

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

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

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?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
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

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 4 columns: Description, Prior Year, Current Year, End of Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses, 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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: 2020-08-12
CHRISTINE M CONNOLLY PRESIDENT
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name, Preparer's signature, 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 BETHESDA, MD 20814, Phone no (301) 654-9000

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 \$ 12,800,367 including grants of \$ 10,867,776) (Revenue \$ 119,672)
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 ▶ 12,800,367

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	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>	23	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>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	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>	25b	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>	26	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>	27	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>	28a	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>	28b	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>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	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>	36	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>	37	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	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	28
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	28			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a		No
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b		
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a		No
<p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a		No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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) JANELLE DOWNES VICE-CHAIR	1 50 0 25	X		X				0	0	0
(2) RAY KNOTT CHAIR	3 50 0 25	X		X				0	0	0
(3) TIM DUNN SECRETARY/TREASURER	2 00 0 25	X		X				0	0	0
(4) JOHN MCCARTHY BOARD OF DIRECTOR	2 50 0 25	X						0	0	0
(5) MARSHALL DOELLER BOARD OF DIRECTOR	1 50 0 25	X						0	0	0
(6) RICK GERHARDT BOARD OF DIRECTOR	1 00 0 25	X						0	0	0
(7) MARY LEIGH MCDANIEL BOARD OF DIRECTOR	1 50 0 25	X						0	0	0
(8) SUSAN STRITTMATTER BOARD OF DIRECTOR	1 25 0 25	X						0	0	0
(9) TOM TUCKER BOARD OF DIRECTOR	1 50 0 25	X						0	0	0
(10) MARK VAN DE WATER BOARD OF DIRECTOR	1 50 0 25	X						0	0	0
(11) PATRICIA WOODWARD BOARD OF DIRECTOR	1 50 0 25	X						0	0	0
(12) BETSY DIETEL BOARD OF DIRECTOR	0 90 0 25	X						0	0	0
(13) DAPHNE LATIMORE BOARD OF DIRECTOR	1 75 0 25	X						0	0	0
(14) SUSAN RUBIN BOARD OF DIRECTOR	2 00 0 25	X						0	0	0
(15) CHRISTINE CONNOLLY CEO/PRESIDENT	38 00 2 00			X				297,337	0	51,402
(16) LORNA MAGILL CFO	38 00 2 00			X				200,662	0	12,413
(17) ELIZABETH HENRICKSON DIRECTOR OF ADMINISTRATION & PROGRAMS	40 00 0 00					X		125,290	0	20,326

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) AMY PETTY DIRECTOR OF COMMUNICATIONS	40 00 0 00					X		111,967	0	21,652

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)		735,256	105,793

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
MONTICELLO & ASSOCIATES 1800 LARIMER STREET SUITE 2100 DENVER, CO 80202	INVESTMENT ADVISORY SERVICES	275,000
CITRIN COOPERMAN 529 FIFTH AVENUE NEW YORK, NY 10017	ACCOUNTING AND CONSULTING SERVICES	174,415
LATHAM & WATKINS LLP P O BOX 7247-8181 PHILADELPHIA, PA 191708181	LEGAL EXPERTISE	104,985

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 **▶ 3**

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	29,803		
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f		29,803			

Program Service Revenue			Business Code			
	2a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
9 Total. Add lines 2a-2f						

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,812,949			1,812,949	
	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)			846,125			846,125
	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 BAD DEBT RECOVERY		900099	72,888	72,888				
b WORKER COMPENSATION		900099	46,784	46,784				
c _____								
d All other revenue								
e Total. Add lines 11a-11d			119,672					
12 Total revenue. See Instructions			2,808,549	119,672	0		2,659,074	

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	10,324,861	10,324,861		
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	602,927	362,981	239,946	
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	1,141,256	687,763	453,493	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	24,621	14,670	9,951	
9 Other employee benefits	94,811	56,493	38,318	
10 Payroll taxes	105,917	63,109	42,808	
11 Fees for services (non-employees)				
a Management				
b Legal	63,425	7,035	56,390	
c Accounting	67,428		67,428	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,058,622		1,058,622	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	125,792	31,823	93,969	
12 Advertising and promotion	188,076	152,623	35,453	
13 Office expenses	135,274	65,016	70,258	
14 Information technology	20,533	4,879	15,654	
15 Royalties				
16 Occupancy	131,239	43,474	87,765	
17 Travel	57,793	53,667	4,126	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	75,137	64,501	10,636	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	343,612	205,299	138,313	
23 Insurance	8,456	803	7,653	
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	658,876	658,876		
b OTHER EXPENSE	64,270	2,494	61,776	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	15,292,926	12,800,367	2,492,559	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	2,861,214	1	2,669,222
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	358,658
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	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	0	7	5,970,609
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	112,518	9	326,198
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 9,734,938		
	b Less accumulated depreciation	10b 623,957	7,097,060	10c 9,110,981
	11 Investments—publicly traded securities	7,231,697	11	80,000,895
	12 Investments—other securities See Part IV, line 11	0	12	142,758,634
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	7,663	15	18,209
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,310,152	16	241,213,406	
Liabilities	17 Accounts payable and accrued expenses	466,270	17	1,627,781
	18 Grants payable	0	18	420,000
	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	29,043,500	25	980,399
	26 Total liabilities. Add lines 17 through 25	29,509,770	26	3,028,180
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	-12,199,618	27	238,172,174
	28 Temporarily restricted net assets		28	13,052
	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	-12,199,618	33	238,185,226
	34 Total liabilities and net assets/fund balances	17,310,152	34	241,213,406

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	2,808,549
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,292,926
3	Revenue less expenses Subtract line 2 from line 1	3	-12,484,377
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-12,199,618
5	Net unrealized gains (losses) on investments	5	350,168
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	262,519,053
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	238,185,226

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <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			
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	2a		No
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	2b	Yes	
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	2c	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

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

Form 990 (2018)

Form 990, Part III, Line 4a:

THE FAUQUIER HEALTH FOUNDATION (D/B/A 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 (CONTINUED ON SCHEDULE O)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 SPACETHE ORGANIZATION HAS OFFICE SPACE ON TWO FLOORS AT 321 WALKER DRIVE IN WARRENTON THE ORGANIZATION'S CORPORATE OFFICE, THE MENTAL HEALTH ASSOCIATION OF FAUQUIER COUNTY, AND THE NORTHERN PIEDMONT COMMUNITY FOUNDATION OCCUPY THE THIRD FLOOR 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 IN FY2019, THE ORGANIZATION, ADDITIONALLY, BEGAN PROVIDING OFFICE AND MEETING SPACE TO THE FAUQUIER CHAMBER OF COMMERCE AND LEADERSHIP FAUQUIER OFFICE SPACE IS PROVIDED TO OTHER ORGANIZATIONS, IN THE COMMUNITY, WHO SEEK MEETING ROOMS GRANTSTHE FOUNDATION INVESTS IN THE COMMUNITY BY PROVIDING GRANTS RELATED TO THE FOUR PRIORITY AREAS OF CHILDHOOD WELLNESS, MENTAL HEALTH, SENIOR SERVICES AND ACCESS TO HEALTH IN THE CURRENT YEAR COMPETITIVE PROGRAM AND PLANNING AND GENERAL OPERATIONS GRANT CYCLES WERE OFFERED TO HELP NONPROFITS AND GOVERNMENT AGENCIES BETTER THE COMMUNITIES THEY SERVE MAKE IT HAPPEN! GRANTS, TECHNICAL ASSISTANCE GRANTS, NON-COMPETITIVE HEALTH PRIORITY GRANTS AND RESPONSIVE GRANTS WERE ADDITIONALLY FUNDED AND ARE NOT REQUIRED TO ADHERE TO THE FOUR HEALTH PRIORITIES BUT ENHANCE VITALITY AND SERVICE WITHIN THE COMMUNITY PROGRAM AND PLANNING GRANTS ARE 12-MONTH GRANTS DESIGNED TO SUPPORT CLEARLY DEFINED PROGRAM-BASED INITIATIVES AND/OR SPECIFIC ORGANIZATIONAL PLANNING STRATEGIES OFFERED ANNUALLY, THE OBJECTIVES OF THESE GRANTS ARE TO PROVIDE ONGOING SUPPORT TO SIGNATURE PROGRAMS OF ESTABLISHED ORGANIZATIONS, ENCOURAGE INNOVATION IN CREATING AND INTRODUCING NEW INITIATIVES AND OFFERING, AND TO STRENGTHEN EVOLVING ORGANIZATIONS FOCUSED ON CAPACITY AND PROCESS IMPROVEMENT PROGRAMS MAY BE NEW OR ONGOING AND FUNDS MAY BE USED TO CREATE, IMPLEMENT AND/OR SUSTAIN SPECIFIC PROGRAMS PLANNING GRANTS MAY BE CONSIDERED FOR A VARIETY OF PROCESSES INCLUDING STRATEGIC PLANNING, BOARD DEVELOPMENT, MASTER FACILITY PLANS, SURVEYS AND EVALUATIONS, PILOT PROGRAMS AND OTHER CAPACITY-BUILDING ACTIVITY ALL PROGRAM AND PLANNING GRANTS RELATE TO ONE OF FOUR KEY PRIORITIES CHILDHOOD WELLNESS, MENTAL HEALTH, SENIOR SERVICES AND ACCESS TO HEALTH TOTALING GRANTS IN FY2019 TOTALED \$754,415 GENERAL OPERATIONS GRANTS ARE THE FOUNDATION'S MOST COMPETITIVE AWARDS GRANTS, TOTALING \$748,307 IN FY2019, WERE MADE TO LOCAL NONPROFITS DEMONSTRATING THE HIGHEST STANDARDS AND PRINCIPLES IN OUR COMMUNITY TOTALING \$748,307 FY2019 THE PURPOSE OF THESE GRANTS IS TWOFOLD TO EMPOWER EXCEPTIONAL NONPROFITS TO EXPAND, IMPROVE OR PURSUE THEIR BEST IDEAS, AND TO ESTABLISH A SHARED STANDARD OF BEST PRACTICES THAT ANY NONPROFIT, REGARDLESS OF SIZE, CAN AIM FOR FUNDS MAY BE USED FOR ANY DIRECT OR INDIRECT COSTS RELATED TO THE NONPROFIT'S ACTIVITIES, INCLUDING BUT NOT LIMITED TO PAYROLL, RENT, UTILITIES, SUPPLIES AND EQUIPMENT, PROJECT COSTS, PROFESSIONAL DEVELOPMENT, CAPITAL IMPROVEMENTS, PROGRAMS, PLANNING, MARKETING AND PROFESSIONAL SERVICES 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 IT SHOWS HOW WE CAN SHARE IN A BRIGHTER FUTURE THERE IS NO SET GRANT CYCLE OR APPLICATION DEADLINE APPLICATIONS ARE PROCESSED YEAR-ROUND ON A FIRST COME, FIRST-SERVED BASIS UNTIL FUNDING FOR THE FISCAL YEAR IS EXHAUSTED GRANT REQUESTS CAN BE MADE IN TWO CATEGORIES \$2,000 TO \$10,000 (90-DAY PROJECTS) OR \$10,000 TO \$25,000 (6-MONTH PROJECTS) MAKE IT HAPPEN! GRANTS WERE AWARDED TO SIXTEEN (16) ORGANIZATIONS TOTALING \$207,335 IN FY2019 IN FY2019, MAKE IT HAPPEN! GRANTS INCLUDED SUPPORTING HOLIDAY COMMUNITY EVENTS FOR SENIORS AND SPECIAL NEEDS PERSONS, A 3-D PRINTER FOR THE BOYS AND GIRLS CLUB, A MEDICAID EXPANSION OUTREACH GRANT, A SENSORY EXPLORER TRAIL AT SKY MEADOWS PARK, A REFURBISHED AMBULANCE TO DEVELOP A CANTEN UNIT FOR FIRST RESPONDERS, THE BUILDING OF A PAVILION IN REMINGTON TO PROMOTE COMMUNITY EVENTS, SHADE TREES AND SHRUBS FOR RADY PARK AND VIBRANTLY PAINTED LIVESTOCK STATUES TO CELEBRATE THE 60TH ANNIVERSARY OF THE FAUQUIER LIVESTOCK SHOW 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 FOCUS ON SUPPORT OPERATIONAL NEEDS, SUCH AS LEADERSHIP EXPERTISE, ADVANCEMENT OF COLLABORATION, AND PLANNING EFFORTS FOR EFFECTIVE ORGANIZATIONS LEADERSHIP EXPERTISE ALLOWS COMMUNITY TEAMS (E G BOARDS, WORKING GROUPS, STAFF) TO EITHER ATTEND LEADERSHIP TRAINING OR WORKSHOPS FUNDS MAY BE USED FOR TRAVEL, ATTENDANCE OR REGISTRATION FEES PLANNING EFFORTS FOR EFFECTIVE ORGANIZATIONS ENGAGES A CONSULTANT TO ASSIST AN ORGANIZATION WITH BOARD DEVELOPMENT, STAFF DEVELOPMENT, ORGANIZATIONAL ASSESSMENT, VISION SETTING/STRATEGIC PLANNING, DEVELOPING GOALS/OUTCOMES, BUDGET MANAGEMENT, MARKETING/COMMUNICATIONS, FUNDRAISING, GRANTMAKING, SOFTWARE OBTAINMENT, AND/OR VOLUNTEER CORPS DEVELOPMENT FUNDING BUILDS THE CAPACITY OF AN ORGANIZATION TO BE MORE EFFECTIVE, NOT FOR A CONSULTANT TO DO THE ORGANIZATIONS WORK ADVANCEMENT OF COLLABORATION SUPPORTS COLLABORATIVE LEARNING AND KNOWLEDGE EXCHANGE FUNDING IS OFTEN USED FOR A FACILITATOR OR CONSULTANT TO BRING TOGETHER TWO OR MORE ORGANIZATIONS THAT WILL BENEFIT ONE ANOTHER THERE IS NO SET GRANT CYCLE OR APPLICATION DEADLINE FOR TECHNICAL ASSISTANCE GRANTS 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 TOTALED \$168,649 IN FY2019 NON-COMPETITIVE HEALTH PRIORITY GRANTS ARE RESERVED FOR SPECIAL INITIATIVES, OFTEN DEVELOPED OR LED BY FHF, THESE INCLUDE MAJOR AND SOMETIMES MULTI-YEAR PROJECTS DESIGNED TO HAVE LONG-RANGE IMPACT ON THE FOUR AREAS OF FOCUS IN THE CURRENT YEAR, FUNDING RELATED TO CHILDHOOD WELLNESS CONTINUED FOR THE FAUQUIER REACHES FOR EXCELLENCE IN SCHOOL HEALTH (FRESH) PROGRAM AT THE FAUQUIER COUNTY SCHOOL SYSTEM AND COMMIT TO BE FIT, AT THE RAPPAHANNOCK COUNTY SCHOOL SYSTEM FUNDING IN FY2019 RELATED TO THESE PROGRAMS TOTALED \$1,241,000 OUR CHILDHOOD WELLNESS INITIATIVES ARE FOCUSED ON IMPROVING NUTRITION, FOSTERING GROWTH AND ENCOURAGING EDUCATION FOR CHILDREN MENTAL HEALTH INITIATIVES FOCUS ON ACCESS, ALIGNMENT, AWARENESS AND FACILITIES TO HELP DE-STIGMATIZE MENTAL HEALTH CHALLENGES BY PROVIDING SUPPORT, RESOURCES AND EDUCATION TO OUR COMMUNITY INVESTMENTS IN THIS FOCUS AREA TOTALED \$1,632,333, IN FY2019 THESE INITIATIVES INCLUDED OPERATIONAL SUPPORT FOR THE FAUQUIER FREE CLINICS TELEHEALTH PROGRAM, CONTINUED FUNDING FOR SPIRITWORKS FOUNDATIONS WARRENTON RECOVERY CENTER, OPERATIONAL SUPPORT FOR THE MENTAL HEALTH ASSOCIATION OF FAUQUIER COUNTY, A COLLABORATION WITH THE PIEDMONT JOURNALISM FOUNDATION AND FOOTHILLS FORUM TO RESEARCH & REPORT ON A PROJECT FOCUSED ON THE CRISIS OF OPIOID & DRUG ABUSE, SUPPORT OF A PROJECT PURPLE CLUB AT A LOCAL HIGH SCHOOL AND FUNDING OF A PORTION OF THE CSB BUILDING AND REHABILITATION PROGRAMS THE CSB FUNDING WAS A THREE-WAY PARTNERSHIP BETWEEN PATH (FHF), THE CSB AND FAUQUIER COUNTY GOVERNMENT SENIOR SERVICE INITIATIVES ARE FOCUSED ON CONNECTING OLDER ADULTS TO COMMUNITY SERVICES THAT ALLOW THEM TO STAY HEALTHY AND INDEPENDENT OPERATIONAL SUPPORT WAS PROVIDED TO AGING TOGETHER TO HELP FACILITATE A SENIOR SERVICES COLLABORATIVE, AS WELL AS FUNDING TO SUPPORT A VOLUNTEER COORDINATOR POSITION RELATED TO VOLUNTEER RECRUITMENT FUNDING WAS, ADDITIONALLY, PROVIDED TO RAPP-RAPIDAN COMMUNITY SERVICES TO SUPPLEMENT THEIR SENIOR TRANSIT TRANSPORTATION EXPENSES IN FY 2019, \$228,383 WAS INVESTED IN THESE INITIATIVES

SCHEDULE A
(Form 990 or
990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

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 **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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	62,698	54,217	219,023	37,479	29,803	403,220
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	62,698	54,217	219,023	37,479	29,803	403,220
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)						128,209
6	Public support. Subtract line 5 from line 4						275,011

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	62,698	54,217	219,023	37,479	29,803	403,220
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,394	10,314	171	617	1,812,949	1,838,445
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,241,665
12	Gross receipts from related activities, etc. (see instructions)					12	579,010

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 2018 (line 6, column (f) divided by line 11, column (f))	14	12.270 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	52.800 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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.		
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>	Yes	No
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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

OMB No 1545-0047
2018
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? Yes 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? Yes 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 7/25/06, 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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	0	186,724	380,962	404,275
b Contributions					
c Net investment earnings, gains, and losses	0	0	-186,397	-194,238	-23,313
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses			327		
g End of year balance				186,724	380,962

- 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 | | |
| (ii) related organizations | | |
| 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		689,000		689,000
b Buildings		8,436,486	427,265	8,009,221
c Leasehold improvements				
d Equipment		60,599	39,866	20,733
e Other		548,853	156,826	392,027
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				9,110,981

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		
See Additional Data Table		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	▶ 142,758,634	

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	980,399
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	▶ 980,399

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

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(A) WELLINGTON USRE	18,417,337	F
(A) FARALLON EQUITY	19,985,784	F
(B) PALO ALTO HEALTHCARE	4,361,339	F
(C) COATUE LONG ONLY	8,050,957	F
(D) FARALLON SPECIAL SITUATIONS	980,642	F
(E) CANYON VALUE	9,371,856	F
(F) DAVIDSON KEMPNER	9,376,373	F
(G) ANCHORAGE	8,810,195	F
(H) WELLINGTON SRA- OTHER	8,771,902	F
(I) INDUS	5,494,785	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(K) MARSHALL WACE	8,615,427	F
(A) NITORIUM - OFFSHORE FUND	9,149,727	F
(B) HARBOR SPRINGS OFFSHORE	7,539,390	F
(C) SAMLYN OFFSHORE	6,883,418	F
(D) SANDERSON	10,155,524	F
(E) KABOUTER SMID	6,793,978	F

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 FOUNDATIONS (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 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 F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
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 Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		66,455,645
3a Sub-total	0	0			66,455,645
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			66,455,645

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

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?
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 73
3 Enter total number of other organizations listed in the line 1 table 0

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
4P FOODS INC 7120 FARM STATION RD WARRENTON, VA 20187	46-5277795	501(C)(3)	1,200,000				IMPACT INVESTING
AGING TOGETHER PO BOX 367 CULPEPER, VA 22701	46-2046459	501(C)(3)	100,000				NON-COMPETITIVE SENIOR SERVICES - FUNDING FROM PATH WILL ASSIST AGING TOGETHER WITH OPERATIONS SUPPORT FOR WORK IN THE COMMUNITY, FACILITATION OF SENIOR SERVICES COLLABORATIVE AND RECRUITMENT OF STAFF

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
ARTISTS IN MIDDLEBURG P O BOX 426 MIDDLEBURG, VA 20118	37-1782408	501(C)(3)	13,710				PROGRAM & PLANNING - AIM SUPPLEMENTED AND ENRICHED THE ART PROGRAM AT CLAUDE THOMPSON ELEMENTARY BY PROVIDING GUEST ART TEACHERS, SUPPLIES AND ORGANIZING RELATED FIELD TRIPS TO MUSEUMS AND OTHER CULTURAL INSTITUTIONS
BOYS & GIRLS CLUB OF FAUQUIER 169 KEITH ST WARRENTON, VA 20186	54-1815587	501(C)(3)	45,431				GENERAL OPERATIONS - THE CLUB PROVIDES AN OUTCOME BASED YOUTH DEVELOPMENT PROGRAM THAT FOCUSES ON HEALTHY LIFETSYLES, CAREER AND ACADEMIC SUCCESS, AND GOOD CHARACTER AND LEADERSHIP PREPARING YOUTH FOR GREAT FUTURES THROUGH RESILIENCE AND CONSCIENCIOUS TENACITY

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
BOYS & GIRLS CLUB OF FAUQUIER 169 KEITH ST WARRENTON, VA 20186	54-1815587	501(C)(3)	67,650				PROGRAM & PLANNING - THE EMOTIONAL RESILIENCY PROGRAM CONSISTS OF WEEKLY PEER GROUPS THAT ADDRESS A VARIETY OF MENTAL WELLNESS CHALLENGES AND ENHANCES SOCIAL EMOTIONAL LEARNING AND EMOTIONAL REGULATION FOR EVERY CLUB MEMBER
BULL RUN MOUNTAINS CONSERVANCY INC PO BOX 210 WARRENTON, VA 20186	54-1727569	501(C)(3)	12,500				GENERAL OPERATIONS - BRMC CREATED OUTDOOR ENTHUSIASTS FOR LIFE FOR AN ACTIVE AND HEALTHY COMMUNITY, ENCOURAGING PRESERVATION OF PUBLICLY ACCESSIBLE LAND AND INCREASING OUTDOOR RECREATION OPPORTUNITIES ON AND AROUND THE BULL RUN MOUNTAINS

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
CHILD CARE & LEARNING CENTER PO BOX 520 WASHINGTON, VA 22747	54-1061820	501(C)(3)	39,444				OPERATING FUNDS FOR PUBLIC-PRIVATE PARTNERSHIP FORMED WHEN RAPPAHANNOCK LOST ITS HEAD START CLASS FOR 2018-19 & RCPS ASKED CCLC TO STEP UP
CHILD CARE & LEARNING CENTER PO BOX 520 WASHINGTON, VA 22747	54-1061820	501(C)(3)	50,000				PROGRAM & PLANNING - IMPROVED CHILD WELL-BEING OUTCOMES FOR CHILDREN IN PRE-SCHOOL AND AFTER-SCHOOL PROGRAMS AT CCLC AND COUNTYWIDE BY PROVIDING TEACHER TRAINING AND ADDITIONAL FAMILY SUPPORTS

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
CHILD CARE & LEARNING CENTER PO BOX 520 WASHINGTON, VA 22747	54-1061820	501(C)(3)	25,000				TECHNICAL ASSISTANCE - CCLC'S BOARD WISHES TO STRENGTHEN IS RESPONSE TO THE COMPLEX CHALLENGES FACING CHILDREN AND FAMILIES IN RAPPAHANNOCK COUNTY WE SEEK FUNDS TO EVALUATE THE NEXT STEPS AND SEEK TO ASSESS UNMET FAMILY AND CHILD SERVICE NEEDS WHICH FIT WITH OUR MISSION
COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES PO BOX 402 MIDDLEBURG, VA 20118	54-1950727	501(C)(3)	8,800				TECHNICAL ASSISTANCE - ENABLED THREE KEY INITIATIVES WITHIN OUR ORGANIZATION TO AID WITH BOARD DEVELOPMENT, ORGANIZATIONAL STRATEGY, AND STAFF DEVELOPMENT

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
COMMUNITY TOUCH 10499 JERICHO RD BEALETON, VA 22712	20-1369506	501(C)(3)	25,000				GENERAL OPERATIONS - ASSISTED WITH OPERATIONAL COST OF THE ORGANIZATION TO CONTINUE PROVIDING SERVICES TO THE COMMUNITY IT ALSO PROVIDED SCHOLARSHIPS FOR UNDERPRIVILEGED CHILDREN TO ATTEND PRESCHOOL AND PROVIDE SECURITY DEPOSITS FOR CLIENTS IN THE SHELTER
COMMUNITY TOUCH 10499 JERICHO RD BEALETON, VA 22712	20-1369506	501(C)(3)	10,000				NON-COMPETITIVE OTHER - PATH FOUNDATION, ALONG WITH ANVERSE FOUNDATION WILL BE GRANTE TO COMMUNITY TOUCH FOR ROAD IMPROVEMENTS TO THEIR FAMILY SHELTER

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
CORNERSTONE BAPTIST CHURCH 40 ROCK POINTE LN STE 102 WARRENTON, VA 20186	54-1776848	501(C)(3)	54,383				HEALTH PRIORITY - WITH A MISSION TO SUPPORT CAREGIVERS OF OLDER ADULTS, PERSONS WITH DISABILITIES AND CHILDREN IN THE FOSTER CARE SYSTEM, CREATE A CAREGIVER MINISTRY FOR THE BROADER COMMUNITY OF FAUQUIER COUNTY
CULPEPER COUNTY 302 N MAIN ST CULPEPER, VA 22701	54-6001236	GOVERNMENT	15,388				TECHNICAL ASSISTANCE - DECISION POINTS IS A CO-FACILITATED OPEN-GROUP COGNITIVE-BEHAVIORAL INTERVENTION PROGRAM DECISION POINTS IS IMPLEMENTED WITH BOTH ADULT AND YOUTH OFFENDER GROUPS IN VARIOUS CORRECTIONAL SETTINGS

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
EXPERIENCE OLD TOWN WARRENTON 26 S 3RD ST WARRENTON, VA 20186	82-1446936	501(C)(3)	32,000				PROGRAM & PLANNING - EOTW INITIATED STEPS TO NURTURE A FEELING OF COMMUNITY IN OLD TOWN BY PROMOTING COMFORT, ACCESSIBILITY, SOCIAL INTERACTIONS, HEALTH WHILE SUPPORTING THE ECONOMY
FAMILIES 4 FAUQUIER PO BOX 373 WARRENTON, VA 20188	47-4987355	501(C)(3)	13,300				MAKE IT HAPPEN - FAMILIES4FAUQUIER WAS ABLE TO EXPAND HOLIDAY TIME COMMUNITY EVENTS AND HELP THOSE THAT ARE OFTEN ALONE OR FORGOTTEN (SENIORS/SPECIALS NEEDS)

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 COMMUNITY CHILD CARE INC 26 ASHBY ST WARRENTON, VA 20186	54-1590790	501(C)(3)	75,000				GENERAL OPERATIONS - OPERATING FUNDS USED TO ENHANCE ABILITY TO PROVIDE QUALITY CUSTOMER SERVICE AND UPGRADE THE INFRASTRUCTURE OF THE ORGANIZATION
FAUQUIER COMMUNITY FOOD BANK AND THRIFT ST 249 E SHIRLEY AVE WARRENTON, VA 20186	90-0801730	501(C)(3)	30,000				GENERAL OPERATIONS - RESPONDED TO THE GROWING NEED FOR NUTRITIOUS FOOD FOR OUR RESOURCE CHALLENGED POPULATION FUNDING WILL ALLOW US TO BE EVEN MORE RESPONSIVE BY EXTENDING OUR OUTREACH INTO UNDER-SERVED PARTS OF THE COMMUNITY

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 COMMUNITY THEATRE 4225 AIKEN DR WARRENTON, VA 20187	52-1311182	501(C)(3)	18,750				GENERAL OPERATIONS - FAUQUIER COMMUNITY THEATRE (FCT) ENRICHES THE CULTURAL LIFE OF THE COMMUNITY AND PROVIDES THE VITAL BENEFITS OF ARTS AND WELLNESS TO PRODUCE A HEALTHY THRIVING ARTS COMMUNITY
FAUQUIER COUNTY GOVERNMENT 10 HOTEL ST WARRENTON, VA 20186	54-6001274	GOVERNMENT	528,332				NON-COMPETITIVE ACCESS - THE WWT WILL ADD A 1 15-MILE SECTION OF OFF-ROAD PEDESTRIAN/BICYCLE ACCESS BETWEEN THREE SUBDIVISIONS

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 GOVERNMENT 10 HOTEL ST WARRENTON, VA 20186	54-6001274	GOVERNMENT	385,000				NON-COMPETITIVE PUBLIC SPACES - VISION IS AN INVITING, PEDESTRIAN-FRIENDLY, ACCESSIBLE AND ADA COMPLIANT MAIN STREET THAT PROMOTES A WALKABLE ENVIRONMENT IN WHICH ALL OF OUR CITIZENS AND LOCAL BUSINESSES CAN MEET, INTERACT AND SUPPORT EACH OTHER AS A HEALTHY AND ENGAGED COMMUNITY
FAUQUIER COUNTY GOVERNMENT 10 HOTEL ST WARRENTON, VA 20186	54-6001274	GOVERNMENT	120,000				NON-COMPETITIVE ACCESS - THE BROADBAND TOWER DEPLOYMENT PROJECT IS DESIGNED TO ESTABLISH TOWERS IN RURAL COUNTY AREAS AND WILL PROVIDE IMMEDIATE BROADBAND OPTIONS, AS WELL A CELL SERVICE, TO LACKING AREAS

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 GOVERNMENT 10 HOTEL ST WARRENTON, VA 20186	54-6001274	GOVERNMENT	7,854				NON-COMPETITIVE ACCESS - CONTINUATION OF EXPANDED SERVICE DAYS BY FAUQUIER COUNTY ON DEMAND PUBLIC TRANSPORTATION SERVICES
FAUQUIER COUNTY PUBLIC SCHOOLS 430 E SHIRLEY AVE WARRENTON, VA 20186	54-6001276	GOVERNMENT	25,000				TECHNICAL ASSISTANCE - PROJECT PROVIDED MULTI-SENSORY STRUCTURED LITERACY TRAINING FOR GENERAL EDUCATION TEACHERS, SPECIAL EDUCATION TEACHERS AND READING SPECIALISTS WITHIN A COMPREHENSIVE 30 HOUR WORKSHOP

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 PUBLIC SCHOOLS 430 E SHIRLEY AVE WARRENTON, VA 20186	54-6001276	GOVERNMENT	880,000				NON-COMPETITIVE CHILDHOOD WELLNESS - THE FAUQUIER COUNTY PUBLIC SCHOOL SYSTEM AND PATH FOUNDATION SUPPORT A CULTURE OF HEALTH AND FITNESS FOR OUR COMMUNITY IN GENERAL AND SPECIFICALLY FOR OUR STUDENTS
FAUQUIER COUNTY PUBLIC SCHOOLS 430 E SHIRLEY AVE WARRENTON, VA 20186	54-6001276	GOVERNMENT	34,000				NON-COMPETITIVE CHILDHOOD WELLNESS - FAUQUIER COUNTY PUBLIC SCHOOLS (FCPS) BELIEVES THAT SCHOOL, FAMILY AND COMMUNITY PARTNERSHIPS ARE ESSENTIAL TO THE SUCCESS OF BOTH ITS SCHOOLS AND THE COMMUNITY ITSELF

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 PUBLIC SCHOOLS 430 E SHIRLEY AVE WARRENTON, VA 20186	54-6001276	GOVERNMENT	73,000				NON-COMPETITIVE DEI - FAUQUIER COUNTY PUBLIC SCHOOLS WILL CONTINUE THEIR PLAN FOR ADDRESSING EQUITY ISSUES TO REMOVE BARRIERS
FAUQUIER EDUCATION FARM 24 PELHEM STREET WARRENTON, VA 20186	90-0662914	501(C)(3)	14,925				GENERAL OPERATIONS - SEEKING GENERAL OPERATIONS SUPPORT FOR THE FAUQUIER EDUCATION FARM

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 EDUCATION FARM 24 PELHEM STREET WARRENTON, VA 20186	90-0662914	501(C)(3)	30,150				PROGRAM & PLANNING - CONTINUED SUPPORT FOR THE FAUQUIER EDUCATION FARM DEMONSTRATION GARDENS AND EDUCATIONAL PROGRAMS
FAUQUIER ENTERPRISE CENTER 35 CULPEPER ST WARRENTON, VA 20186	54-6001274	501(C)(3)	18,350				PROGRAM & PLANNING - GOAL IS TO CREATE AN APPROPRIATE, CREATIVE, PROGRESSIVE PIPELINE OF FUTURE EMPLOYERS BY INTRODUCING OUR YOUTH TO ENTREPRENEURSHIP

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 FAMILY SHELTER SERVICES INC PO BOX 3599 WARRENTON, VA 20188	54-1413378	501(C)(3)	67,500				GENERAL OPERATIONS - MAKE APPROPRIATE INVESTMENTS TO RESPOND WITH GREATER IMPACT AND LONG-TERM OUTCOMES FOR OUR CLIENTS
FAUQUIER FISH PO BOX 891 WARRENTON, VA 20188	54-1271237	501(C)(3)	10,875				GENERAL OPERATIONS - FUNDING TO COVER EXPENSES FOR APPLIANCE UPGRADES AND OTHER INCIDENTALS TO AVOID CUTTING INTO PROGRAM FUNDING

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 FISH PO BOX 891 WARRENTON, VA 20188	54-1271237	501(C)(3)	98,943				PROGRAM & PLANNING - THE WEEKEND POWER PACK (WPP) PROGRAM PROVIDES FOOD TO FAUQUIER COUNTY STUDENTS WHO ARE AT RISK OF HUNGER DURING WEEKENDS, SCHOOL HOLIDAYS, AND SNOW DAYS THE POWER OF PRODUCE (POP) PROGRAM PROMOTES FARMERS MARKET VITALITY AND THE PURCHASE OF LOCALLY GROWN PRODUCE
FAUQUIER FISH PO BOX 891 WARRENTON, VA 20188	54-1271237	501(C)(3)	10,000				PROGRAM & PLANNING - CONTINUED SUPPORT FOR THE FAUQUIER EDUCATION FARM DEMONSTRATION GARDENS AND EDUCATIONAL PROGRAMS

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

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FAUQUIER FREE CLINIC PO BOX 3138 WARRENTON, VA 20188	54-1271237	501(C)(3)	75,000				GENERAL OPERATIONS - THE FREE CLINIC SERVES THE FAUQUIER AND RAPPAHANNOCK COMMUNITIES BY PROVIDING COMPREHENSIVE MEDICAL, DENTAL, AND MENTAL HEALTH CARE TO ELIGIBLE RESIDENTS
FAUQUIER FREE CLINIC PO BOX 3138 WARRENTON, VA 20188	54-1271237	501(C)(3)	64,000				PROGRAM & PLANNING - FUNDING TO COVER EXPENSES FOR APPLIANCE UPGRADES AND OTHER INCIDENTALS TO AVOID CUTTING INTO PROGRAM FUNDING

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 PO BOX 3138 WARRENTON, VA 20188	54-1271237	501(C)(3)	20,800				TECHNICAL ASSISTANCE - SUPPORT FOR ONE-TIME CONSULTANT AND TECHNICAL ASSISTANCE FOR MEDICAID MCO PREPARATION AND CONTRACTING EFFORTS
FAUQUIER FREE CLINIC PO BOX 3138 WARRENTON, VA 20188	54-1271237	501(C)(3)	255,000				NON-COMPETITIVE ACCESS - CONTINUED IMPROVEMENTS ON FAUQUIER FREE CLINIC TELEHEALTH 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
FAQUIER FREE CLINIC PO BOX 3138 WARRENTON, VA 20188	54-1271237	501(C)(3)	50,000				NON-COMPETITIVE ACCESS - ACCELERATE PLAN TO IMMEDIATELY PROVIDE DENTAL SERVICES FROM THREE TO FIVE DAYS PER WEEK
FAQUIER HABITAT FOR HUMANITY PO BOX 3189 WARRENTON, VA 20188	54-1595774	501(C)(3)	35,753				GENERAL OPERATIONS - EMBRACE SERVING MORE FAMILIES THROUGH A COMMUNITY DRIVEN, HOLISTIC MODEL OF NEIGHBORHOOD REVITALIZATION TO SUCCESSFULLY SCALE TO THIS MODEL, IT MUST CREATE ROBUST, SUSTAINABLE PLANS FOR ENGAGEMENT AND DEVELOPMENT

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 HABITAT FOR HUMANITY PO BOX 3189 WARRENTON, VA 20188	54-1595774	501(C)(3)	82,719				GENERAL OPERATIONS - AN ONGOING, COLLABORATIVE EFFORT WITH THE GOAL OF IMPROVING THE QUALITY OF LIFE IN THE HAITI STREET/EVA WALKER PARK NEIGHBORHOOD OF WARRENTON
FAUQUIER HABITAT FOR HUMANITY PO BOX 3189 WARRENTON, VA 20188	54-1595774	501(C)(3)	1,050,000				NON-COMPETITIVE ACCESS - FAUQUIER HABITAT FOR HUMANITYS HAITI NEIGHBORHOOD REVITALIZATION INITIATIVE IS AN EXTENSIVE PROGRAM TO ACQUIRE AND RENOVATE A LARGE PORTION OF AN UNDERSERVED NEIGHBORHOOD

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 SPCA POBOX 733 WARRENTON, VA 20188	54-6052515	501(C)(3)	7,020				COMMUNITY ENGAGEMENT - HOLIDAY GIVING PROGRAM
FAUQUIER YOUTH LIVESTOCK ADVISORY COUNCIL 24 PELHAM ST WARRENTON, VA 20186	46-3825669	501(C)(3)	19,448				MAKE IT HAPPEN - VIBRANTLY PAINTED LIVESTOCK STATUES PLACED THROUGHOUT FAUQUIER COUNTY IN CELEBRATION OF THE 60TH ANNIVERSARY OF THE FAUQUIER COUNTY LIVESTOCK SHOW AND SALE

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
FOOTHILLS FORUM PO BOX 153 WARRENTON, VA 20188	52-1071448	501(C)(3)	15,000				NON-COMPETITIVE ACCESS - CREATION OF A DETAILED SOIL MAP USING SCIENTISTS AND ENGINEERS TO EVALUATE THE FLETCHERVILLE LANDSCAPES, SEWER LINES AND SOIL TESTING THE ANALYSIS WILL INFORM FAUQUIER HOUSING CORPORATION WHAT SIZE COMMUNITY SYSTEM COULD BE PLACED INTO SERVICE OR IF AN UPGRADE TO EXISTING SYSTEMS CAN BE CONSIDERED
FRIENDS OF SKY MEADOWS STATE PARK PO BOX 43 DELAPLANE, VA 20144	27-0795285	501(C)(3)	19,955				MAKE IT HAPPEN - TRAIL WILL PROVIDE A WAY FOR PEOPLE OF ALL AGES TO ENGAGE THEIR SENSES IN THE EXPLORATION OF THE NATURAL WORLD IT WILL ALSO PROVIDE AN EASILY NAVIGABLE TACTILE PATHWAY, TRAIL INFORMATION, SIGNAGE AND AUDIO FOR THE BLIND AND VISUALLY IMPAIRED

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

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FRIENDS OF THE FAUQUIER LIBRARY PO BOX 1031 WARRENTON, VA 20188	54-1584999	501(C)(3)	25,000				TECHNICAL ASSISTANCE - PROCURE PROFESSIONAL SERVICES TO DEVELOP A MARKETING CAMPAIGN THAT WILL PROMOTE THE LIBRARY TO TARGETED AUDIENCES
FRIENDS OF THE RAPPAHANNOCK 3219 FALL HILL AVE FREDERICKSBURG, VA 22401	54-1381671	501(C)(3)	45,075				PROGRAM & PLANNING - DEVELOP A STRATEGIC PLAN FOR THE UPPER RAPPAHANNOCK RIVER WATER TRAIL (WATER TRAIL) TO INCLUDE A WATER TRAIL WEBSITE AND MAP, RIVER HEALTH INDICES, RIVER SAFETY OUTREACH MATERIALS, PADDLE TOURS, AND RIVER CLEANUPS

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
FRIENDS OF THE RAPPAHANNOCK 3219 FALL HILL AVE FREDERICKSBURG, VA 22401	54-1381671	501(C)(3)	11,500				MAKE IT HAPPEN - THE "UPPER RAPPAHANNOCK RIVER REPORT CARD" WILL BUILD ON THE SUCCESS OF THE MIDDLE RAPPAHANNOCK REPORT CARD BY PROVIDING PIEDMONT COMMUNITIES WITH DETAILED INFORMATION ON THE HEALTH AND SAFETY OF THEIR LOCAL TRIBUTARIES, TRACED OVER TIME
GIRLS ON THE RUN PIEDMONT PO BOX 245 WARRENTON, VA 20188	46-3737841	501(C)(3)	6,124				TECHNICAL ASSISTANCE - PROFESSIONAL DEVELOPMENT CONFERENCE FOR ALL COUNCILS WHERE THEY MEET IN PERSON FOR NETWORKING AND ACCESS TO CLASSES AND PROFESSIONAL DEVELOPMENT THAT PARTICULARLY ADDRESSES THE NEEDS OF GIRLS AND GIRLS ON THE RUN COUNCILS

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

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HEADWATERS PO BOX 114 SPERRYVILLE, VA 22740	54-1844267	501(C)(3)	22,500				GENERAL OPERATIONS - GENERAL OPERATING FUNDING FOR THE 2019 FISCAL YEAR, RUNNING FROM JULY 2018 - JUNE 2019
HERO'S BRIDGE 5150 PARK LAKE DR MIDLAND, VA 22728	81-2827604	501(C)(3)	66,992				NON-COMPETITIVE COMMUNITY HEALTH WORKERS - THE BATTLE BUDDY PROGRAM ENGAGES THE COMMUNITY UTILIZING A COMMUNITY HEALTH WORKER MODEL TO PROVIDE DIRECT ASSISTANCE TO ELDERLY VETERANS TO COMBAT HEALTH, NUTRITION, FUNCTIONAL AND MENTAL HEALTH PROBLEMS TO WHICH THEY ARE MORE PREDISPOSED

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

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HERREN WELLNESS CENTER PO BOX 131 PORTSMOUTH, RI 02871	80-0748314	501(C)(3)	500,000				IMPACT INVESTING
HOSPICE SUPPORT OF FAUQUIER COUNTY 42 N 5TH ST WARRENTON, VA 20186	52-1250964	501(C)(3)	7,500				GENERAL OPERATIONS - HOSPICE SUPPORT (HSFC) HAS EMBARKED ON A PROJECT TO REVALIDATE AND REAFFIRM OUR MISSION AND FURTHER STRENGTHEN OUR BEST PRACTICES THIS EFFORT WILL ENHANCE THE REACH AND SUPPORT WE OFFER TO THE REGION'S SENIOR AND AILING CITIZENS

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

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KID PAN ALLEY POBOX 38 WASHINGTON, VA 22747	20-1609731	501(C)(3)	16,000				PROGRAM & PLANNING - ONE LITTLE SONG CAN CHANGE THE WORLD IS A PROJECT THAT FOCUSES ON THE ART OF SONGWRITING AND HOW IT CAN BE A CATALYST FOR CHANGE PARTICIPANTS WILL LEARN ABOUT THEMSELVES, THEIR PEERS AND HOW TOGETHER THEY CAN BUILD A STRONG COMMUNITY
LEADERSHIP FAUQUIER PO BOX 3661 WARRENTON, VA 20188	47-2216232	501(C)(3)	20,000				NON-COMPETITIVE CAPACITY BUILDING - GENERAL CAPACITY FOR FOURTH YEAR OF COUNTY LEADERSHIP PROGRAM

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

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LIBERTY HIGH SCHOOL 6300 INDEPENDENCE AVE BEALETON, VA 22712	54-6001276	GOVERNMENT	7,651				MAKE IT HAPPEN - CREATED TWO PERMANENT BOCCE BALL COURTS TO HELP BUILD AN INCLUSIVE, HEALTHY ENVIRONMENT FOR THE COMMUNITY TO ENJOY
LORD FAIRFAX COMMUNITY COLLEGE 173 SKIRMISHER LN MIDDLETOWN, VA 22645	51-0247624	501(C)(3)	84,531				NON-COMPETITIVE - CHW - A STUDENT SUCCESS PROGRAM FOR UNDERREPRESENTED STUDENTS

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

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MARY WALTER ELEMENTARY 4529 MORRISVILLE RD BEALETON, VA 22712	54-6001276	GOVERNMENT	15,000				NON-COMPETITIVE PUBLIC SPACES - PLAYGROUND FOR MARY WALTER ELEMENTARY SCHOOL
MASTER GARDENER ASSOCIATION OF FAUQUIER AND RAPPAHANNOCK COUNTIES 24 PELHAMST WARRENTON, VA 20186	54-1622811	501(C)(3)	6,400				MAKE IT HAPPEN - EXTENSION MASTER GARDENERS WILL PLANT NEW SHADE TREES IN RADY PARK TO REPLACE THE MANY TREES THAT WERE LOST DUE TO EMERALD ASH BORER INFESTATION

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
MENTAL HEALTH ASSOCIATION OF FAUQUIER COUNTY PO BOX 3549 WARRENTON, VA 20188	52-1215685	501(C)(3)	100,000				NON-COMPETITIVE MENTAL HEALTH - FUNDING FROM PATH WILL ASSIST THE MENTAL HEALTH ASSOCIATION WITH OPERATIONS SUPPORT FOR A COMMUNITY OUTREACH PERSON AND ADULT MENTAL HEATH FIRST AID
MOUNTAINSIDE MONTESSORI 4206 BELVOIR RD MARSHALL, VA 20115	27-2412529	501(C)(3)	20,379				MAKE IT HAPPEN - CREATED AN INTERACTIVE DISCOVERY TRAIL FOR CHILDREN AROUND A LARGE SECTION OF ITS 10 ACRE CAMPUS THE DISCOVERY TRAIL WILL BE AVAILABLE TO THE COMMUNITY AT LARGE AND WILL BE DESIGNED TO BE A SELF-DIRECTED PATH COMPLETE WITH FUN, INTERACTIVE AND CHALLENGING EXPERIENCES THAT PROVIDE A MULTITUDE OF LEARNING EXPERIENCES

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

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NATIONAL CAPITAL AREA COUNCIL BOY SCOUTS OF AMERICA 9190 ROCKVILLE PIKE BETHESDA, MD 20814	22-1576300	501(C)(3)	6,700				GENERAL OPERATIONS - THE NATIONAL CAPITAL AREA COUNCIL DELIVERS MULTIPLE PROGRAMS TO YOUTH IN FAUQUIER AND CULPEPER COUNTIES THAT FOSTER IMAGINATION, CHARACTER, CREATIVITY, PROBLEM SOLVING, SELF ESTEEM, LEADERSHIP, VALUES, LIFE SKILLS AND PHYSICAL FITNESS
NEW PATHWAYS TECH INC 9440 JAMES MADISON HWY RAPIDAN, VA 22733	81-5153416	501(C)(3)	20,000				NON-COMPETITIVE WORKFORCE DEVELOPMENT -FUNDING FOR FIVE STUDENTS TO COMPLETE MODULE 1 OF CNC MILLING OPERATOR MANUFACTURING CURRICULUM TO ILLUSTRATE SUCCESS OF WORKFORCE OPPORTUNITIES AS THEY RELATE TO GOVERNORS G-3 BILL (GET SKILLED, GET A JOB, GIVE BACK) TO SUPPORT SMALL BUSINESS GROWTH

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

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NORTHERN PIEDMONT COMMUNITY FOUNDATION PO BOX 5 CULPEPER, VA 22701	31-1742955	501(C)(3)	60,000				NON-COMPETITIVE CAPCAITY BUILDING - A GRANT TO SUPPORT GENERAL OPERATIONS IN ELEVATING PHILANTHROPY WITH NORTHERN PIEDMONT COMMUNITY FOUNDATION
NORTHERN PIEDMONT COMMUNITY FOUNDATION PO BOX 5 CULPEPER, VA 22701	31-1742955	501(C)(3)	100,000				NON-COMPETITIVE COMMUNITY ENGAGEMENT - PATH FOUNDATION WILL AWARD A GRANT OF \$100,000 FOR THE GIVE LOCAL PIEDMONT CAMPAIGN THE FUNDS WILL BE USED AS A DONOR INCENTIVE "BONUS POOL" FOR THE GIVE LOCAL PIEDMONT CAMPAIGN

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

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NORTHERN PIEDMONT COMMUNITY FOUNDATION PO BOX 5 CULPEPER, VA 22701	31-1742955	501(C)(3)	32,625				NON-COMPETITIVE STUDEN PHILANTHROPY - 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
NORTHERN PIEDMONT COMMUNITY FOUNDATION PO BOX 5 CULPEPER, VA 22701	31-1742955	501(C)(3)	250,000				NON-COMPETITIVE RESPONSIVE - PATH FOUNDATION WILL GRANT \$250,000 TO NPCF FOR CONTINUATION OF A RESPONSIVE FUND TO SUPPORT LOCAL INITIATIVES

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

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NORTHERN PIEDMONT COMMUNITY FOUNDATION PO BOX 5 CULPEPER, VA 22701	31-1742955	501(C)(3)	20,000				NON-COMPETITIVE RESPONSIVE - ADMINISTRATIVE FEE FOR RESPONSIVE GRANT
NORTHERN VIRGINIA THERAPEUTIC RIDING PROGRAM 6429 CLIFTON RD CLIFTON, VA 20124	54-1897241	501(C)(3)	13,000				PROGRAM & PLANNING - TWO SESSIONS OF AN EIGHT WEEK EQUINE-ASSISTED, HANDS-ON LEARNING PROGRAM THAT WILL HELP 80 AT-RISK FAUQUIER COUNTY STUDENTS DEVELOP SKILLS THAT WILL FACILITATE THEIR LONG-TERM PERSONAL WELLNESS AND LEADERSHIP ABILITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PIEDMONT DISPUTE RESOLUTION CENTER PO BOX 809 WARRENTON, VA 20188	54-1661815	501(C)(3)	11,250				GENERAL OPERATIONS - ALLOWED STAFF EXPANSION TO PROVIDE THE FOLLOWING EXECUTIVE ADMINISTRATION SUPPORT VOLUNTEER & DONOR MANAGEMENT, COMMUNITY JUSTICE PROGRAM IMPLEMENTATION, TRAININGS, BOD COMMITTEES, PUBLIC RELATIONS, STRATEGIC PLANNING
PIEDMONT DISPUTE RESOLUTION CENTER PO BOX 809 WARRENTON, VA 20188	54-1661815	501(C)(3)	75,000				PROGRAM & PLANNING - IMPLEMENTED A ROBUST EARLY INTERVENTION CONFLICT RESOLUTION PROGRAM FOR NON-COURT INVOLVED RESIDENTS OF NORTHERN CULPEPER, FAUQUIER AND RAPPAHANNOCK COUNTIES THROUGH MEDIATION AND RESTORATIVE JUSTICE EDUCATION AND SERVICES

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

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PIEDMONT JOURNALISM FOUNDATION PO BOX 21 THE PLAINS, VA 20198	83-0785962	501(C)(3)	15,000				NON-COMPETITIVE MENTAL HEALTH - PIEDMONT JOURNALISM FOUNDATION AND FOOTHILLS FORUM WORKED TOGETHER ON A RESEARCH AND REPORTING PROJECT FOCUSED ON THE CRISIS OF OPIOIDS AND DRUG ABUSE
PIEDMONT SYMPHONY ORCHESTRA PO BOX 509 WARRENTON, VA 20188	54-1793978	501(C)(3)	10,000				GENERAL OPERATIONS - FUNDS FOR GENERAL OPERATING SUPPORT AND TO FUND AN ADMINISTRATIVE POSITION TO SUPPORT THE ORGANIZATION'S GOALS SEVERAL PROGRAMS WILL BENEFIT INCLUDING SEASON CONCERTS, THE MUSIC MENTORS PROGRAM, AND THE YOUNG ARTIST COMPETITION

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RAPP CENTER FOR EDUCATION PO BOX 181 WASHINGTON, VA 22747	47-4370354	501(C)(3)	7,320				TECHNICAL ASSISTANCE - RAPP APPLIED FOR ACCREDITATION BY THE STATE COMMISSION OF HIGHER EDUCATION IN VIRGINIA (SCHEV)
RAPP HOME PO BOX 193 WASHINGTON, VA 22747	47-5254378	501(C)(3)	40,000				PROGRAM & PLANNING - RAPP AT HOME IS A RURAL SENIOR VILLAGE SERVING RAPPAHANNOCK COUNTY RAPP AT HOME'S MISSION IS TO FACILITATE AGING IN PLACE, ALLOWING RESIDENTS TO LEAD VITAL, CONNECTED LIVES IN THEIR HOMES

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RAPHOME PO BOX 193 WASHINGTON, VA 22747	47-5254378	501(C)(3)	25,000				PROGRAM & PLANNING - RAPP AT HOME IS A RURAL SENIOR VILLAGE SERVING RAPPAHANNOCK COUNTY RAPP AT HOME'S MISSION IS TO FACILITATE AGING IN PLACE, ALLOWING RESIDENTS TO LEAD VITAL, CONNECTED LIVES IN THEIR HOMES
RAPPAHANNOCK COUNTY DEPT OF SOCIAL SERVICES 354 GAY ST WASHINGTON, VA 22747	54-6001552	GOVERNMENT	7,812				TECHNICAL ASSISTANCE - PROJECT PROVIDED OPPORTUNITIES FOR MEET AND GREET SESSIONS, LOCAL TRAINING FOR FOSTER PARENTS, AND HOME STUDIES FOR APPROVAL TO BE A FOSTER PARENT

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RAPPAHANNOCK COUNTY PUBLIC SCHOOLS 6 SCHOOLHOUSE RD WASHINGTON, VA 22747	54-6001554	GOVERNMENT	10,100				TECHNICAL ASSISTANCE - FUNDING SUPPORTED INITIAL DESIGN, FEASIBILITY, FINANCIAL COACH TRAINING, AND FUNDRAISING PLANNING COSTS ASSOCIATED WITH THE PARTNERSHIP BETWEEN FAMILY FUTURES, HEADWATERS FOUNDATION, AND RCPS TO DEVELOP A SCHOOL-BASED CHILDREN'S SAVINGS ACCOUNT AND FAMILY FINANCIAL PREPAREDNESS PROGRAM
RAPPAHANNOCK COUNTY PUBLIC SCHOOLS 6 SCHOOLHOUSE RD WASHINGTON, VA 22747	54-6001554	GOVERNMENT	297,000				NON-COMPETITIVE CHILDHOOD WELLNESS - THE COMMIT TO BE FIT PROGRAM WILL CONTINUE TO IMPROVE THE OVERALL HEALTH AND WELLNESS OF THE RAPPAHANNOCK COUNTY PUBLIC SCHOOLS COMMUNITY

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 FRIENDS AND LOVERS OF OUR WATERSHEDS (RAPPFLOW) PO BOX 132 SPERRYVILLE, VA 22740	83-0435168	501(C)(3)	10,000				PROJECT RENOVATED THE ELEMENTARY SCHOOL COURTYARD AND PROVIDED STUDENTS AND TEACHERS WITH A SAFE, ACCESSIBLE, OUTDOOR LEARNING SPACE
RAPPAHANNOCK PANTRY INC PO BOX 55 SPERRYVILLE, VA 22740	45-3813117	501(C)(3)	42,940				PROGRAM & PLANNING - THE RAPPAHANNOCK PANTRY IS PLANNING TO BUILD A NEW SAFE FACILITY CENTRALLY LOCATED IN THE CENTER OF THE COUNTY IN WASHINGTON, VA

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 RAPIDAN COMMUNITY SERVICES PO BOX 1568 CULPEPER, VA 22701	23-7238218	501(C)(3)	75,000				GENERAL OPERATIONS -ASSISTED WITH DESIGNATED OPERATIONAL COSTS DUE TO BUDGET CONSTRAINTS AND REDUCTIONS IN STATE FUNDING, NECESSARY OPERATIONAL EXPENSES HAVE BEEN HISTORICALLY DEFERRED IN SUPPORT OF PROGRAM SERVICES
RAPPAHANNOCK RAPIDAN COMMUNITY SERVICES PO BOX 1568 CULPEPER, VA 22701	23-7238218	501(C)(3)	40,000				NON-COMPETITIVE SENIORS - THIS REQUEST IS TO SUPPLEMENT RRCS TRANSIT SENIOR TRANSPORTATION EXPENSES

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-RAPIDAN HEALTH DISTRICT 98 ALEXANDRIA PIKE STE 42 WARRENTON, VA 20186	54-6001775	GOVERNMENT	5,450				MAKE IT HAPPEN - APPROXIMATELY 2,850 RESIDENTS WITHIN THE PATH FOUNDATION SERVICE AREA OF FAUQUIER, RAPPAHANNOCK, AND CULPEPER COUNTIES WILL BE ELIGIBLE FOR MEDICAID COVERAGE IN 2019 THIS PROJECT AIMS TO REMOVE BARRIERS TO THE APPLICATION PROCESS
RAPPAHANNOCK-RAPIDAN HEALTH DISTRICT 98 ALEXANDRIA PIKE STE 42 WARRENTON, VA 20186	54-6001775	GOVERNMENT	5,750				NON-COMPETITIVE REGIONAL POPULATION HEALTH - RAPPAHANNOCK-RAPIDAN HEALTH DISTRICT AIMS TO ENCOURAGE SAFE FIREARM STORAGE BY PROVIDING TRIGGER LOCKS TO RESIDENTS UNIVERSAL TRIGGER LOCKS BLOCK TRIGGER ACCESS AND PREVENT ANYONE WHO DOESN'T KNOW THE COMBINATION FROM OPERATING THE WEAPON

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-RAPIDAN REGIONAL COMMISSION 420 SOUTHRIDGE PKWY STE 106 CULPEPER, VA 22701	54-0944913	501(C)(3)	26,860				NON-COMPETITIVE MOBILITY COMMITTEE - FUNDING WOULD SUSTAIN MOBILITY SPECIALIST SERVICES AT THE CURRENT STAFFING LEVEL UNTIL ALTERNATIVE REVENUE SOURCES CAN BE IDENTIFIED IN CONJUNCTION WITH THE COLLABORATIVE FAMS STEERING COMMITTEE PROCESS
RAPPU INC PO BOX 181 WASHINGTON, VA 22747	47-4370354	501(C)(3)	13,500				GENERAL OPERATIONS -RAPPU SEEKS FUNDING TO COVER THE COST OF ONE YEAR OF RENT FOR TWO CLASSROOMS IN OUR NEW LOCATION AT THE SPERRYVILLE SCHOOLHOUSE THE CLASSROOMS WILL BE USED FOR OUR EXPANDED HEALTHCARE TRAINING PROGRAMS

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
REMINGTON UNITED METHODIST CHURCH PO BOX 86 REMINGTON, VA 22734	54-1292565	501(C)(3)	25,000				MAKE IT HAPPEN - FUNDING WILL PROVIDE A PAVILION, CONTINUING TO DEVELOP THE GARDEN INTO A COMMUNITY CENTER, A PLACE WHERE THE COMMUNITY CAN GATHER, HOST REGULAR EVENTS, PROVIDE SPEAKERS AND PROGRAMS, HOLD MEETINGS AND CEREMONIES, ENCOURAGE YOUTH SUMMER PROGRAMS, AND BE A SPACE FOR FAMILY GATHERINGS OUT OF THE SUN AND RAIN
SPIRITWORKS FOUNDATION 5800 MOORETOWN RD WILLIAMSBURG, VA 23188	20-2129080	501(C)(3)	100,000				NON-COMPETITIVE ACCESS - CONTINUATION FUNDING TO MAINTAIN THE WARRENTON RECOVERY CENTER BASED AT 30 JOHN MARSHALL STREET, WARRENTON VIRGINIA THE CENTER IS THE ONLY DAYTIME SUBSTANCE RECOVERY CENTER OPEN TO THE PUBLIC IN OUR AREA

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 BRIDGE COMMUNITY CHURCH 8774 JAMES MADISON HWY WARRENTON, VA 20186	51-0536472	501(C)(3)	18,940				MAKE IT HAPPEN - LAUNCHED A CANTEEN UNIT TO DEPLOY WHEN ANY FIRST RESPONDERS REQUEST CANTEEN SERVICES FOR A CRITICAL EVENT IN FAUQUIER COUNTY WE ARE ASKING FOR FUNDING TO PURCHASE AN AMBULANCE AND OUTFIT IT TO SERVE OUR EMERGENCY PERSONNEL WHEN REQUESTED BY THE 911 COMMUNICATIONS CENTER
THE CLIFTON INSTITUTE 6712 BLANTYRE RD WARRENTON, VA 20187	52-1413042	501(C)(3)	39,226				PROGRAM & PLANNING - FUNDING TO SUPPORT THE HALF-DAY FIELD TRIPS WE PROVIDE TO LOCAL SCHOOLS, HOMESCHOOLING GROUPS, AND OTHER ORGANIZATIONS AND OUR TWO MONTHLY SERIES OF NATURE HIKEs FOR CHILDREN

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 (TPCL) PO BOX 407 THE PLAINS, VA 20198	52-1231763	501(C)(3)	6,465				GENERAL OPERATIONS - MEET THE GROWING DEMAND AND NEED FOR FREE COMMUNITY SERVICES IN THE PLAINS, MARSHALL, AND MIDDLEBURG GREATER REGION
THE SALVATION ARMY 62 WATERLOO ST WARRENTON, VA 20186	58-0660607	501(C)(3)	42,948				GENERAL OPERATIONS - THE SALVATION ARMY IS COMMITTED TO SERVING WITHOUT DISCRIMINATION THOSE MOST VULNERABLE IN THE COMMUNITY WE PROVIDE DIRECT SOCIAL SERVICES, SUCH AS ENERGY ASSISTANCE, EMERGENCY FOOD, DISASTER RELIEF, SUMMER CAMP, YOUTH PROGRAMS, AND MORE

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 SALVATION ARMY 62 WATERLOO ST WARRENTON, VA 20186	58-0660607	501(C)(3)	13,600				NON-DISCRETIONARY - THE SALVATION ARMY WOULD LIKE TO PURCHASE A LIGHTLY USED TWELVE-PASSENGER VAN THIS VAN WILL ALLOW STAFF TO TRANSPORT CHILDREN TO SALVATION ARMY PROGRAMS, SUMMER CAMP, FIELD TRIPS, AND COMMUNITY ACTIVITIES
TOWN OF REMINGTON 105 E MAIN ST REMINGTON, VA 22734	54-0798374	GOVERNMENT	24,893				MAKE IT HAPPEN - AN OUTDOOR COMMUNITY CENTER THIS SPACE IS TO GATHER, CELEBRATE, HOST EVENTS AND ENJOY WHILE ENCOURAGING ADDITIONAL TOWN EVENTS AND OFFERING A GREEN FOCAL POINT FOR OUR DOWNTOWN AND A SAFE PLACE TO WALK, EXERCISE AND REST

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
TOWN OF WARRENTON PO BOX 341 WARRENTON, VA 20188	54-6001664	GOVERNMENT	7,500				NON-DISCRETIONARY - THE SUMMER OF 2019 WILL BE THE INAUGURAL YEAR OF WHAT THEY HOPE BECOMES AN ANNUAL/YEAR LONG AWARENESS TO HEALTH AND WELLNESS
TOWN OF WARRENTON PO BOX 341 WARRENTON, VA 20188	54-6001664	GOVERNMENT	45,815				NON-COMPETITIVE MOBILITY COMMITTEE - CONTINUATION OF ENHANCEMENTS TO WARRENTON CIRCUIT RIDER THAT BEGAN LAST YEAR

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
VERDUN ADVENTURE BOUND INC 17044 ADVENTURE BOUND TRAIL RIXEYVILLE, VA 22737	54-1937517	501(C)(3)	28,823				PROGRAM & PLANNING - THE ADVENTURES IN LEARNING WELLNESS PROGRAM USES EXPERIENTIAL LEARNING TO COMMUNICATE AND IMPLEMENT THE BOTVIN LIFESKILLS CURRICULUM TO STUDENTS ENROLLED AT M M PIERCE AND JAMES G BRUMFIELD ELEMENTARY SCHOOLS
VERDUN ADVENTURE BOUND INC 17044 ADVENTURE BOUND TRAIL RIXEYVILLE, VA 22737	54-1937517	501(C)(3)	9,203				MAKE IT HAPPEN - VAB, IN COLLABORATION W/FCPS & FCADRE, WILL CREATE A RESILIENCY SKILLS & TEAM BUILDING PROGRAM THAT INCORPORATES EXPERIENTIAL LEARNING & THE USE OF THE SBWH AND BOTVIN LIFE SKILLS FOR THE 4TH AND 5TH GRADE STUDENTS @ BRADLEY E S AND THEIR TEACHERS

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
VIRGINIA COLLEGE ADVISING CORPS PO BOX 400889 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	95,000				NON-COMPETITIVE CAPACITY BUILDING - THE VIRGINIA COLLEGE ADVISING CORP PLACES RECENT COLLEGE GRADUATES, AS COLLEGE ADVISERS IN HIGH SCHOOLS STATEWIDE ADVISERS PROVIDE ADMISSIONS & FINANCIAL-AID ADVISING TO STUDENTS AND FAMILIES
VOLTRAN PO BOX 3178 WARRENTON, VA 20188	27-1352660	501(C)(3)	5,041				GENERAL OPERATIONS - A PROGRAM ADMINISTRATOR IS KEY TO THE GROWTH OF OUR ALL VOLUNTEER ORGANIZATION WE HAVE DEDICATED VOLUNTEERS, CONSISTING OF DRIVERS, BOARD MEMBERS AND/OR BOTH BUT THE NEED FOR A CONSISTENT DEDICATED ADMINISTRATOR WILL HELP THE ORGANIZATION GROW

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
VOLTRAN PO BOX 3178 WARRENTON, VA 20188	27-1352660	501(C)(3)	30,000				NON-COMPETITIVE - VOLTRAN'S OUTREACH IN THE COMMUNITY WILL SERVE TWO PURPOSES INFORM THE PUBLIC THAT SERVICE EXISTS AND MARKET/RECRUIT NEW VOLUNTEER DRIVERS
VOLTRAN PO BOX 3178 WARRENTON, VA 20188	27-1352660	501(C)(3)	30,000				NON-COMPETITIVE MOBILITY COMMITTEE - THIS FUNDING WILL SUPPORT PART-TIME OR MODEST CONTRACTUAL SUPPORT FOR VOLTRAN, HELP PAY FOR THE LEASE OF VOLTRAN VEHICLE AND COVER ORGANIZATIONAL INSURANCE NEEDS

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
WARRENTON FIELDS ASSOCIATION PO BOX 1247 WARRENTON, VA 20188	27-0145586	501(C)(3)	14,250				GENERAL OPERATIONS - WFA SPENDS BETWEEN \$75K AND \$95K ANNUALLY TO MAINTAIN THE BERMUDA-RIVIERA GRASS FIELDS AT THE ATHEY COMPLEX AROUND THE WARF THE VARIANCE IN SPENDING GENERALLY DEPENDS ON THE AMOUNT OF WINTER DAMAGE DONE TO THE FIELDS
YOUTH FOR TOMORROW 11835 HAZEL CIRCLE DR BRISTOW, VA 20136	52-1342268	501(C)(3)	75,000				GENERAL OPERATIONS - FUNDING TO OPEN A REGIONAL BEHAVIORAL HEALTH OFFICE IN FAUQUIER COUNTY

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

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YOUTH FOR TOMORROW 11835 HAZEL CIRCLE DR BRISTOW, VA 20136	52-1342268	501(C)(3)	100,000				HEALTH PRIORITY - YOUTH FOR TOMORROW EXPANDED ITS OUTPATIENT SUBSTANCE ABUSE TREATMENT SERVICES WITH THE ADDITION OF AN INTENSIVE OUTPATIENT SUBSTANCE ABUSE PROGRAM FOR ADOLESCENTS (IOP) IN ITS FAUQUIER COUNTY REGIONAL OFFICE
FAUQUIER COUNTY GOVERNMENT 10 HOTEL ST WARRENTON, VA 20186	54-6001274	GOVERNMENT	1,058,333				SUPPORT THE PURCHASE OF PROPERTY AND RENOVATIONS FOR A NEW BEHAVIORAL HEALTH CENTER TO BE OPERATED BY THE RAPPAHANNOCK RAPIDAN COMMUNITY SERVICES AND SERVING FAUQUIER COUNTY RESIDENTS THE NEW FACILITY WILL IMPROVE UPON EXISTING CSB FACILITY WITH MORE SQUARE FOOTAGE, IMPROVED DESIGN, AND SERVICE DELIVERY SPACE THAT IS MORE CONDUCTIVE TO THE NEEDS OF CLIENTS AND STAFF

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 PUBLIC LIBRARY PO BOX 1031 WARRENTON, VA 20186	54-0158499	GOVERNMENT	7,500				MAKE IT HAPPEN - "INTERNET TO GO" ALLOWS LIBRARY PATRONS TO CHECK OUT A WI-FI HOTSPOT TO ACCESS THE INTERNET FROM HOME TO COMPLETE HOMEWORK ASSIGNMENTS, APPLY FOR JOBS OR CONDUCT BUSINESS
RAPPAHANNOCK-RAPIDAN REGIONAL COMMISSION 420 SOUTHRIDGE PKWY STE 106 CULPEPER, VA 22701	54-0944913	501(C)(3)	5,000				NON-COMPETITIVE - OTHER - THE POINT IN TIME (PIT) COUNT IS A COUNT OF ALL SHELTERED AND UNSHELTERED PERSONS EXPERIENCING HOMELESSNESS DURING ONE 24 HOUR PERIOD

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 PUBLIC SCHOOLS 6 SCHOOLHOUSE RD WASHINGTON, VA 22747	54-6001554	GOVERNMENT	5,000				NON-COMPETITIVE CHILDHOOD WELLNESS - VAN CARNEY IS LAUNCHING A RAPPAHANNOCK-BASED FARMERS MARKET AT PEN DRUID IN SPERRYVILLE, WITH A FOCUS ON LOCAL FARMERS AND FOOD INSECURITY
NORTHERN PIEDMONT COMMUNITY FOUNDATION PO BOX 5 CULPEPER, VA 22701	31-1742955	501(C)(3)	5,000				DISCRETIONARY GRANT - OUTGOING BOARD MEMBER GRANT

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

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GIRLS ON THE RUN PIEDMONT PO BOX 245 WARRENTON, VA 20188	46-3737841	501(C)(3)	5,000				GENERAL OPERATIONS - SUPPORT OUR EXPANDING OPERATIONS AND COVER SOME OF OUR COSTS SUCH AS STAFF SALARY, INCREASED SCHOLARSHIP/FINANCIAL ASSISTANCE, COACH TRAINING, HEALTHY SNACKS FOR PARTICIPANTS AND MARKETING
AGING TOGETHER PO BOX 367 CULPEPER, VA 22701	46-2046459	501(C)(3)	5,000				NON-COMPETITIVE SENIOR SERVICES - FUNDING TO CONTINUE THE VOLUNTEER COORDINATOR POSITION TO PROVIDE INTENSIVE VOLUNTEER RECRUITMENT EFFORTS AND TO PROVIDE ALL TRAVEL TRAINING AS WELL AS GAS, INSURANCE AND MAINTENANCE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FAQUIER HEALTH FOUNDATION
DBA THE PATH FOUNDATION

Employer identification number
30-0219424

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<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)
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.	1b Yes	
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?	2 Yes	
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.		
<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
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:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHRISTINE CONNOLLY CEO/PRESIDENT	(i)	290,202	7,135	0	27,190	24,212	348,739	0
	(ii)	0	0	0	0	0	0	0
2 LORNA MAGILL CFO	(i)	200,164	498	0	10,433	1,980	213,075	0
	(ii)	0	0	0	0	0	0	0

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)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
FAUQUIER HEALTH FOUNDATION
DBA THE PATH FOUNDATION

Employer identification number

30-0219424

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>IN FY2019, INVESTMENTS IN THE AMOUNT OF \$2,487,63, WERE MADE TO SUPPORT ACCESS TO HEALTH THESE INITIATIVES FOCUS ON IMPROVING THE OVERALL HEALTH, WELLNESS AND VITALITY OF THE PEOPLE IN OUR COMMUNITY INVESTMENTS IN THIS FOCUS AREA INCLUDED, GRANTS TO FOUR FAITH-BASED ORGANIZATIONS TO SUPPORT A FAITH BASED NURSING PROGRAM, AND A GRANT TO THE FAUQUIER COUNTY GOVERNMENT TO ASSIST WITH CONSTRUCTION OF THE WOODS AT WARRENTON TRAIL INVESTMENTS RELATED TO SUPPORTING PUBLIC SPACES INCLUDED A GRANT TO THE FAUQUIER COUNTY GOVERNMENT TO SUPPORT THE MARSHALL MAIN STREET PROJECT TO BUILD A PEDESTRIAN FRIENDLY AND ADA COMPLIANT MAIN STREET, A PLAYGROUND FOR A LOCAL ELEMENTARY SCHOOL AND MATCHING FUNDS FOR THE SNAP BENEFITS AT THE WARRENTON FARMERS MARKET THE SALVATION ARMY WAS PROVIDED FUNDING FOR A PASSENGER VAN TO TRANSPORT CHILDREN TO PROGRAMS, FUNDS FOR A MARKETING CAMPAIGN TO HELP INCREASE RIDE REQUESTS WITH VOLTAN WAS PROVIDED, AND THE WARRENTON CIRCUIT RIDER AND ON DEMAND PUBLIC TRANSPORTATION PROGRAM WERE SUPPORTED BROADBAND NEEDS ARE SIGNIFICANT IN OUR FOOTPRINT AND A GRANT WAS PROVIDED TO THE FAUQUIER COUNTY GOVERNMENT TO ESTABLISH TOWERS TO PROVIDE IMMEDIATE BROADBAND OPTIONS FUNDING TO THE LORD FAIRFAX EDUCATIONAL FOUNDATION WAS PROVIDED FOR THE PATH TO SUCCESS PROJECT TO ADDRESS GAPS TO SUPPORT UNDER-REPRESENTED STUDENTS IN THE COMMUNITY A BATTLE BUDDY PROGRAM WAS ESTABLISHED UTILIZING THE COMMUNITY HEALTH WORKER MODEL AND AN INVESTMENT WAS MADE IN FAUQUIER HABITAT FOR HUMANITY TO SUPPORT THE HAITI NEIGHBORHOOD REVITALIZATION PROJECT NON-COMPETITIVE GRANTS NON-COMPETITIVE GRANTS CONSIST OF CAPACITY BUILDING GRANTS AND INITIATIVES, COMMUNITY ENGAGEMENT GRANTS, AND REGIONAL POPULATION HEALTH GRANTS DISCRETIONARY GRANTS 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 TOTALED \$26,000 IN FY2019 CAPACITY BUILDING GRANTS AND INITIATIVES INCLUDE FUNDING OF THE PATH RESOURCE CENTER, THE VOLUNTEER HUB, PATH COMMUNITY LINK, WORKFORCE DEVELOPMENT, LEADERSHIP DEVELOPMENT, THE INTER N 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 2019, 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>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 \$311,587 ADDITIONALLY, \$19,545 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, 2018, AND SEPTEMBER 30, 2019, CNE AT THE PATH RESOURCE CENTER PROVIDED 12 WORKSHOPS TO 177 ATTENDEES, 1 BOOK CLUBS TO 2 ATTENDEES, 2 INFORMAL WORKSHOPS TO 6 ATTENDEES, 12 ADVANCED WORKSHOPS TO 137 ATTENDEES, AND 17 EXECUTIVE LEADERSHIP CIRCLES TO 67 PROFESSIONALS CNE PROVIDED TECHNICAL ASSISTANCE FOR OVER 190 NONPROFIT PROFESSIONALS DURING THE YEAR THIS AMOUNTS TO 579 NONPROFIT PROFESSIONALS RECEIVING RESOURCES FROM THE PATH RESOURCE CENTER VOLUNTEER HUB - THE END OF FISCAL YEAR 2019 MARKED THREE YEARS OF OPERATION FOR LETSVOLUNTEER.ORG AND THE PATH VOLUNTEER HUB IN FY2019, THERE WERE 1,220 REGISTERED USERS ON OUR SITE IN RESPONSE TO HUNDREDS OF OPPORTUNITIES POSTED FROM AREA NONPROFITS THIS COMMUNITY VOLUNTEER ENGAGEMENT EQUATED TO A TOTAL OF 2,259 REPORTED HOURS DURING THAT TIME, KEEPING IN MIND NOT ALL VOLUNTEER HOURS ARE REPORTED IN APRIL 2019, PATH VOLUNTEER HUB ALSO HOSTED ITS THIRD ANNUAL LET'S VOLUNTEER DAY DESIGNED TO ENGAGE VOLUNTEERS IN A COMMUNITY-WIDE DAY OF SERVICE FORTY ORGANIZATIONS PARTICIPATED WITH PROJECTS, ENGAGING JUST OVER 500 MEMBERS OF OUR VOLUNTEER COMMUNITY \$29,710 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 ADDITIONALLY, THE VIRGINIA COLLEGE ADVISING CORPS RECEIVED \$95,000 TO FUND THE PLACEMENT OF COLLEGE ADVISERS AT FOUR AREA HIGH SCHOOLS LIBERTY HIGH SCHOOL, RAPPAHANNOCK HIGH SCHOOL, EASTERN VIEW HIGH SCHOOL AND CULPEPER COUNTY HIGH SCHOOL THE ADVISERS PROVIDE PERSONAL ADMISSIONS AND FINANCIAL AID ADVISING, WITH THE GOAL OF HELPING EACH STUDENT FIND THEIR PERFECT FIT AFTER HIGH SCHOOL GRADUATION PATH COMMUNITY LINK THE PATH COMMUNITY LINK IS IN ITS SECOND YEAR OF OPERATION AND IS A 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 IN FY2019, PATH COMMUNITY LINK ASSISTED 179 COMMUNITY MEMBERS AND CARRIED 2 CASES ADDITIONALLY, TRANSLATION SERVICES WERE PROVIDED TO RAPPAHANNOCK RAPIDAN HEALTH DISTRICT, PARTNERSHIP FOR COMMUNITY RESOURCES, THE GOODWILL JOB</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>HELP CENTER, FAUQUIER FREE CLINIC AND Foothills Housing Network 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. Intern Program - The Foundation supported twelve (12) interns in FY2019 in a two-month 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 Aging Together, Books on the Bus, Clifton Institute, Commit to be Fit, Fauquier Excellence in Education Foundation, Fauquier Reaches for Excellence in School Health, The Path Foundation and Resource Center, Mental Health Association of Fauquier County, Northern Piedmont Community Foundation, Rappahannock-Rapidan Health District and the Warrenton Aquatic & Recreation Facility. Interns worked together on a group project to support health and vitality in the community. In FY2019, the intern project focused on kindness, featuring a kindness walk that brought the community together to partake in numerous pop-up events such as packing personal hygiene kits for homeless shelters, engaging in positive mental health exercises and more. The FY2019 investment was \$50,950 for this program. Facility Support - In order to foster a collaborative space, the organization provides office space to Habitat for Humanity, DSS, Boys & Girls Club and the Piedmont Dispute Resolution Center. In FY2019 \$115,961 was invested in this program. Organizational Capacity - The Foundation invested \$47,500 in sponsorship support to organizations that align with our mission. These organizations include the Community Foundation for Loudoun and Northern Fauquier/100 Women Strong, Virginia Community Capital, Inc., Piedmont Environmental Council, Southeastern Council on Foundations, Center for Nonprofit Excellence, Windward Fund and the Robins Foundation. Elevating Philanthropy is important to the Foundation. Investments were made to the Northern Piedmont Community Foundation to help support this mission and a philanthropy study was funded. Support was additionally provided to start a Virginia Funders Organization. A total of \$95,784 was invested in this area. The Foundation made two impact investments in FY2019, to 4P Foods and The Herren Foundation. The investment in 4P Foods, aligns with our access priority area, and was a \$1.2 million expenditure responsibility grant to fund the construction of a food hub in Vint Hill and will cover equipment, engineering and architecture plans, and some staffing for the new facility.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>THE 4P FOOD HUB WILL BE THE FIRST FOOD HUB IN FAUQUIER COUNTY, SERVING ALL OF THE FOUNDATION'S FOOTPRINT ITS CONSTRUCTION WILL ADDRESS ISSUES WITH CURRENT FOOD INFRASTRUCTURE, IN ADDITION TO BENEFITTING SEVERAL EXISTING NONPROFIT PROGRAMS THAT FOCUS ON FOOD AND FOOD IN SECURITY THE FOOD HUB WILL ALSO CONNECT LOCAL FARMS TO REGIONAL BUYERS, INCLUDING SCHOOLS , HEALTH PROVIDERS AND FOOD BANKS A PARTNERSHIP WAS ESTABLISHED WITH THE HERREN WELLNESS GROUP TO PROVIDE LOCAL ACCESS TO RESIDENTIAL RECOVERY, WHICH SPEAKS TO TWO OF OUR FOUR FOCUS AREAS ACCESS TO HEALTH AND MENTAL HEALTH " AS PART OF THE PARTNERSHIP, THE FOUNDATION INVESTED IN THE PURCHASE OF A PROPERTY TO ESTABLISH A 24-BED, "PRIVATE-PAY" HERREN WELLNESS RETREAT THE RETREAT WILL USE MEDITATION, YOGA, MINDFULNESS, REIKI, EXERCISE AND GROUP AND INDIVIDUAL COACHING TO PROVIDE RESIDENTS WITH SKILLS NECESSARY TO RETURN TO A DRUG AND A LCOHOL-FREE FULL AND PRODUCTIVE LIFE THE FOUNDATIONS ASSOCIATION WITH MR HERREN, A RECOVERING ADDICT, BEGAN IN 2017 WHEN THE ORGANIZATION BROUGHT THE FORMER NBA GUARD TO FAUQUIER , CULPEPER AND RAPPAHANNOCK TO SPEAK TO STUDENTS ABOUT HIS DRUG ADDICTION AND RECOVERY 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 \$379,973 WERE MADE IN FY2019 THE COMMUNITY LECTURE SERIES FEATURED A PRESENTATION FROM CHRIS HERREN, A FORMER NBA PLAYER MR HERREN ADDRESSED 4,850 STUDENTS AT PUBLIC AND PRIVATE SCHOOLS 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 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 2019, 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, 1,305 SENIORS IN PUBLIC AND PRIVATE SCHOOLS DONATED \$32,625 TO 135 ORGANIZATIONS 500 COMMUNITY MEMBERS PARTICIPATE IN A HOLIDAY SCRATCH TICKET PROGRAM TO BENEFIT 93 AREA NONPROFITS WITH A TOTAL AMOUNT GRANTED OF \$</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	25,000 THE SPARK MILL WAS ENGAGED WITH AN INVESTMENT OF \$138,758 TO CREATE AN EQUITY TEAM IN 2019 WITH MEMBERS REPRESENTING FAUQUIER COUNTY PUBLIC SCHOOL, LORD FAIRFAX COMMUNITY COLLEGE, FAUQUIER COUNTY GOVERNMENT, VIRGINIA DEPARTMENT OF HEALTH, PATH FOUNDATION AND NON PROFIT LEADER, ALONG WITH THE SPARK MILL, A CONSULTING FIRM BASED IN RICHMOND, VIRGINIA THE TEAM'S FOCUS WAS TO IDENTIFY OPPORTUNITIES TO ENHANCE THE QUALITY OF LIFE FOR ALL INDIVIDUALS AND FAMILIES THROUGHOUT FAUQUIER COUNTY, ENGAGE DIVERSE VOICES THROUGHOUT THE COMMUNITY THROUGH IN-PERSON INTERVIEWS AND SURVEYS, UNDERSTAND WHAT COMMUNITY MEMBERS VIEW AS IMPORTANT ISSUES, AND IDENTIFY TRANSPORTATION OPPORTUNITIES TO GUIDE THE WORK 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 FY2019, A POPULATION HEALTH GRANT WAS AWARDED TO SUPPORT MEDICAID EXPANSION IN THE STATE OF VIRGINIA A GRANT TO THE RAPPAHANNOCK RAPIDAN HEALTH DISTRICT TO ENCOURAGE GUN STORAGE SAFETY AND A GRANT TO THE FAUQUIER FREE CLINIC TO ACCELERATE THE IR DENTAL SERVICES FROM 3 TO 5 DAYS PER WEEK

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER FROM FHI SERVICES VIA A MERGER DOCUMENT EFFECTIVE 10/1/2018 262,519,053

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PAR XII LINE 2C	THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS DURING THE TAX YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

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

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 (FORMALLY FAUQUIER HEALTH SYSTEM INC) 321 WALKER DRIVE SUITE 301 WARRENTON, VA 20186 54-1416705	MANAGEMENT COORDINATOR	VA	501(C)(3)	LINE 12C,III-FI	N/A		No
(2) PATH HOLDINGS I LLC 321 WALKER DRIVE SUITE 301 WARRENTON, VA 20186 83-1855131	REAL ESTATE HOLDINGS	VA			FAUQUIER HEALTH FOUNDATION DBA PATH FOUNDATION	Yes	
(3) PATH HOLDINGS II LLC 321 WALKER DRIVE SUITE 301 WARRENTON, VA 20186 83-4347624	REAL ESTATE HOLDINGS	VA			FAUQUIER HEALTH FOUNDATION DBA PATH FOUNDATION	Yes	
(4) PATH HOLDINGS III LLC 321 WALKER DRIVE SUITE 301 WARRENTON, VA 20186 83-4365365	REAL ESTATE HOLDINGS	VA			FAUQUIER HEALTH FOUNDATION DBA PATH FOUNDATION	Yes	
(5) PATH HOLDINGS IV LLC 321 WALKER DRIVE SUITE 301 WARRENTON, VA 20186 83-4428768	REAL ESTATE HOLDINGS	VA			FAUQUIER HEALTH FOUNDATION DBA PATH FOUNDATION	Yes	
(6) FHI SERVICES 321 WALKER DRIVE SUITE 301 WARRENTON, VA 20186 54-0573701	COMMUNITY HEALTH	VA	501(C)(3)	LINE 3	FHS SEVICES	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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)	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	262,519,053	FMV

Part VII **Supplemental Information**

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

Return Reference	Explanation