

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2019

## Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

**C** Name of organization **HAYWOOD PATHWAYS CENTER, INC**  
 Doing business as \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**179 HEMLOCK ST**  
 City or town State ZIP code  
**WAYNESVILLE NC 28786**  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number  
**47-2608669**

**E** Telephone number  
**(828) 246-0332**

**F** Name and address of principal officer  
**NICK HONERKAMP 179 HEMLOCK STREET, WAYNESVILLE, NC 287**

**G** Gross receipts \$ **657,784**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)

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

**J** Website: **www.haywoodpathwayscenter.org**

**K** Form of organization  Corporation  Trust  Association  Other

**L** Year of formation **2015** **M** State of legal domicile **NC**

### Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities. <b>TO GLORIFY GOD BY PROCLAIMING AND SHOWING LOVE THROUGH CHRIST-CENTERED PROGRAMS FOR THE LOST, LONELY, AND THE LEAST OF HAYWOOD COUNTY, NC WE SHELTER THE HOMELESS, FEED THE HUNGRY, AND PRODUCE SELF-SUSTAINING CITIZENS</b>		
	2	Check this box <input type="checkbox"/> 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)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	28
	6	Total number of volunteers (estimate if necessary)	6	750
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	739,249	626,336
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,435	3,262
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,422	175
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,133	28,011
			755,239	657,784
Expenses	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)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	333,889	407,727
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	38,889	23,295
	16b	Total fundraising expenses (Part IX, column (D), line 25) <b>70,465</b>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	136,819	211,698
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	509,597	642,720	
19	Revenue less expenses. Subtract line 18 from line 12	245,642	15,064	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	814,084	814,109
	22	Net assets or fund balances. Subtract line 21 from line 20	7,700	6,071
		806,384	808,038	

### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: *Nick Honerkamp* Date: **042720**

Type or print name and title: **NICK HONERKAMP CHAIR**

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_

Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_

Firm's address: \_\_\_\_\_ Phone no: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

3/3  
9/10  
SCANNED 9/10/2021

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