efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493320096095

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Amended return

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014 D Employer identification number **B** Check if applicable CLEARPATH FOUNDATION INC Address change 46-3891359 Name change Doing business as Initial return E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1355 GREENWOOD CLIFF DRIVE STE 301 Final return/terminated (704) 945-0487

Application pending Name and address of principal officer JAY W FAISON 1355 GREENWOOD CLIFF DRIVE STE 301

CHARLOTTE, NC 28204

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

H(a) Is this a group return for subordinates?

G Gross receipts \$ 165,599,943

┌ Yes ┌ No

CHARLOTTE.NC 28204 **H(b)** Are all subordinates included? Tax-exempt status If "No," attach a list (see instructions) Website: ► CLEARPATH ORG H(c) Group exemption number ► L Year of formation 2013 M State of legal domicile NC Part I Summary Briefly describe the organization's mission or most significant activities ACCELERATE AMERICA'S CLEAN ENERGY FUTURE WITH CONSERVATIVE SOLUTIONS Activities & Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 4 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . 7 Total number of individuals employed in calendar year 2014 (Part V, line 2a) . 5 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 . **7**b 0 **Prior Year Current Year** 0 165,599,943 Contributions and grants (Part VIII, line 1h) . . . 8 Program service revenue (Part VIII, line 2g) 0 0 9 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 165,599,943 12) . 0 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 0 226,047 Expenses 5-10) Professional fundraising fees (Part IX, column (A), line 11e) 0 16a 0 Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 0 b Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . 0 15,729 **17** 0 241,776 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . . . 0 165,358,167 Assets or d Balances **Beginning of Current End of Year** Year 20 0 165,885,794 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) 0 527,627 0 22 Net assets or fund balances Subtract line 21 from line 20 165,358,167 Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here Signature of officer JAY W FAISON PRESIDENT Type or print name and title

Paid Preparer **Use Only**

Print/Type preparer's name SANDI O THORMAN Preparer's signature SANDI O THORMAN Firm's name 🕨 GREERWALKER LLP Firm's address ► 227 WEST TRADE ST SUITE 1100

May the IRS discuss this return with the preparer shown above? (see instruction

CHARLOTTE, NC 28202

Form	990 (2014))			Page 2
Par		tement of Program Service / ck if Schedule O contains a response		III	
1	Briefly des	cribe the organization's mission			
ACC	ELERATE AI	MERICA'S CLEAN ENERGY FUTURE	: WITH CONSERVATIVE SOL	UTIONS	
2		anızatıon undertake any sıgnıficant p			Yes ▼ No
	If "Yes," de	escribe these new services on Sched	ule O		
3		anızatıon cease conductıng, or make			
	If "Yes," de	escribe these changes on Schedule O	1		
4	expenses S	ne organization's program service acc Section 501(c)(3) and 501(c)(4) org penses, and revenue, if any, for each	anizations are required to repo		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	N/A				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	N/A				
4c	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	N/A				
4d	Other pro	gram services (Describe in Schedule	0)		
	(Expenses	s \$ including	grants of \$) (Revenue \$)
4e	Total prog	ıram service expenses ►			
					Form 990 (2014)

art IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		Νo
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V^{\bullet}	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	26	Yes	
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . $\footnotemark{\foo$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	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	•		
12	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	o [Yes	No
		5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	7		
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	7		
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)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		l _N o
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
h	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
<i>e</i> -	Does the organization have applied gross receipts that are namedly groster than \$100,000 and \$140.	5c		N.
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N (
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	° 7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a required?	s 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
Qa.	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans	_		
	Enter the amount of reserves on hand	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		l

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.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 1a			
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are			
	ındependent			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b		8b	Yes	
_	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		163	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
30	The section B. Folicies (This section B requests information about policies not required by the Internal N	event		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No No No

Section 6104 requires an organization to make its Form 1023 (or 1024 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

Own website Another's website V Upon request Other (explain in Schedule O)

- 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 ►JAY W FAISON

1355 GREENWOOD CLIFF DRIVE SUITE CHARLOTTE, NC 28204 (704) 945-0487

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

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

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

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec k, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Officer Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) JAY W FAISON	5 00	х		х				0	0	0
PRESIDENT										
(2) SEAN M SMITH	5 00	l _x							0	0
BOARD MEMBER		^								0
(3) DANA E RING	5 00									
BOARD MEMBER		X						0	0	0
(4) HOLLY WELCH STUBBING	5 00	.,								
BOARD MEMBER		Х						0	0	0
(5) ROBERT M PERKOWITZ	5 00									
BOARD MEMBER		Х						0	0	0
(6) RICHARD POWELL	40 00							55.000	55.000	
C00				Х				55,000	55,000	0

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				unless officer	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	►	55,000	55,000	0

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

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>	3	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? If "Yes," complete Schedule J for such individual	4	No
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>	5	No

Section	R In	dene	ndent	Contra	actors
Section	D. 11	Iuebe	HUCHL	COILLI	166013

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

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

Yes No

FORM 99		<u> </u>						Page 9
Part V	4 + + 4	Statement o						_
		Check if Schedi	ule O contains a respon	se or note to any lii		(7)		<u> </u>
					(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue
						exempt function	business	excluded from tax under
							revenue	
						revenue		sections 512-514
	4-							312-314
တည	1a	Federated cam	paigns 1a					
五三	ь	Membership du	es 1b					
2 5								
Contributions, Giffs, Grants and Other Similar Amounts	С	Fundraising eve	ents 1c					
\$ G		Dalahad ayaay	4.4					
法国	d	Related organiz	zations 1d					
]. ⊒i	e	Government grants	s (contributions) 1e					
S: E:					ļ			
	f		ons, gifts, grants, and 1f	165,599,943				
돌		sımılar amounts no			ļ			
돌	g		ons included in lines	163,087,441				
뒫		1a-1f \$		-				
Cont and	h	Total. Add lines	s 1 a - 1 f	<u>. </u>	165,599,943			
9				-				
œ.				Business Code				
2	2a							
3	ь							
盗	יט							
o G	С							
Ē	d							
\$	"							
Program Serwce Revenue	e							
ē	f	All other progra	am service revenue					
00	-	rin canal progra						
Δ	g	Total. Add lines	s 2a – 2f	🕨				
	<u> </u>							
	3		ome (including dividend ar amounts)					
	_			· · · · · · · · · · · · · · · · · · ·				
	4	income from inves	stment of tax-exempt bond p	roceeds				
	5	Royalties		🟲				
			(ı) Real	(II) Personal				
	6-	Gross rents	(1)11541	(11) 1 010 01101				
	6a							
	b	Less rental expenses						
	l c	Rental income						
	'	or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) Other				
	_	Cross amount	(i) Securities	(II) O tilel				
	7a	Gross amount from sales of						
		assets other						
	_	than inventory						
	Ь	Less cost or other basis and						
		sales expenses						
	С	Gain or (loss)						
	d	Net gain or (los	s)					
			-	• • • •				
1	8a	Gross income f						
n e		events (not inc	luding					
둢		\$						
ž			reported on line 1c)					
æ l		See Part IV, lin						
Other Revenue			a					
Ě	ь	Less direct ex	penses b					
ة ا	c		ı (loss) from fundraısıng e	vents L				
_			-					
	9a		rom gaming activities					
		See Part IV, lin						
			a					
	Ь	Less direct ex	penses b					
	с	Net income or (ا loss) from gamıng actıv(rities				
			-	·				
	104	Gross sales of returns and allo						
		recurre and all	F					
			a					
	ь	Less cost of g	oods sold b					
	С	Net income or (loss) from sales of inve	ntory 🛌				
		Miscellaneous	1	Business Code				
		scenaneous	- ACTORING	Dasiness Code				
	11a							
	ь							
	_							
	С							
	d	All other reven	ue				<u> </u>	
	e	Total. Add lines	s 11a-11d	🕨				
				· •				
	12	Total revenue.	See Instructions	🕨	165,599,943	0	0	0
	1				100,000,040	U	L	ı

					1 age 10
	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ions must com	ploto column (A.)	
Section					
<u> </u>	Check if Schedule O contains a response or note to any line in this		(B)	(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
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, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	55,000		55,000	
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	153,489		153,489	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	·		,	
9	Other employee benefits				
10	Payroll taxes	17,558		17,558	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	12,500		12,500	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	354		354	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,850		2,850	
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)				
а	BANK FEES	25		25	
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	241,776	0	241,776	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 ► ☐ if following SOP 98-2 (ASC 958-720)			,	

Form 990 (2014) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 28,446,298 1 1 0 2 3.046.860 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 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 Assets 6 7 8 8 9 9 10a Land, buildings, and equipment cost or other basis Complete 493,582 10a Part VI of Schedule D 57,858 h Less accumulated depreciation 10b 0 10c 435,724 11 35.554.299 11 12 0 12 97,760,957 Investments—other securities See Part IV, line 11 . . . 13 13 Investments—program-related See Part IV, line 11 0 14 14 425,263 0 216,393 15 Other assets See Part IV, line 11 15 0 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 165,885,794 17 **17** 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 521.463 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties 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 0 25 6,164 26 **Total liabilities.** Add lines 17 through 25 527,627 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ┌ and complete **Fund Balances** lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ▼ and complete lines 30 through 34. ŏ 30 0 Capital stock or trust principal, or current funds 30 0 Assets 0 31 0 31 Paid-in or capital surplus, or land, building or equipment fund 0 32 165,358,167 32 Retained earnings, endowment, accumulated income, or other funds Š 0 33 165,358,167 33

Total liabilities and net assets/fund balances

165,885,794

0 34

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
	Total revenue (much agual Dart) (TIT, calumn (A.) lina 12)				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		165,5	599,943
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	241,776
3	Revenue less expenses Subtract line 2 from line 1	3			358,167
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		100,0	0
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		165,3	358,167
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed or	۱ 📗		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	ırate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493320096095

OMB No 1545-0047

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization CLEARPATH FOUNDATION INC

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

		46-3891359						
Pa	rt I	Reason for Publi	c Charity S	tatus (All organıza	tions must co	mplete this p	oart.) See instruction	ons.
The	rganız	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)	
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	b)(1)(A)(i).	
2	\sqcap	A school described in	section 170(b)(1)(A)(ii). (Attach S	chedule E)			
3	Γ	A hospital or a cooper	atıve hospıtal	service organization o	described in sec	tion 170(b)(1)	(A)(iii).	
4	Г	A medical research or	ganization ope	erated in conjunction v	vith a hospital d	lescribed in se	ction 170(b)(1)(A)(iii). Enter the
		hospital's name, city,	and state	•	·			<u></u>
5	Γ	An organization opera	ted for the ben	efit of a college or uni	versity owned o	or operated by	a governmental unit d	escribed in
		section 170(b)(1)(A)(iv). (Complete	e Part II)				
6	Γ	A federal, state, or loc	al government	t or governmental unit	described in se	ection 170(b)(1	l)(A)(v).	
7	Γ	An organization that n	•	·	• •	om a governme	ental unit or from the g	jeneral public
_	_	described in section 1						
8	<u> </u>	A community trust des					hh	fd
9	ı	An organization that n						
		receipts from activitie		•	-	• •	` '	
		its support from gross				· ·	·	Dusinesses
40	_	acquired by the organi		,	. , , ,	•	,	
10	<u> </u>	An organization organi						
11	~	An organization organi one or more publicly s						
		the box in lines 11a th	• •		• •			
а	▽	Type I. A supporting o						
		supported organization				ty of the dırect	ors or trustees of the	supporting
	_	organization You mus	-	-			-td	
D	ļ	Type II. A supporting management of the su	_	•			•	
		must complete Part I\			same persons t	ilac colletor or i	nanage the supported	organization(s) Iou
c	Γ	Type III functionally i	•		n operated in c	onnection with	, and functionally integ	grated with, its
	_	supported organization						
d	ı	Type III non-function						
		not functionally integral (see instructions) You					ement and an attentiv	eness requirement
е	~	Check this box if the o					s a Type I, Type II, T	ype III functionally
		ıntegrated, or Type III						,,
f		Enter the number of su						_3
g		Provide the following in	nformation abo	out the supported orga	ınızatıon(s)			
	(i)NI s	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ranization	(v) A mount of	(vi) A mount of
		organization	(11) LIN	organization	listed in your	•	monetary support	other support (see
		- · 5 - · · · - · · · ·		(described on lines	docume		(see instructions)	instructions)
				1-9 above or IRC				
				section (see				
				ınstructions))	Vos	N-a		
					Yes	No		
See	A ddıtı	onal Data Table						
Tota	I 3						0	

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) **Section A. Public Support** Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 **(d)** 2013 (e) 2014 (f) Total in) 🕨 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 Gross receipts from related activities, etc (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2013 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2014. 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 - 2013. 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 – 2014. 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 - 2013. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) 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 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2014. 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

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2013. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Section D. Computation of Investment Income Percentage

Investment income percentage from 2013 Schedule A, Part III, line 17

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

17

18

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

30	scholl 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	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^{9}$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		No
За	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below.	За		No
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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		No
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.	4 c		
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		No
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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		No
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 II of Schedule L (Form 990).	8		No
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		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		No
c	Did a disqualified person (as defined in line 9(a)) 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		No
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		No
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		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
	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?	11a		No
ь	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Νo

Par	** Supporting Organizations (continued)			
Se	ection 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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		No
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetri	ctions)	
a b	The organization satisfied the Activities Test Complete line 2 below	mscre	ictions)	
c	The organization supported a governmental entity Describe in Part VI how you supported a government e instructions)	ntity (see	
2	Activities Test_Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	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> .	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II 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		
а	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		
0	Minimum Assat Amount (add line 7 to line 6)	Q		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year					
1							
2							
3							
4							
5							
6							

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	orted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	ICTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
 h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			1
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

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

Return Reference Explanation

Schedule A (Form 990 or 990-EZ) 2014

Additional Data

Software ID: Software Version:

EIN: 46-3891359

Name: CLEARPATH FOUNDATION INC

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) I organızatıd your go docur	on listed in verning	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
			Yes	No		
(A) FOUNDATION FOR THE CAROLINAS	566047886	501(C)(3)	Yes		0	0
(A) NATIONAL CHRISTIAN CHARITABLE FOUNDATION INC	581493949	501(C)(3)	Yes		0	0
(B) ECOAMERICA	203895611	501(C)(3)	Yes		0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493320096095

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection **Employer identification number** Name of the organization CLEARPATH FOUNDATION INC 46-3891359 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year -_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	4 11 Organizations Maintaining Co	<u>llections of Art,</u>	His	<u>tori</u>	<u>cal Tre</u>	asu	<u>res, or Ot</u>	<u>:hei</u>	<u>r Similar As</u>	sets	(continued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other record	ls, ch	neck	any of the	e follo	owing that a	re a	significant use	ofits	
а	Public exhibition		d	Γ	Loan or	exch	nange progra	ams			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n hov	v the	y further	the o	rganızatıon':	s ex	empt purpose	ın	
5	During the year, did the organization solicit								ılar	_	_
	assets to be sold to raise funds rather than t									Yes	No
Par	Part IV, line 9, or reported an an						answered	I "Ye	es" to Form s	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontributi	ons o	r other asse	ets n	ot	┌ Yes	. ⊢ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ving t	able						
							_		1A	nount	
c	Beginning balance						<u> </u>	1c			
d	Additions during the year						<u> </u>	1d			
е	Distributions during the year						<u> </u>	1e			
f	Ending balance						<u>_</u> :	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21,	for e	scrowor	custo	dıal accoun	t lıa	bility?	☐ Yes	⊢ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has be	een pi	rovided in P	art >	KIII		Г
Pa	rt V Endowment Funds. Complete	f the organization	ans	wer							
		(a)Current year	(b))Prior	year b	(c) Tw	vo years back	(d)⊺	hree years back	(e) Fου	r years back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	ent year end balanc	e (lın	e 1g	, column	(a)) h	eld as				
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment ▶										
С	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiza	tion t	that	are held a	and a	dmınıstered	for	the		
	organization by									Y	es No
	(i) unrelated organizations			•					3a		
	(ii) related organizations								3a		
	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second or the seco					• •		•	3	b	
4 Par	t VI Land, Buildings, and Equipme					2 00.14	arad 'Vac'	to	Form 000 D:	ort TV	lino
FGI	11a. See Form 990, Part X, line		iie oi	ıyaı	iizatioii (alisw	refeu les	ω	101111 330, F	ait IV,	IIIIC
	Description of property				a) Cost or c sıs (ınvestn		(b)Cost or of basis (othe		(c) Accumulate depreciation	d (d) Book value
1a	Land										
	Buildings										
	Leasehold improvements						205,	089	7,4	183	197,606
	Equipment							331	15,8	_	60,483
	• •						 	_			
_	Other						212,	162	34,5	527	177,635

Part VII	Investments—Other Securities. Con See Form 990, Part X, line 12.	nplete if the organization a	answered 'Yes' to Form 990, Part IV, line 11b.
-	(a) Description of security or category	(b)Book value	(c) Method of valuation
/1 \Financis	(including name of security)		Cost or end-of-year market value
	al derivatives -held equity interests		
(3)Other			
	TMENTS IN VARIOUS NON-PUBLICLY ARTNERSHIPS AND CORPORATIONS	97,760,957	F
		, ,	
-			
Total. (Colum	mn (b) must equal Form 990, Part X, col (B) line 12)	97,760,957	
	Investments—Program Related. Co		answered 'Yes' to Form 990, Part IV, line 11c.
	See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
	(a) Description of investment	(b) Book Value	Cost or end-of-year market value
Total. (Colum	mn (b) must equal Form 990, Part X, col (B) line 13)	F	
Part IX	, j		, Part IV, line 11d See Form 990, Part X, line 15
	(a) Descri	ption	(b) Book value
Total (Colu	ımn (b) must equal Form 990, Part X, col.(B) lıne 1:		
Part X			Form 990, Part IV, line 11e or 11f. See
	Form 990, Part X, line 25.		
1	(a) Description of liability	(b) Book value	
Federal inc			
CREDIT CA	ARD	6,164	
-			
	W		
	mn (b) must equal Form 990, Part X, col (B) line 25)	6,164	e organization's financial statements that reports the

Pari	the organ	iation of Re						ts Wit	th Re	venue	per R	eturn Complete	e if
1	Total revenue, ga										1		
2	A mounts include	d on line 1 but	not on Forr	n 990, Pai	rt VIII, line	12							
а	Net unrealized g	aıns (losses) o	n ınvestmeı	nts			2a						
b	Donated service	s and use of fa	cilities .				2b						
c	Recoveries of pri	or year grants					2c						
d	Other (Describe	ın Part XIII)					2d						
e	Add lines 2a thro	ough 2d .									2e		
3	Subtract line 2e	from line 1 .									3		
4	A mounts include	d on Form 990	, Part VIII,	, lıne 12, b	out not on li	ne 1							
а	Investment expe	enses not inclu	ded on Forn	n 990, Par	rt VIII, line	7b .	4a						
b	Other (Describe	ın Part XIII)					4b						
C	Add lines 4a and	4b									4c		
5	Total revenue A										5		
Part								nts Wi	ith Ex	cpense	s per	Return. Comp	lete
1	Total expenses a	anization ans									1		
2	Amounts include	•					•	• •	•	•	<u> </u>		
a	Donated services						2a	l					
b	Prior year adjust						2b						
c	Other losses .						2c						
d	Other (Describe						2d						
e	Add lines 2a thro	•						<u> </u>					
3	Subtract line 2e 1	-									3		
4	A mounts include												
а	Investment expe			•			4a						
b	Other (Describe						4b						
С	Add lines 4a and	-						'			4c		
5	Total expenses	Add lines 3 an	d 4c. (This r	nust equal	l Form 990	, Part I, line	18)				5		
Part	XIII Supple				·	· · · · · · · · · · · · · · · · · · ·						1	
Prov Part	ide the description V, line 4, Part X, li	s required for F	Part II, lines									de any additional	
	Return Refere	nce			Expl	anation							

Jenedale 2 (1 31111 33 3) 23 13		i age S
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493320096095

Employer identification number

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

Name of the organization

CLEARPATH FOUNDATION INC

SCHEDULE F

(Form 990)

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.

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

Open to Public **Inspection**

					46-3891359	
Pa	rt I General Information "Yes" to Form 990, Pa			ne United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the of and other assistance, the grants or a used to award the grants or a	antees' eligibil	ity for the grar	nts or assistance, and	the selection criteria	Γ Yes Γ Nα
2	For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitori	ng the use of its gran	ts and other
3	Activites per Region (The follow	ving Part I, line 3	3 table can be d	uplicated if additional spa	ace 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
(1)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENT IN PASSIVE FOREIGN INVESTMENT COMPANIES	N/A	13,836,66
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	0	0	1		13,836,66
b	Total from continuation sheets to Part I	0	0			
	: Totals (add lines 3a and 3b)	0	0			13,836,66
For P	aperwork Reduction Act Notice, see	the Instructions	for Form 990.	Cat	No 50082W Sched	ule F (Form 990) 2014

Pā						ited States. Comp duplicated if additioi			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2						les by the foreign co (c)(3) equivalency l			
3	Enter total nur	nber of other or	ganızatıons or ent	ities					

Schedule F (Form 990) 2014

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 addit	tional space is ne	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							, , ,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	•			•	•		

Part IV Foreign Forms

1	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)	Γ	Yes	~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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; do not file with Form 990)	Г	Yes	্য	Νo
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)	Г	Yes	্	Νo
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)	IZ	Yes	Γ	Νo
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)	Г	Yes	굣	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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্	Νo

Schedule F (Form 990) 2014

Additional Data

Software ID: Software Version:

EIN: 46-3891359

Name: CLEARPATH FOUNDATION INC

Schedule F (Form 990) 2014

Page **5**

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).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493320096095

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

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

Open to Public **Inspection**

Con	cess Benefit Trans						Em	ploye	ident if	ication	i numbe	Г
Con	cess Benefit Trans						46-	3891	359			
Con		actions (sect	ion 501(c)(3), section 50	1 (c)(4), and 501(c)	_			only)		
1 (a) Na	mplete if the organization										10b	
	me of disqualified persor			ween disqualifie		(c) Descrip					(d) Corr	ected?
		pers	on and o	rganızatıon							Yes	No
4958 . 3 Enterthe Part II Loans to a	e amount of tax incurred e amount of tax, if any, or	n line 2, above,	reimburs	ed by the organi	zation .			. '	► \$ - ► \$ _			
	the organization answere amount on Form 990, Pa (b) Relationship with organization			n to the Or tion? pri	(e) Iginal Icipal Iount	(f)Balance due	(g) defa	In	(h) Appro) ved rd or	(i)Wr	ıtten
			То	From						ttee		nenc.
							Yes	No	Yes	No No	Yes	No

	Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.							
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	zation's			
				Yes	No			

Part V	Supplemental Information							
	Provide additional information for responses to questions on Schedule L (see instructions)							
Return Reference Explanation								

Schedule L (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493320096095

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

Noncash Contributions

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

► Attach to Form 990.

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

Open to Public Inspection

	e of the organization PATH FOUNDATION INC				Empl	oyer identificat	ion nu	mber	
LLT	TAIN TOOMER INC				46-3	891359			
Pai	rt I Types of Property								
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	r	(d Method of de noncash contrib	etermi		ts
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded .								
LO	Securities—Closely held stock .								
	Securities—Partnership, LLC, or trust interests	Х	2	163,087,440	FAIF	R MARKET VAL	UE		
L2	Securities—Miscellaneous								
	Qualified conservation contribution—Historic structures								
L4	Qualified conservation contribution—Other								
L 5	Real estate—Residential .								
L6	Real estate—Commercial								
.7	Real estate—O ther								
L8	Collectibles								
L 9	Food inventory								
20	Drugs and medical supplies .								
21	Taxıdermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	O ther ► ()								
26	O ther ▶()								
27	O ther ▶()								
28	O ther ► ()								
	Number of Forms 8283 received for which the organization comple				29				0
								Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1 thi	ough 28, that			
	ıt must hold for at least three ye	ars from th	e date of the initial contribu	ition, and which is not requ	ired to	be used			
	for exempt purposes for the enti	re holding p	period [?]				30a		Νo
b	If "Yes," describe the arrangem	ent in Part 1	II						
31	Does the organization have a gif	ft acceptan	ce policy that requires the	review of any non-standard	conti	ributions?	31		Νo
32a	Does the organization hire or us contributions?	e third part	-	to solicit, process, or sell	nonca	ash 	22-		NI -
L		•			•	-	32a		No
	If "Yes," describe in Part II If the organization did not report	t an amount	: ın column (c) for a type of	property for which column	(a) ıs	checked,			

describe in Part II

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

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

Return Reference Explanation

Schedule M (Form 990) (2014)

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0

(Form 990 or 990-EZ)

Name of the organization CLEARPATH FOUNDATION INC

Department of the Treasury

Internal Revenue Service

19

As Filed Data -

DLN: 93493320096095

Employer identification number

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Information about Schedule 0 (Form 990 or 990-FZ) and i

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

46-3891359 990 Schedule O, Supplemental Information **Explanation** Return Reference FORM 990, PART VI, SECTION B, LINE FORM 990, PART VI, SECTION B, LINE I MANAGEMENT MONITORS CONFLICT OF INTEREST THROUGH A MONTHLY EVALUATION OF ALL 12C ORGANIZATION INITIATIVES AGAINST OUR APPROVED STRATEGIC PLAN INITIATIVES ARE EVALUATED FOR IMPACT **AGAI** NST OUR STRATEGIC PLAN WHICH IS UPDATED AND PRESENTED AT QUARTERLY BOARD MEETINGS BOARD M EMBERS HAVE THE OPPORTUNITY TO EVALUATE ALL FINANCIAL AND BUSINESS DEALINGS THAT SUPPORT T HE ORGANIZATION ACTIVITIES FORM 990. PART VI. SECTION B. LINE CLEARPATH LEVERAGES MARKET DATA AND INTERNAL PROCESSES TO EVALUATE AND 15 DETERMINE COMPENSAT ION FOR MANAGEMENT AND OFFICERS MORE SPECIFICALLY, THE ORGANIZATION LEVERAGES COMPARABLE DATA PROVIDED BY OUR EXECUTIVE SEARCH CONSULTANT(S) AS WELL AS CONDUCTING PRIMARY RESEARCH ON COMPARABLE DATA IN SIMILAR NGO ORGANIZATIONS COMPENSATION IS EVALUATED SEMI-**ANNUALLY** ALL MANAGEMENT AND OFFICER COMPENSATION PACKAGES ARE EVALUATED BY MANAGEMENT AND PRESENTE D TO OUR BOARD OF DIRECTORS WHEN CHANGES IN COMPENSATION OCCUR FORM 990, PART VI, SECTION C. LINE I THE ORGANIZATION'S DOCUMENTS ARE AVAILABLE UPON REQUEST

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493320096095

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

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

Related Organizations and Unrelated Partnerships

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

Name of the organization CLEARPATH FOUNDATION INC

Department of the Treasury

Internal Revenue Service

Employer identification number

46-3891359

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							
(1) SPARK HOLDINGS LLC 1355 GREENWOOD CLIFF DRIVE STE 301 CHARLOTTE, NC 28204 45-4359460	INVESTMENT	NC	0	163,615,076	CLEARPATH FOUNDATION INC							

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)	(b)	(c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling	Section	512(b)
		or foreign country)		(if section 501(c)(3))	entity	(13) cor	ntrolled
					•	enti	ty?
						Yes	No

Part III	Identification of Related Organizations Taxable a	as a Partne	ership	Complete i	f the organiz	ation ansv	vered "Ye	s" on Form	990, Part 1	[V, line 3	4
	because it had one or more related organizations treate	ed as a part	nership	during the	tax year.				•		
	(-)	71-3	7-1	(4)	7-1	(6)	(-)	753	(:)	723	г

	•			•								
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h))	(i)	(j)		(k)
Name, address, and EIN of	Primary activity		Direct	Predominant	Share of		Disprop	rtionate	Code V-UBI	Genera	alor Pe	ercentage
related organization		domicile	controlling	income(related,	total income	end-of-year	allocati	ions?	amount in box	manag	ging ov	wnership
		(state or	entity	unrelated,		assets			20 of	partn	er?	
		foreign		excluded from					Schedule K-1	l		
		country)		tax under					(Form 1065)	l		
				sections 512-						l		
				514)								
							Yes	No		Yes	No	
									I			

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

Pa	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 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
C	Gift, grant, or capital contribution from related organization(s)	1 c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1 g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		\vdash
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	O ther transfer of cash or property to related organization(s)	1r		-
s	Other transfer of cash or property from related organization(s)	1 s		
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 Transaction Transaction Amount involved Method of determining amo	ount i	nvolved	<u> </u>

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

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

1													
(a)	(b)	(c)	(d)	1	(e)	(f)	(g)	(h)	\neg	(i)	(j)	7	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are	e all partners	Share of	Share of	Disproprtionate	æ I	Code V-UBI	General or	r J	Percentage
	1 ' ''	domicile	ıncome	1	section	total	end-of-year	allocations?	Į.	amount in	managing	4 1	ownership
	1	(state or	(related,	[[501(c)(3)	ıncome	assets	1	J	box 20	partner?	- 1	
	1 '	`foreign	unrelated,		ganizations?	1 '	1	1	Į.	of Schedule	<i>(</i> '	J	1
	1		excluded from		,	1 '	1	1	J	K-1	1	J	(!
	1	1	tax under	1	,	1 '	1	1	J	(Form 1065)	1	J	('
	1 '	1	sections 512-	1	,	1 '	1	1	Į.	(1 01111 2000,)	1	J	1
	1 '	1			 '	4 '	1			4 /		$\overline{}$	
	1	1	514)	Yes	No	1 '	1	Yes	No	()	Yes	No	(
	 '		4'	——'	 '	 '						اللك	1
	1 '	1	1	1 '	1 '	1 '	1	, 1	, 1	1			
				$\overline{}$					$\overline{}$			_	

Schedule R (Form 990) 2014 Page **5**

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014