

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
FAUQUIER HEALTH FOUNDATION
DBA THE PATH FOUNDATION

Doing business as
THE PATH FOUNDATION

Number and street (or P O box if mail is not delivered to street address) Room/suite
321 WALKER DRIVE NO 301

City or town, state or province, country, and ZIP or foreign postal code
WARRENTON, VA 20186

D Employer identification number
30-0219424

E Telephone number
(540) 680-4100

G Gross receipts \$ 29,663

F Name and address of principal officer
CHRISTINE M CONNOLLY
321 WALKER DRIVE NO 301
WARRENTON, VA 20186

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.PATHFORYOU.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2004

M State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE FAUQUIER HEALTH FOUNDATION STRENGTHENS THE HEALTH AND VITALITY OF OUR COMMUNITY

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	14
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	11
6 Total number of volunteers (estimate if necessary)	21
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	219,023	29,046
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	79,349	617
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	298,372	29,663
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	566,382	553,438
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,417,686	1,796,581
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,184,246	1,589,319
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,168,314	3,939,338
19 Revenue less expenses Subtract line 18 from line 12	-2,869,942	-3,909,675

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	302,877	17,310,152
21 Total liabilities (Part X, line 26)	8,649,942	29,509,770
22 Net assets or fund balances Subtract line 21 from line 20	-8,347,065	-12,199,618

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 Here

Signature of officer _____ Date 2019-08-14
CHRISTINE M CONNOLLY PRESIDENT
Type or print name and title _____

Paid Preparer Use Only
Print/Type preparer's name
BRIAN GIGANTI CPA
Preparer's signature
BRIAN GIGANTI CPA
Date _____
Check if self-employed PTIN P00646609
Firm's name ▶ CITRIN COOPERMAN & COMPANY LLP Firm's EIN ▶ 22-2428965
Firm's address ▶ 2 BETHESDA METRO CENTER 11TH FLOOR Phone no (301) 654-9000
BETHESDA, MD 20814

Part 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

THE FAUQUIER HEALTH FOUNDATION STRENGTHENS THE HEALTH AND VITALITY OF THE COMMUNITY IT SERVES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 2,605,894 including grants of \$ 553,438) (Revenue \$ 0)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 2,605,894

Part 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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>		No
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? <i>If "Yes," complete Schedule C, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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? <i>If "Yes," complete Schedule J</i>	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
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	Yes	

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, 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 this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN MCCARTHY CHAIR	1 58 1 93	X						0	0	0
(2) RAY KNOTT VICE CHAIR	1 80 2 20	X						0	0	0
(3) JANELLE DOWNES SECRETARY/TREASURER	0 90 1 10	X						0	0	0
(4) POWELL DUGAN LEGAL COUNSEL	1 35 1 65	X						0	0	0
(5) MARSHALL DOELLER TRUSTEE	0 68 0 83	X						0	0	0
(6) TIM DUNN TRUSTEE	0 90 1 10	X						0	0	0
(7) RICK GERHARDT TRUSTEE	0 68 0 83	X						0	0	0
(8) ROBIN GULICK TRUSTEE	0 68 0 83	X						0	0	0
(9) JOSHUA JAKUM MD TRUSTEE	0 68 0 83	X						0	0	0
(10) MARY LEIGH MCDANIEL TRUSTEE	0 68 0 83	X						0	0	0
(11) SUSAN STRITTMATTER TRUSTEE	0 68 0 83	X						0	0	0
(12) TOM TUCKER TRUSTEE	0 68 0 83	X						0	0	0
(13) MARK VAN DE WATER TRUSTEE	0 68 0 83	X						0	0	0
(14) KAREN WACHMEISTER TRUSTEE	0 68 0 83	X						0	0	0
(15) PATRICIA WOODWARD TRUSTEE	0 68 0 83	X						0	0	0
(16) CHRISTINE CONNOLLY PRESIDENT/CEO	18 00 22 00			X				276,915	0	58,691
(17) LORNA MAGILL CFO	18 00 22 00			X				182,948	0	7,541

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ELIZABETH HENRICKSON DIRECTOR OF ADMINISTRATION & PROGRAMS	18 00 22 00					X		118,760	0	23,551
(19) AMY PETTY DIRECTOR OF COMMUNICATIONS	18 00 22 00					X		101,912	0	28,548
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							680,535	0		118,331

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **4**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	29,046				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		29,046				
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		617			617	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			29,663	0	0	617	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	553,438	553,438		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	611,625	312,798	298,827	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	989,042	658,846	330,196	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	20,477	10,887	9,590	
9 Other employee benefits.	75,592	33,832	41,760	
10 Payroll taxes.	99,845	62,402	37,443	
11 Fees for services (non-employees)				
a Management.				
b Legal.	73,575	15,620	57,955	
c Accounting.	66,403	3,017	63,386	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	635		635	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	135,407	31,383	104,024	
12 Advertising and promotion.	93,029	31,362	61,667	
13 Office expenses.	127,143	59,178	67,965	
14 Information technology.	68,726	46,333	22,393	
15 Royalties.				
16 Occupancy.	112,573	46,405	66,168	
17 Travel.	82,692	48,863	33,829	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	59,702	29,824	29,878	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	218,965	147,901	71,064	
23 Insurance.	7,423	4,727	2,696	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER DIRECT PROGRAM EXP	495,652	495,652	0	
b OTHER EXPENSE	47,394	13,426	33,968	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	3,939,338	2,605,894	1,333,444	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	21,663	1	2,861,214
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	23,615	9	112,518
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	7,385,940		
	b Less accumulated depreciation	288,880		
	11 Investments—publicly traded securities	58,500	11	7,231,697
	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	7,379	15	7,663
16 Total assets. Add lines 1 through 15 (must equal line 34)	302,877	16	17,310,152	
Liabilities	17 Accounts payable and accrued expenses	850,989	17	466,270
	18 Grants payable	24,050	18	0
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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	7,774,903	25	29,043,500
	26 Total liabilities. Add lines 17 through 25	8,649,942	26	29,509,770
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	-8,347,065	27	-12,199,618
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-8,347,065	33	-12,199,618
	34 Total liabilities and net assets/fund balances	302,877	34	17,310,152

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,663
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,939,338
3	Revenue less expenses Subtract line 2 from line 1	3	-3,909,675
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-8,347,065
5	Net unrealized gains (losses) on investments	5	57,124
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-12,199,618

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>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?</p>		No
<p>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 in Schedule O and describe any steps taken to undergo such audits</p>		

Software ID:**Software Version:****EIN:** 30-0219424**Name:** FAUQUIER HEALTH FOUNDATION
DBA THE PATH FOUNDATION

Form 990 (2017)

Form 990, Part III, Line 4a:

THE FAUQUIER HEALTH FOUNDATION (DBA PATH FOUNDATION) IS A 501C (3) NONPROFIT CORPORATION. THE FOUNDATION IS GOVERNED BY THE SAME BOARD AND MANAGEMENT TEAM AS ITS PARENT ORGANIZATION, FHS SERVICES, AND ITS BROTHER/SISTER ORGANIZATION, FHI SERVICES. THE THREE ENTITIES, COLLECTIVELY, ARE REFERRED TO AS THE ORGANIZATION. THE ORGANIZATION'S MISSION IS TO STRENGTHEN THE HEALTH AND VITALITY OF THE COMMUNITIES OF FAUQUIER, RAPPAHANNOCK AND NORTHERN CULPEPER COUNTIES. THE FOUNDATION'S FUNDING FOCUSES ON FOUR HEALTH PRIORITIES WHICH INCLUDE CHILDHOOD WELLNESS, ACCESS TO HEALTH, MENTAL HEALTH AND SENIOR SERVICES. THE FOUNDATION VALUES HEALTH, COMMUNITY, PARTNERSHIP, IMPACT, STEWARDSHIP AND LEADERSHIP. IT IS THE VISION OF THE FOUNDATION TO BE A LEADER IN THE STATE IN OVERALL HEALTH STATUS IMPROVEMENT AND PRIVATE CAPITAL INVESTMENT, AS EVIDENCED BY ROBERT WOOD JOHNSON FOUNDATION COUNTY HEALTH RANKINGS AND RELATED MEASURES FOR EACH OF THE THREE COUNTIES. OFFICE SPACE MAJOR DEVELOPMENT IN FY2018 WAS THE COMPLETION OF THE NEW OFFICE SPACE AT 321 WALKER DRIVE IN WARRENTON. THE PATH RESOURCE CENTER OCCUPIES THE SECOND FLOOR OF THE BUILDING, AND INCLUDES THE PATH VOLUNTEER HUB, PATH COMMUNITY LINK AND THE CENTER FOR NONPROFIT EXCELLENCE. OFFICE AND MEETING SPACE IS ALSO PROVIDED TO THE MENTAL HEALTH ASSOCIATION OF FAUQUIER COUNTY, THE NORTHERN PIEDMONT COMMUNITY FOUNDATION AND OTHER ORGANIZATIONS WHO SEEK MEETING ROOMS. GRANTS THE FOUNDATION OFFERS SEVERAL GRANT CYCLES DURING THE YEAR TO HELP NONPROFITS AND GOVERNMENT AGENCIES BETTER SERVE ITS COMMUNITIES. MAKE IT HAPPEN! GRANTS, CREATIVE SOLUTIONS GRANTS AND TECHNICAL ASSISTANCE GRANTS ARE NOT REQUIRED TO ADHERE TO THE FOUR HEALTH PRIORITIES, BUT ENHANCE VITALITY AND SERVICE WITHIN THE COMMUNITY PROGRAM AND PLANNING GRANTS, WHICH MUST ALIGN WITH THE FOUR FOCUS AREAS, ARE AWARDED THROUGH THE BROTHER/SISTER ORGANIZATION, FHI SERVICES. COMPETITIVE GRANTS THE FOUNDATION FUNDS MAKE IT HAPPEN! GRANTS, WHICH ARE QUICK TURNAROUND GRANTS CREATED TO FOSTER THE CAN-DO ATTITUDE OF THE REGION AND PROMOTE CREATIVITY. THE HOPE AND EXPECTATION IS TO HEAR FRESH IDEAS FROM NEW VOICES IN THE COMMUNITY. THESE ARE SMALLER GRANTS THAT ARE NOT REQUIRED TO ADHERE TO THE HEALTH PRIORITIES BUT STRIVE TO ENHANCE VITALITY AND SERVICE WITHIN THE COMMUNITY. APPLICATIONS ARE PROCESSED YEAR-ROUND ON A FIRST-COME, FIRST-SERVED BASIS UNTIL FUNDING FOR THE FISCAL YEAR IS EXHAUSTED. MAKE IT HAPPEN! GRANTS WERE AWARDED TO TWENTY-TWO (22) ORGANIZATIONS TOTALING \$169,251 IN FY2018. THE BOB'S SUMMER ADVENTURE GRANT WAS A SUMMER OUTREACH PROGRAM TO ENGAGE CHILDREN WEEKLY WITH MOVEMENT, MUSIC AND LITERACY ACTIVITIES THAT WAS FUNDED THROUGH THE MAKE IT HAPPEN! GRANT CYCLE BECAUSE BOB IS A WHOLLY MOBILE LEARNING ENVIRONMENT, IT BROUGHT CHILDHOOD WELLNESS ACTIVITIES TO CHILDREN ALL OVER FAUQUIER COUNTY, OFTEN WITHIN WALKING DISTANCES OF THEIR OWN NEIGHBORHOOD. IN FY2018, THE FOUNDATION IMPLEMENTED A CREATIVE SOLUTIONS GRANTS CYCLE. THESE GRANTS ENABLED STAFF TO IDENTIFY A HANDFUL OF PROMISING PROJECTS AND ISSUED A CALL FOR PROPOSALS FROM ORGANIZATIONS TO EXECUTE THEM. FIVE ORGANIZATIONS WERE RECIPIENTS OF THESE GRANTS TOTALING \$108,170. THE PROJECTS INCLUDED A SUMMER CONCERT SERIES AND AN OUTDOOR ACTIVE RECREATION SPACE IN CULPEPER. TWO PLAYGROUNDS AND A PROGRAM TO DEVELOP OUTSIDE ACTIVITIES FOR SENIORS WERE ADDITIONALLY FUNDED. TECHNICAL ASSISTANCE GRANTS MAY BE USED TO OFFSET THE COST OF A CONSULTANT, TOOL OR SKILL THAT A NONPROFIT WANTS TO STRENGTHEN OR ADD, ALLOWING IT TO OPERATE MORE EFFECTIVELY. THESE GRANTS STRENGTHEN ORGANIZATIONS AND REQUIRE A TWENTY PERCENT CASH MATCH BY THE APPLICANT UPON SUBMISSION. TECHNICAL ASSISTANCE GRANTS SUPPORT OPERATIONAL NEEDS, SUCH AS LEADERSHIP DEVELOPMENT, ADVANCEMENT OF COLLABORATION, AND PLANNING EFFORTS FOR EFFECTIVE ORGANIZATIONS. APPLICATIONS ARE PROCESSED YEAR-ROUND ON A FIRST-COME, FIRST-SERVED BASIS UNTIL FUNDING FOR THE FISCAL YEAR IS EXHAUSTED. GRANTS MUST BE COMPLETED WITHIN SIX MONTHS OF THE AWARD. TECHNICAL ASSISTANCE GRANTS TOTALLED \$39,973 IN FY2018. NON-COMPETITIVE GRANTS PRIOR TO 2017, MOST NON-COMPETITIVE AWARDS WERE INCLUDED UNDER THE HEADER OF DISCRETIONARY GRANTS. IN FY2018, THIS CATEGORY WAS EXPANDED AND DIVERSIFIED TO INCLUDE FOUR NEW OR REVISED CATEGORIES: CAPACITY BUILDING GRANTS AND INITIATIVES, COMMUNITY ENGAGEMENT GRANTS, AND REGIONAL POPULATION HEALTH GRANTS. DISCRETIONARY GRANTS WERE REDEFINED TO SUPPORT SMALL SPECIAL INITIATIVES, HONORARY CONTRIBUTIONS ACKNOWLEDGING RETIRING BOARD MEMBERS, MENTAL HEALTH FIRST AID ENROLLMENT INCENTIVES, ALLOCATIONS TO PROJECTS THAT MAY OR MAY NOT BE SPECIFICALLY RELATED TO ONE OF THE FOUR HEALTH PRIORITIES, AND OTHER OPPORTUNITIES THAT MAY NOT FIT THE PARAMETERS OF THE FOUNDATION'S COMPETITIVE GRANT GUIDELINES. DISCRETIONARY GRANTS TOTALLED \$23,660 IN FY2018. CAPACITY BUILDING GRANTS AND INITIATIVES INCLUDE FUNDING OF THE PATH RESOURCE CENTER, THE VOLUNTEER HUB, PATH COMMUNITY LINK, WORKFORCE DEVELOPMENT, LEADERSHIP DEVELOPMENT, THE INTERN PROGRAM, FACILITY SUPPORT, AND ORGANIZATIONAL CAPACITY. PATH RESOURCE CENTER - THE PATH RESOURCE CENTER IS A FREE RESOURCE FOR AREA NONPROFITS THAT IS MADE POSSIBLE THROUGH A PARTNERSHIP BETWEEN THE PATH FOUNDATION AND THE CENTER FOR NONPROFIT EXCELLENCE (CNE). THE PATH RESOURCE CENTER, FUNDED BY THE PATH FOUNDATION, IS MANAGED AND OPERATED BY CNE. FISCAL YEAR 2018, MARKED THE SECOND YEAR THAT THE PATH FOUNDATION CONTRACTED WITH THE CNE TO PROVIDE TRAINING, TECHNICAL ASSISTANCE, AND RESOURCES TO NONPROFITS IN THE PATH FOUNDATION FOOTPRINT. THE CENTER WAS DEVELOPED IN CONSULT WITH NONPROFIT LEADERS AND THE KEY STAKEHOLDERS IN THE REGION WHO IDENTIFIED A CLEAR NEED FOR COMMUNITY INVESTMENT IN BUSINESS, PROFESSIONAL DEVELOPMENT, AND PEOPLE WITHIN THE NONPROFIT SECTOR. THE CENTER COVERS TOPICS RELATED TO GOVERNANCE, PHILANTHROPY, MARKETING, FINANCE, AND COMMUNITY ENGAGEMENT AND SUBSCRIBES AND PROVIDES FREE PUBLIC ACCESS TO THE FOUNDATION CENTER ONLINE DATABASE OF OVER 12 MILLION GRANTS. THE CONTRACT, AS WELL AS EDUCATIONAL MATERIALS FOR TRAINING ARE INCLUDED IN THE EXPENSES FOR \$156,012. ADDITIONALLY, \$44,171 IN OPERATING EXPENSES WERE INCURRED FOR THE OPERATION OF THE PATH RESOURCE CENTER TO INCLUDE RENT, SUPPLIES, UTILITIES, EQUIPMENT RENTAL AND IT SUPPORT SERVICES. BETWEEN OCTOBER 1, 2017, AND SEPTEMBER 30, 2018, CNE AT THE PATH RESOURCE CENTER PROVIDED 14 WORKSHOPS TO 119 ATTENDEES, 2 BOOK CLUBS TO 11 ATTENDEES, 3 INFORMAL WORKSHOPS TO 23 ATTENDEES, 3 ADVANCED WORKSHOPS TO 49 ATTENDEES, ONE 6-MONTH LUNCH SERIES TO 15 ATTENDEES, AND 2 EXECUTIVE LEADERSHIP CIRCLES TO 10 PROFESSIONALS MONTHLY. CNE PROVIDED TECHNICAL ASSISTANCE FOR 154 NONPROFIT PROFESSIONALS DURING THE YEAR. THIS AMOUNTS TO OVER 675 NONPROFIT PROFESSIONALS RECEIVING RESOURCES FROM THE PATH RESOURCE CENTER VOLUNTEER HUB. THE END OF FISCAL YEAR 2018 MARKED NEARLY TWO YEARS OF OPERATION FOR LETS VOLUNTEER ORG AND THE PATH VOLUNTEER HUB. IN FY2018, 1,012 COMMUNITY MEMBERS REGISTERED ON OUR SITE IN RESPONSE TO HUNDREDS OF OPPORTUNITIES POSTED FROM AREA NONPROFITS. THIS COMMUNITY VOLUNTEER ENGAGEMENT EQUATED TO A TOTAL OF 2,002 REPORTED HOURS DURING THAT TIME, KEEPING IN MIND NOT ALL VOLUNTEER HOURS ARE REPORTED. IN APRIL 2018, PATH VOLUNTEER HUB ALSO HOSTED ITS SECOND ANNUAL LET'S VOLUNTEER DAY DESIGNED TO ENGAGE VOLUNTEERS IN A COMMUNITY-WIDE DAY OF SERVICE. THIRTY-THREE ORGANIZATIONS PARTICIPATED WITH 35 PROJECTS, ENGAGING JUST OVER 500 MEMBERS OF OUR VOLUNTEER COMMUNITY. \$23,737 WAS INVESTED IN THIS DAY OF SERVICE AS EACH PARTICIPATING AGENCY WAS ISSUED A \$500 STIPEND TO HELP PROVIDE SUPPLIES AND NECESSARY SUPPORT TO COMPLETE THEIR PROJECTS. THIS FIGURE ALSO REPRESENTED ADVERTISING, PROMOTION AND GIFTS FOR PARTICIPATING VOLUNTEERS. ADDITIONAL MISCELLANEOUS OPERATING COST FOR THE VOLUNTEER HUB AMOUNTED TO \$4,094. PATH COMMUNITY LINK - IN AUGUST 2018, THE PATH RESOURCE CENTER ADDED A NEW CALL CENTER SERVICE WHICH CONNECTS THOSE IN NEED WITH ORGANIZATIONS AND SERVICES IN FAUQUIER, CULPEPER AND RAPPAHANNOCK COUNTIES. PATH COMMUNITY LINK PROVIDES INFORMATION ON LOCAL TRANSPORTATION, FOOD, HEALTH CARE, HOUSING, FINANCIAL ASSISTANCE, DAYCARE AND MORE. BETWEEN AUGUST AND SEPTEMBER 2018, PATH COMMUNITY LINK ASSISTED 22 COMMUNITY MEMBERS. WORKFORCE & LEADERSHIP DEVELOPMENT - THE REACH INSTITUTE WAS CONTRACTED TO PROVIDE TRAINING IN ADULT BEHAVIORAL HEALTH TO 19 PHYSICIANS. THE PRIMARY COURSE MATERIAL WAS TO PROVIDE THE PHYSICIANS WITH THE TOOLS NEEDED TO HELP THEM IN ASSESSING, DIAGNOSING AND TREATING ADULT MENTAL HEALTH DISORDERS. LEADERSHIP FAUQUIER WAS PROVIDED A GRANT IN THE AMOUNT OF \$20,000 TO SUPPORT A PROGRAM TO DEVELOP LEADERS IN THE COMMUNITY.

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FAUQUIER HEALTH FOUNDATION
DBA THE PATH FOUNDATION

Employer identification number

30-0219424

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described 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 research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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.**
 - c **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 **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.**
 - 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
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	145,121	62,698	54,217	219,023	37,479	518,538
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	
4	Total. Add lines 1 through 3	145,121	62,698	54,217	219,023	37,479	518,538
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)						228,285
6	Public support. Subtract line 5 from line 4						290,253

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	145,121	62,698	54,217	219,023	37,479	518,538
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,676	14,394	10,314	171	617	31,172
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						549,710
12	Gross receipts from related activities, etc. (see instructions)					12	

13 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) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	52.800 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	71.450 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 qualifies 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 ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone 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) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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.	Yes	No
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) 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)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 30-0219424

Name: FAUQUIER HEALTH FOUNDATION
DBA THE PATH FOUNDATION

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)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
FAUQUIER HEALTH FOUNDATION
DBA THE PATH FOUNDATION

Employer identification number
30-0219424

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0	186,724	380,962	404,275	373,788
b Contributions					
c Net investment earnings, gains, and losses	0	-186,397	-194,238	-23,313	30,487
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	0	327			
g End of year balance			186,724	380,962	404,275

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 0 %
 - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	6,477,767		108,624	6,369,143
c Leasehold improvements				
d Equipment	396,996		107,880	289,116
e Other	511,177		72,376	438,801
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				7,097,060

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	▶	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	▶	

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	▶

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATES	29,043,500
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	▶ 29,043,500

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue 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			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part 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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 30-0219424

Name: FAUQUIER HEALTH FOUNDATION
DBA THE PATH FOUNDATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOLLOWING IS THE TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS FHS SERVICES, FHI SERVICES AND THE FAUQUIER HEALTH FOUNDATION (D/B/A PATH FOUNDATION) ARE ALL EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS A PUBLIC CHARITY PURSUANT TO INTERNAL REVENUE CODE SECTION 509(A) FEDERAL TAX LAW REQUIRES THAT THESE ENTITIES BE OPERATED IN A MANNER CONSISTENT WITH THEIR INITIAL EXEMPTION APPLICATION TO MAINTAIN THEIR EXEMPT STATUS MANAGEMENT HAS ANALYZED THE OPERATIONS OF THESE ENTITIES AND CONCLUDED THAT THESE ENTITIES REMAIN IN COMPLIANCE WITH THE REQUIREMENTS FOR EXEMPTION THE STATE IN WHICH THESE ENTITIES OPERATE ALSO PROVIDES A GENERAL EXEMPTION FROM STATE INCOME TAXATION FOR ORGANIZATIONS THAT ARE EXEMPT FROM FEDERAL INCOME TAXATION HOWEVER, THESE ENTITIES ARE SUBJECT TO BOTH FEDERAL AND STATE INCOME TAXATION AT CORPORATE TAX RATES ON THEIR UNRELATED BUSINESS INCOME THESE ENTITIES HAVE NO UNRECOGNIZED TAX BENEFITS MANAGEMENT HAS ALSO CONSIDERED THE IMPACT OF UNRELATED BUSINESS ACTIVITIES AND HAS CONCLUDED THAT THESE ENTITIES ARE NOT SUBJECT TO UNRELATED BUSINESS TAX OR ANY OTHER TAXES THAT COULD BE IMPOSED BY THE IRC OR STATE TAXING AUTHORITIES AS SUCH, NO PROVISION IS MADE FOR INCOME TAXES AND NO ASSET OR LIABILITY HAS BEEN RECOGNIZED FOR DEFERRED TAXES

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
FAUQUIER HEALTH FOUNDATION
DBA THE PATH FOUNDATION

Employer identification number
30-0219424

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 23

3 Enter total number of other organizations listed in the line 1 table ▶ _____ 1

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	ORGANIZATIONS SEEKING GRANT FUNDING MUST SUBMIT A PROPOSAL BUDGET AND, IN MOST CASES, AN ORGANIZATION BUDGET, DURING THE APPLICATION PROCESS APPLICANTS FOR 12-MONTH GRANTS MUST SUBMIT AN IRS DETERMINATION LETTER, ORGANIZATION FINANCIALS AND THE IRS FORM 990 THE GRANT AGREEMENT SPECIFIES THAT FUNDS MAY ONLY BE USED IN CONFORMITY WITH THE ORIGINAL GRANT PROPOSAL AND ANY SUBSTANTIAL CHANGES MUST BE REQUESTED AND APPROVED IN WRITING TWELVE-MONTH COMPETITIVE GRANTS REQUIRE GRANTEEES TO FILE A WRITTEN SIX-MONTH INTERIM REPORT AND FINAL REPORTS SPECIFYING HOW FUNDS WERE USED, FOLLOWING THE END OF THE GRANT TERM RECIPIENTS OF SHORT TERM MAKE IT HAPPEN! OR TECHNICAL ASSISTANCE GRANTS FILE A FINAL REPORT DETAILING GRANT ACTIVITY AND EXPENDITURES WITHIN THIRTY DAYS OF GRANT CLOSURE IN THE CASE OF A SUCCESSFUL PROPOSAL, THE PROJECT AND ITS BUDGET SUBMITTED AT THE TIME OF APPLICATION FORM THE BASIS OF THE GRANT AGREEMENT THE REPORTING SUBMITTED IS REVIEWED AND EVALUATED BY THE ORGANIZATION'S PROGRAM STAFF
PART I, LINE 2	ORGANIZATIONS SEEKING GRANT FUNDING MUST SUBMIT A PROPOSAL BUDGET AND, IN MOST CASES, AN ORGANIZATION BUDGET, DURING THE APPLICATION PROCESS APPLICANTS FOR 12-MONTH GRANTS MUST SUBMIT AN IRS DETERMINATION LETTER, ORGANIZATION FINANCIALS AND THE IRS FORM 990 THE GRANT AGREEMENT SPECIFIES THAT FUNDS MAY ONLY BE USED IN CONFORMITY WITH THE ORIGINAL GRANT PROPOSAL AND ANY SUBSTANTIAL CHANGES MUST BE REQUESTED AND APPROVED IN WRITING TWELVE-MONTH COMPETITIVE GRANTS REQUIRE GRANTEEES TO FILE A WRITTEN SIX-MONTH INTERIM REPORT AND FINAL REPORTS SPECIFYING HOW FUNDS WERE USED, FOLLOWING THE END OF THE GRANT TERM RECIPIENTS OF SHORT TERM MAKE IT HAPPEN! OR TECHNICAL ASSISTANCE GRANTS FILE A FINAL REPORT DETAILING GRANT ACTIVITY AND EXPENDITURES WITHIN THIRTY DAYS OF GRANT CLOSURE IN THE CASE OF A SUCCESSFUL PROPOSAL, THE PROJECT AND ITS BUDGET SUBMITTED AT THE TIME OF APPLICATION FORM THE BASIS OF THE GRANT AGREEMENT THE REPORTING SUBMITTED IS REVIEWED AND EVALUATED BY THE ORGANIZATION'S PROGRAM STAFF

Additional Data

Software ID:
Software Version:
EIN: 30-0219424
Name: FAUQUIER HEALTH FOUNDATION
DBA THE PATH FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELLE MEADE MONTESSORI SCHOOL 353 FT VALLEY ROAD SPERRYVILLE, VA 22740	54-1968880	GOVERNMENT	8,324				TECHNICAL ASSISTANCE GRANT TO SEND A TEACHER TO THE NORTH AMERICAN MONTESSORI TEACHER ASSOCIATION (NAMTA)/AMI MONTESSORI ORIENTATION TO ADOLESCENT STUDIES TRAINING
BULL RUN MOUNTAINS CONSERVANCY PO BOX 210 BROAD RUN, VA 20137	54-1727569	501(C)(3)	20,727				MAKE IT HAPPEN! GRANT - BULL RUN MOUNTAINS CONSERVANCY, IN PARTNERSHIP WITH LOCAL CITIZENS AND VIRGINIA'S NATURAL HERITAGE PROGRAM, SEEKS TO CONDUCT AN INTENSE DRAGONFLY AND DAMSELFLY SURVEY OF THIS IMPORTANT INSECT GROUP ON THE BULL RUN MOUNTAINS OVER THE SUMMER OF 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CULPEPER COUNTY 302 N MAIN STREET CULPEPER, VA 22701	54-6001236	501(C)(3)	9,469				MAKE IT HAPPEN! CHILDHOOD WELLNESS GRANT - TO FUND COLLABORATION WITH SCHOOLS ON AN INNOVATIVE "I VOTED AND "FUTURE VOTER" STICKERS DESIGN COMPETITION OPPORTUNITIES TO EDUCATE CHILDREN ON VOTING AND ELECTIONS AS WELL AS PROMOTE VOTER TURNOUT AND COMMUNITY COLLABORATION ARE CORRELATED TO THE PATH FOUNDATION'S GOAL TO INSPIRE AND MOTIVATE THE COMMUNITY
CULPEPER WELLNESS FOUNDATION 311 S EAST STREET SUITE 100 CULPEPER, VA 22701	52-1366700	501(C)(3)	32,000				CREATIVE SOLUTIONS GRANT - FUNDING TO UPGRADE ROCKWATER PARK AREA IN RESPONSE TO YOUTH SURVEY IT IS ANTICIPATED THAT YOUNG PEOPLE AND ADULTS WILL USE THIS AREA AND THAT IT WILL BE A REGIONAL ATTRACTION IT WILL INCREASE PHYSICAL ACTIVITY, BE FREE OF CHARGE AND PROVIDE A GATHERING PLACE FOR YOUNG PEOPLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAUQUIER COUNTY PARKS & RECREATION 320 HOSPITAL DRIVE SUITE 6 WARRENTON, VA 20186	54-6001274	GOVERNMENT	25,189				MAKE IT HAPPEN! ACCESS TO HEALTH GRANT -TO FUND A SYNTHETIC ICE RINK AT THE NORTHERN FAUQUIER COMMUNITY PARK
FAUQUIER COUNTY PUBLIC SCHOOLS - VPI 320 HOSPITAL DRIVE WARRENTON, VA 20186	54-6001276	GOVERNMENT	13,525				MAKE IT HAPPEN! ACCESS TO HEALTH GRANT - TO FUND BOOKS ON THE BUS (BOB) WHICH TRAVELS THROUGHOUT FAUQUIER COUNTY IN THE SUMMER BRINGING WEEKLY MOVEMENT, MUSIC AND LITERACY ACTIVITIES TO LOCATIONS THAT ARE WITHIN WALKING DISTANCE OF HIGH POVERTY AREAS IN FAUQUIER COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAUQUIER COUNTY SHERIFF'S OFFICE 78 W LEE STREET WARRENTON, VA 20186	54-6001274	GOVERNMENT	8,169				MAKE IT HAPPEN! MENTAL HEALTH GRANT - TO FUND HIDDEN IN PLAIN SIGHT, AN ADULT EDUCATION PROGRAM WHERE THE AUDIENCE IS PRESENTED WITH A THREE-DIMENSIONAL MOCK-UP OF A CHILD/TEENAGER'S BEDROOM THAT HAS ITEMS SURREPTITIOUSLY HIDDEN IN PLAIN VIEW THAT WOULD INDICATE POSSIBLE RISKY BEHAVIOR THE PROGRAM IS DESIGNED TO EDUCATE PARENTS AND PRIMARY CAREGIVERS ON WHAT TO LOOK FOR AND HOW TO GET HELP THE PROGRAM WILL BE MOBILE, ABLE TO BE DRIVEN TO ANY LOCATION BY TRAILER WHERE IT WILL BE ASSEMBLED, PRESENTED AND DISASSEMBLED
FAUQUIER EDUCATION FARM 24 PELHAM STREET WARRENTON, VA 20186	90-0662914	501(C)(3)	9,901				MAKE IT HAPPEN! ACCESS GRANT - TO FUND ESTABLISHMENT OF A NEW FARMER INCUBATOR PROGRAM AT THE FARM THESE FUNDS WOULD BE USED TO CONNECT A WATER LINE FROM OUR WELL TO THE INCUBATOR AREA, AND THE FUNDS NEEDED TO ERECT AN ELECTRIC DEER FENCE AROUND THIS AREA ALSO FUNDS TO SUPPORT HIRING TWO PART-TIME HELPERS FOR THE FARM THAT WILL ENABLE THE EXECUTIVE DIRECTOR TO HAVE SUFFICIENT TIME TO SUPPORT THE INCUBATOR PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAUQUIER FREE CLINIC INC PO BOX 3138 WARRENTON, VA 20188	54-1669652	501(C)(3)	20,782				TECHNICAL ASSISTANCE GRANT - TO FUND HARDWARE FOR SCANNING PAPER CHARTS AND TOOLS FOR CLINICAL VOLUNTEERS TO AID EFFORTS TO CONVERT FAUQUIER FREE CLINIC TO ELECTRONIC HEALTH RECORD SYSTEM
HEADWATERS FOUNDATION PO BOX 114 SPERRYVILLE, VA 22740	54-1844267	501(C)(3)	6,400				TECHNICAL ASSISTANCE GRANT - TO FUND TWO RAPPAHANNOCK COUNTY ELEMENTARY SCHOOL TEACHERS TO ATTEND THE TEACHER TRAINING INSTITUTE AT THE KILDONAN SCHOOL IN AMENIA, NEW YORK THRU THE ORTON-GILLINGHAM TEACHER TRAINING PROGRAM AND PRACTICUM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAND TRUST OF VIRGINIA PO BOX 14 MIDDLEBURG, VA 20118	54-1601471	501(C)(3)	8,751				TECHNICAL ASSISTANCE GRANT - TO FUND THE ATTENDANCE TO A NATIONAL CONFERENCE TO DEVELOP GREATER EXPERTISE IN LAND CONSERVATION BY FIVE STAFF AND FOUR BOARD MEMBERS
LEADERSHIP FAUQUIER PO BOX 3661 WARRENTON, VA 20188	47-2216232	501(C)(3)	20,000				CAPACITY BUILDING GRANT TO HELP SUPPORT LEADERSHIP FAUQUIER EFFORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MM PIERCE ELEMENTARY SCHOOL 12074 JAMES MADISON STREET REMINGTON, VA 22734	54-6001276	501(C)(3)	20,000				CREATIVE SOLUTIONS GRANT - FUNDING TO HELP COMPLETE PHASE 1 OF THE M M PIERCE PLAYGROUND AND GET STARTED ON PHASE 2 THE PLAYGROUND WILL BE USED BY THE SCHOOL AND OPEN TO THE REMINGTON COMMUNITY AS THERE ARE NO OTHER OUTDOOR PLAY SPACES IN OUR AREA AND OUR OLD PLAYGROUND BECAME UNUSABLE DUE ITS AGE AND STATE OF DISREPAIR
NORTHERN PIEDMONT COMMUNITY FOUNDATION PO BOX 5 CULPEPER, VA 22701	31-1742955	501(C)(3)	132,050				COMMUNITY ENGAGEMENT GRANT - TO FUND THE PROGRAM OFFERED EACH HIGH SCHOOL SENIOR \$25 TO DONATE TO A NONPROFIT REGISTERED WITH GIVE LOCAL PIEDMONT, A FUNDRAISING CAMPAIGN SUPPORTED BY THE NORTHERN PIEDMONT COMMUNITY FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIEDMONT SYMPHONY ORCHESTRA PO BOX 509 WARRENTON, VA 20188	54-1793978	501(C)(3)	5,500				DISCRETIONARY GRANT - HONORARY BOARD MEMBER GRANT DIRECTED BY RETIRING BOARD DIRECTOR
RAPPAHANNOCK COUNTY PUBLIC SCHOOLS 6 SCHOOLHOUSE ROAD WASHINGTON, VA 22747	54-6001554	GOVERNMENT	8,935				MAKE IT HAPPEN! CHILDHOOD WELLNESS GRANT - TO FUND RAPP TOMORROW READ TODAY, AN OUTREACH PROGRAM IDEA STEMMING FROM RAPPAHANNOCK COUNTY PUBLIC SCHOOLS, IN CONJUNCTION WITH THE RAPPAHANNOCK COUNTY LIBRARY, TO PROMOTE LITERACY AMONG FAMILIES WITH CHILDREN YOUNGER THAN SCHOOL AGE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAPPAHANNOCK COUNTY RECREATIONAL FACILITIES AUTHORITY PO BOX 172 WASHINGTON, VA 22747	54-6001553	501(C)(3)	22,490				CREATIVE SOLUTIONS GRANT - TO FUND PLAY IN THE PARK!, TARGETED AT RAPPAHANNOCK COUNTY RESIDENTS TO GET OUTDOORS & MOVE FIVE ACTIVITIES ARE PROPOSED TENNIS COURT IMPROVEMENTS (BENCHES, REPLACING/REPAIRING THE BACKBOARD, RESURFACING THE COURT), 9 HOLE DISC (FRISBEE) GOLF (BYO DISCS), CONCRETE CORN HOLE TOSS (BYO BEANBAGS), SHUFFLEBOARD (BYO CUES AND DISCS) DISCS, BEANBAGS & CUES COULD BE BORROWED FROM THE NEARBY LIBRARY A DARK SKY EDUCATIONAL DISPLAY IS PROPOSED UPON RECEIVING THE DARK SKY PARK DESIGNATION BY THE IDA
RAPPAHANNOCK COUNTY SHERIFF'S OFFICE PO BOX 487 WASHINGTON, VA 22747	54-6001553	GOVERNMENT	9,150				MAKE IT HAPPEN! ACCESS GRANT - TO FUND PROJECT LIFESAVER IS A PROGRAM THAT IS UTILIZED TO ASSIST IN LOCATING MEMBERS OF OUR COMMUNITY BOTH ADULT AND CHILDREN THAT WANDER AWAY FROM HOME WHICH GREATLY REDUCES THE TIME IT TAKES TO LOCATE INDIVIDUALS AND SAVE LIVES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAPPAHANNOCK LEAGUE FOR ENVIRONMENTAL PROTECTION PO BOX 94 WASHINGTON, VA 22747	23-7211547	501(C)(3)	24,150				MAKE IT HAPPEN! GRANT - FUNDS TO REPLACE 85 HIGH INTENSITY OUTDOOR LIGHTS AT THE COUNTY'S HIGH SCHOOL, ELEMENTARY SCHOOL AND SCHOOL BOARD OFFICE BUILDING WITH DARK-SKY COMPLIANT LIGHTS
RAPPUINC PO BOX 35 SPERRYVILLE, VA 22740	47-4370354	501(C)(3)	8,000				MAKE IT HAPPEN! ACCESS GRANT - FUNDING FOR SPECIFIC EQUIPMENT NEEDED TO LAUNCH TWO NEW HEALTHCARE TRAINING COURSES - CPT (CERTIFIED PHLEBOTOMY TECHNICIAN) AND CET (CERTIFIED EKG TECHNICIAN)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEASTERN ALTERNATIVE SCHOOL 4484 CATLETT ROAD MIDLAND, VA 22728	54-6001276	GOVERNMENT	5,999				MAKE IT HAPPEN! CHILDHOOD WELLNESS GRANT - TO FUND PROJECT EXPEDITION FOR PURCHASING 20 GOOGLE EXPEDITIONS KITS (VIRTUAL REALITY KITS) FOR THE STUDENTS OF SOUTHEASTERN ALTERNATIVE SCHOOL TOENABLE STUDENTS TO NOT ONLY LEARN ESSENTIAL EDUCATIONAL CONCEPTS IN THE CORE DISCIPLINES OF SCIENCE AND HISTORY, BUT ALSO PROVIDE THEM WITH EXPERIENTIAL LEARNING AND A DESIRE FOR FURTHER INQUIRY WHICH WOULD OTHERWISE HAVE BEEN IMPOSSIBLE TO RECREATE
TAYLOR MIDDLE SCHOOL 350 E SHIRLEY AVENUE WARRENTON, VA 20186	54-6001276	GOVERNMENT	12,109				MAKE IT HAPPEN! CHILDHOOD WELLNESS GRANT - TO FUND A COLLABORATIVE LEARNING ENVIRONMENT THROUGH THE PURCHASE OF TRIANGLE-SHAPED DESKS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PLAINS COMMUNITY LEAGUE 6473 MAIN STREET THE PLAIN, VA 20190	52-1231763	501(C)(3)	6,996				TECHNICAL ASSISTANCE GRANT - FUNDING TO ACQUIRE 3 URGENTLY NEEDED NEW LAPTOPS TO MEET AN ANTICIPATED GROWTH THIS SEPTEMBER OF STUDENTS PARTICIPATING IN POPULAR, FREE, AFTER-SCHOOL TUTORING PROGRAMS FOR GRADES 3-12
WINDY HILL FOUNDATION P PO BOX 1593 MIDDLEBURG, VA 20118	54-1244012	501(C)(3)	29,570				CREATIVE SOLUTIONS GRANT - TO HELP PROVIDE FUNDS TO BUILD A PLAYGROUND ON THE GROUNDS OF WASHBURN PLACE - NEW AFFORDABLE HOUSING DEVELOPMENT IN MARSHALL, VIRGINIA

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FAQUIER HEALTH FOUNDATION
DBA THE PATH FOUNDATION

Employer identification number
30-0219424

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a No	4b No								
	4c No									
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a No	5b No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a No	6b No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7 No									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8 No									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART 1, LINE 1B	<p>THE CEO AND CFO ARE COMPENSATED BY THE FAUQUIER HEALTH FOUNDATION (DBA THE PATH FOUNDATION) THE ORGANIZATION'S" BOARD ADOPTED A COMPENSATION POLICY FOR ITS CEO AND CFO AN EXECUTIVE COMPENSATION COMMITTEE OF INDEPENDENT DIRECTORS OF THE BOARD OF THE ORGANIZATION" WAS ESTABLISHED TO REVIEW THE COMPENSATION FOR ALL EMPLOYEES SPECIFIED HAVING A SUBSTANTIAL INFLUENCE OVER THE ORGANIZATION AND WHO RECEIVE REMUNERATION FROM THE ORGANIZATION" THE EXECUTIVE COMPENSATION COMMITTEE IS ADVISED BY AN INDEPENDENT COMPENSATION CONSULTANT, WHICH OPINES TO THE COMPENSATION COMMITTEE THAT THE LEVEL OF COMPENSATION PAID AND THE PROCESS BY WHICH COMPENSATION IS ESTABLISHED TO MEET APPLICABLE IRS REASONABLENESS AND SAFE HARBOR STANDARDS THE OUTSIDE COMPENSATION CONSULTANT PROVIDES DATA OF COMPENSATION PROVIDED AT SIMILAR ORGANIZATIONS TO ENSURE THAT THE ORGANIZATION DOES NOT COMPENSATE IN EXCESS OF MARKET NORMS</p>

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
FAUQUIER HEALTH FOUNDATION
DBA THE PATH FOUNDATION

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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

30-0219424

990 Schedule O, Organizational Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>INTERN PROGRAM - THE FOUNDATION SUPPORTED TWELVE (12) INTERNS IN FY2018 - THE LARGEST CLASS YET - FOR ITS TWO-MONTH 2018 SUMMER INTERNSHIP PROGRAM THE INTERNS WORKED IN DIFFERENT ORGANIZATIONS THROUGHOUT FAUQUIER, CULPEPER, AND RAPPAHANNOCK COUNTIES TO MAKE A DIFFERENCE IN THE COMMUNITY THE ORGANIZATIONS INCLUDED THE FAUQUIER FREE CLINIC, CULPEPER COUNTY PARKS AND RECREATION, MENTAL HEALTH ASSOCIATION OF FAUQUIER COUNTY, RAPPATON HOME, THE WARRENTON FARMERS MARKET, RAPPAHANNOCK COUNTY PUBLIC SCHOOLS, AND OTHERS INTERNS WORKED TOGETHER ON A GROUP PROJECT TO SUPPORT HEALTH AND VITALITY IN THE COMMUNITY IN FY2018, THE INTERN TEAM CREATED THE BEALTON CAFE, A COFFEEHOUSE THAT PROVIDED REFRESHMENTS, ACTIVITIES AND AN ESCAPE FROM THE SUMMER HEAT THEY ALSO CREATED MUSIC IN THE GARDEN, A GARDEN CONCERT AND COMMUNITY GATHERING IN THE REMINGTON COMMUNITY GARDEN THESE EVENTS WORKED TO BRING MEMBERS OF THE COMMUNITY TOGETHER IN INNOVATIVE WAYS THE FY2018 INVESTMENT WAS \$43,338 FOR THIS PROGRAM FACILITY SUPPORT - IN ORDER TO FOSTER A COLLABORATIVE SPACE, THE FOUNDATION, PROVIDES OFFICE SPACE TO HABITAT FOR HUMANITY, DSS, BOYS & GIRLS CLUB AND THE PIEDMONT DISPUTE RESOLUTION CENTER IN FY2018 \$20,752 WAS INVESTED IN THIS PROGRAM ORGANIZATIONAL CAPACITY - THE FOUNDATION PROVIDED \$40,000 IN SPONSORSHIP SUPPORT TO ORGANIZATIONS THAT ALIGN WITH OUR MISSION THESE ORGANIZATIONS INCLUDE THE WASHINGTON REGIONAL FOOD FUNDERS, MISSION INVESTORS, THE CULPEPER WELLNESS FOUNDATIONS "A BALANCED APPROACH TO PAIN MANAGEMENT & OPIOIDS" EVENT AND THE NORTHERN PIEDMONT BUY FRESH BUY LOCAL GUIDE ELEVATING PHILANTHROPY IS IMPORTANT TO THE FOUNDATION AND A GRANT IN THE AMOUNT OF \$60,000 WAS PROVIDED TO THE NORTHERN PIEDMONT COMMUNITY FOUNDATION TO HELP SUPPORT THIS MISSION COMMUNITY ENGAGEMENT GRANTS AND PROGRAMS ARE VOLUNTARY CONTRIBUTIONS AND EFFORTS TO FOSTER A SPIRIT OF PHILANTHROPY AND HONOR THE TRADITION OF VOLUNTEERISM IN OUR COMMUNITY EXAMPLES INCLUDE LECTURES, GIVE LOCAL PIEDMONT CAMPAIGN, STUDENT PHILANTHROPY AND THE HOLIDAY MAGIC COMMUNITY INITIATIVE COMMUNITY ENGAGEMENT GRANTS TOTALING \$179,205 WERE MADE IN FY2018 THE COMMUNITY LECTURE SERIES FEATURED A PRESENTATION FROM CHRIS HERREN, A FORMER NBA PLAYER BETWEEN NOVEMBER 2017 AND MAY 2018, MR HERREN ADDRESSED MORE THAN 5,000 STUDENTS AT PUBLIC AND PRIVATE SCHOOLS, AS WELL AS A COMMUNITY FORUM FOR PARENTS MR HERREN STRUGGLED FOR YEARS WITH DRUG ADDICTION, AND HIS STORY WAS THE SUBJECT OF ESPN'S 30 FOR 30 DOCUMENTARY, "UNGUARDED" HE CONNECTED WITH STUDENTS ABOUT THE IMPORTANCE OF SELF-WORTH AND AVOIDING BEHAVIORS THAT CAN LEAD TO SUBSTANCE ABUSE THE IMPACT OF HIS MESSAGE, WHICH CENTERS ON SELF-ESTEEM, WAS OVERWHELMING THE COMMUNITY LECTURE SERIES ALSO FEATURED A PRESENTATION FROM DAN BUETTNER, NATIONAL GEOGRAPHIC FELLOW, AWARD-WINNING JOURNALIST AND PRODUCER, AND NEW YORK TIMES BESTSELLING AUTHOR, IN THE SECOND ANNUAL "PATH TO BETTER" EVENT, WHERE HE SHARED HIS FINDINGS ON HUMAN LONGEVITY WITH RESIDENTS OF F</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>AUQUIER, RAPPAHANNOCK AND CULPEPER COUNTIES HE DISCOVERED THE FIVE PLACES IN THE WORLD - DUBBED BLUE ZONES - WHERE PEOPLE LIVE THE LONGEST, HEALTHIEST LIVES COPIES OF HIS BOOKS AND ADMISSION TO THE EVENT WERE FREE, WITH APPROXIMATELY 350 COMMUNITY MEMBERS IN ATTENDANCE MR BUETTNER ENCOURAGED ATTENDEES TO FIND INTENTIONAL WAYS TO INCREASE THEIR DAILY ACTIVITY, AS WELL AS IMPROVING THEIR NUTRITION AND DEVELOPING A STRONG SENSE OF COMMUNITY AN INVESTMENT WAS MADE IN THE NORTHERN PIEDMONT COMMUNITY FOUNDATION'S MAY GIVE LOCAL PIEDMONT CAMPAIGN IN THE AMOUNT OF \$100,000, WHICH BENEFITED NONPROFITS RECEIVING DONATIONS DURING THE CAMPAIGN GIVE LOCAL PIEDMONT IS THE COMMUNITY'S ONE-DAY, ONLINE GIVING EVENT TO INSPIRE COMMUNITY MEMBERS TO GIVE GENEROUSLY TO THE NONPROFIT ORGANIZATIONS THAT ARE MAKING OUR REGION STRONGER, CREATING A THRIVING COMMUNITY FOR ALL STUDENT PHILANTHROPY AMONGST HIGH SCHOOL SENIORS IN FAUQUIER, RAPPAHANNOCK AND CULPEPER COUNTIES IS ENCOURAGED IN MAY 2017, THE FOUNDATION AWARDED HIGH SCHOOL SENIORS IN THE FOOTPRINT \$25 EACH TO DONATE TO LOCAL NONPROFITS REGISTERED WITH GIVE LOCAL PIEDMONT, THE FUNDRAISING CAMPAIGN ORGANIZED BY THE NORTHERN PIEDMONT COMMUNITY FOUNDATION IN ALL, 817 SENIORS IN PUBLIC AND PRIVATE SCHOOLS DONATED \$32,050 TO 122 ORGANIZATIONS SEVENTEEN ORGANIZATIONS WERE SUPPORTED WITH THE HOLIDAY MAGIC COMMUNITY INITIATIVE THE FOUNDATION LAUNCHED A SURPRISE GRANT CYCLE DESIGNED TO GIVE A HELPING HAND WITH NONPROFIT'S HOLIDAY EFFORTS PROJECTS INCLUDED, A HOLIDAY TOY DRIVE, GIFT CARDS TO FAUQUIER FREE CLINIC PATIENTS, A HOLIDAY PARTY FOR INCARCERATED FAMILY MEMBERS AND SENIOR TOTE BAGS REGIONAL POPULATION HEALTH GRANTS REGIONAL POPULATION HEALTH GRANTS SUPPORT INITIATIVES DESIGNED TO ENHANCE OR CHANGE SYSTEMS THAT IMPACT THE HEALTH OUTCOMES OF A BROAD POPULATION PROJECTS MAY ENCOMPASS POLICY DESIGN, EVALUATION, RESEARCH, AND COLLABORATION INITIATIVES MAY BE MULTI-YEAR, MULTI-MODAL, AND INCLUDE A DIVERSITY OF PARTNERS AND CO-FUNDERS AT A STATE, REGIONAL OR NATIONAL SCALE IN FY2018 SUPPORT FOR THE CREATION OF A COLLABORATIVE LEARNING CIRCLE OF NATIONAL HEALTH LEGACY FOUNDATIONS IN CONCERT WITH ROBERT WOOD JOHNSON FOUNDATION WAS FUNDED THROUGH ACTIVE LIVING BY DESIGN, AS WELL AS A POPULATION HEALTH GRANT TO INVESTIGATE MEDICAID EXPANSION IN THE STATE OF VIRGINIA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 13A	VA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	FHS SERVICES IS THE PARENT ORGANIZATION AND FHI SERVICES IS A BROTHER/SISTER ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE FHS SERVICES BOARD OF DIRECTORS ELECTS THE MEMBERS OF FAUQUIER HEALTH FOUNDATION (DBA THE PATH FOUNDATION)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE FAUQUIER HEALTH FOUNDATION (D/B/A THE PATH FOUNDATION) REQUIRES THE APPROVAL OF THE FHS SERVICES BOARD, AS SOLE MEMBER, TO ELECT, APPOINT, OR REMOVE DIRECTORS AND IMPLEMENT AMENDMENTS TO THE ARTICLES OF INCORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION PREPARES THE FORM 990 WITH ASSISTANCE FROM AN OUTSIDE ACCOUNTING FIRM. ONCE A DRAFT OF THE FORM 990 IS COMPLETED, IT IS SUBMITTED TO MANAGEMENT OF THE ORGANIZATION FOR REVIEW AND COMMENTS. AFTER INCORPORATING CHANGES FROM MANAGEMENT, MATERIALLY COMPLETE DRAFT FORMS 990 ARE MADE AVAILABLE TO THE BOARD OF THE ORGANIZATION. COMMENTS OR QUESTIONS RECEIVED FROM THE BOARD ARE INCORPORATED INTO A FINAL FORM 990 WHICH IS SIGNED BY THE PRESIDENT/CEO, CHRISTINE M CONNOLLY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	UNDER THE CONFLICT OF INTEREST POLICY, ALL BOARD MEMBERS, MANAGEMENT, AND KEY EMPLOYEES COMPLETE AN ANNUAL DISCLOSURE FORM REGARDING BUSINESS RELATIONSHIPS THAT HE OR SHE, OR ANY FAMILY MEMBER, HAS WITH ANY OTHER COMPANY THAT DOES BUSINESS WITH THE ORGANIZATION, AS WELL AS ANY BUSINESS RELATIONSHIPS BETWEEN AND AMONG THE BOARD MEMBERS, MANAGEMENT, AND KEY EMPLOYEES THE ANNUAL DISCLOSURE STATEMENTS ARE REVIEWED BY INDEPENDENT LEGAL COUNSEL, AND THE AUDIT AND COMPLIANCE COMMITTEE, WHO ARE ULTIMATELY RESPONSIBLE IF A CONFLICT EXISTS ANY SUCH CONFLICTS WOULD BE REPORTED TO THE FULL BOARD IN ADDITION, ANY PERSON WHO IS COVERED BY THE CONFLICT OF INTEREST POLICY HAS AN ONGOING OBLIGATION TO DISCLOSE THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT TO THE BOARD OR THE BOARD COMMITTEE IN WHICH THE MATTER ARISES FINALLY, THE ORGANIZATION MONITORS BOARD MEMBER ELIGIBILITY FOR ANY POTENTIAL CONFLICTS, IN ORDER TO AVOID SUCH CONFLICTS FROM OCCURRING IN THE FIRST PLACE AN OPPORTUNITY IS GIVEN AT THE START OF EACH MEETING TO DISCLOSE ANY CONFLICT OF INTEREST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CEO AND CFO ARE COMPENSATED BY THE FAUQUIER HEALTH FOUNDATION (DBA THE PATH FOUNDATION) THE ORGANIZATIONS" BOARD ADOPTED A COMPENSATION POLICY FOR ITS CEO AND CFO AN EXECUTIVE COMPENSATION COMMITTEE OF INDEPENDENT DIRECTORS OF THE BOARD OF THE ORGANIZATION" WAS ESTABLISHED TO REVIEW THE COMPENSATION FOR ALL EMPLOYEES SPECIFIED HAVING A SUBSTANTIAL INFLUENCE OVER THE ORGANIZATION AND WHO RECEIVE REMUNERATION FROM THE ORGANIZATION" THE EXECUTIVE COMPENSATION COMMITTEE IS ADVISED BY AN INDEPENDENT COMPENSATION CONSULTANT, WHICH OPINES TO THE COMPENSATION COMMITTEE THAT THE LEVEL OF COMPENSATION PAID AND THE PROCESS BY WHICH COMPENSATION IS ESTABLISHED TO MEET APPLICABLE IRS REASONABLENESS AND "SAFE HARBOR" STANDARDS THE OUTSIDE COMPENSATION CONSULTANT PROVIDES DATA OF COMPENSATION PROVIDED AT SIMILAR ORGANIZATIONS TO ENSURE THAT THE ORGANIZATION DOES NOT COMPENSATE IN EXCESS OF MARKET NORMS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
FAUQUIER HEALTH FOUNDATION
DBA THE PATH FOUNDATION

Employer identification number

30-0219424

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FHS SERVICES 321 WALKER DRIVE SUITE 301 WARRENTON, VA 20186 54-1416705	MANAGEMENT COORDINATION	VA	501(C)(3)	LINE 12C, III-FI	N/A		No
(2) FHI SERVICES 321 WALKER DRIVE SUITE 301 WARRENTON, VA 20186 54-0573701	COMMUNITY HOSPITAL	VA	501(C)(3)	LINE 3	FHS SERVICES	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FHI SERVICES	S	10,302,264	FMV

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)