ind being filed with a state agency(ies) regulating charities as part of the IRS ERO to enter my PIN on the retum's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the If I have indicated within this return that a copy of the return is being filed the IRS Fed/State program, I will enter my PIN on the return's disclosure	with a state agency(ies) regulating charities as part of
Officer's signature	Date 11-15-2020
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	590045 14345
	Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2019 indicated above. I confirm that I am submitting this return in accordance with the Information for Authorized IRS <i>e-file</i> Providers for Business Returns.	, ,
ERO's signature	Date > 05-19-2021
ERO Must Retain This Forr Do Not Submit This Form to the IRS	

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2019)

EEA

FOR TAX YEAR 2019

PATHFINDER OUTDOOR EDUCATION, INC.

JEANETTE EDWARDS, CPA, LLC 435 12th STREET WEST Bradenton, FL 34205 (941)447-0773

2019 Filing Instructions Pathfinder Outdoor Education, Inc. Tax year ending 06-30-2020

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return will be e-filed once the signed and dated Form 8879-EO has been received by this office. Do not mail the return to the IRS.

Due date:

05-17-2021

The return reflects neither a refund nor a balance due.

JEANETTE EDWARDS, CPA, LLC

435 12th STREET WEST Bradenton, FL 34205 edwards9904@gmail.com Phone: (941)447-0773 | Fax: (941)794-0773

May 19, 2021

Pathfinder Outdoor Education, Inc. 1310 22nd Avenue South Saint Petersburg, FL 33705

Pathfinder Outdoor Education, Inc.:

Enclosed is the 2019 federal return for a tax-exempt organization, prepared for Pathfinder Outdoor Education, Inc. from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (941)447-0773.

Sincerely,

JEANETTE EDWARDS JEANETTE EDWARDS, CPA, LLC

990		ax Exempt		2019
	Diag	nostic Summary		
Name				Employer Identification #
Pathfinder Outdoor H	Education, Inc.			59-3252028
Demographics				
Mailing Address:		Phone:	(727)328-0300	
1310 22nd Avenue Sou	ith			
Saint Petersburg, FI	33705			
Resident State: FL				
Diagnostics				
Preparer: JEANETTE EI	OWARDS Invoice:		Date: 05-19	9-2021
Return Information				
		0010		
Item on Return		2019		2018 Federal
		Federal		(If available)
Total Revenue		625,630		872,406
Total Expenses		686,127		852,281

(60,497)

56,415

UBIT

Change Fund

Balance

20,125

116,911

Refund/

(Balance Due)

Total

Tax

Net Excess (Deficit)

Net Assets or Fund

State/City Information

Taxable

Revenue

Total

Expenses

Balances

State/City