

# 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.

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

**F Name and address of principal officer:**  
 NICK HONERKAMP 179 HEMLOCK STREET, WAYNESVILLE, NC 28786

**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

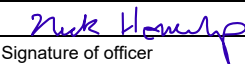
**J Website:** [www.haywoodpathwayscenter.org](http://www.haywoodpathwayscenter.org) **H(c) Group exemption number** ▶ \_\_\_\_\_

**K Form of organization:**  Corporation  Trust  Association  Other ▶ \_\_\_\_\_ **L Year of formation:** 2015 **M State of legal domicile:** NC

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: 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</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	10
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	10
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . .	<b>5</b>	28
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	750
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39 . . . . .	<b>7b</b>	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	739,249	626,336
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	3,435	3,262
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	1,422	175
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	11,133	28,011
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	755,239	657,784
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .		333,889	407,727
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		38,889	23,295
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 70,465			
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .		136,819	211,698
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .		509,597	642,720
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	245,642	15,064	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) . . . . .	Beginning of Current Year 814,084	End of Year 814,109
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	7,700	6,071
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	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**  **042720**  
 Signature of officer Date  
**NICK HONERKAMP** CHAIR  
 Type or print name and title

**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. ▶