Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

For the 2020 calendar year, or tax year beginning ___________ and ending ___________

C Name of organization

PATHWAYS COMMUNITY CENTER, INC.

D Employer identification number

38-4058007

E Telephone number

803-366-7284

F Name and address of principal officer:

CHARLES PRICE

384058007 10/12/2021 8:40 AM

Net Assets or Fund Balances

Subtract line 21 from line 20

Total assets (Part X, line 16)

838,786

Revenue less expenses. Subtract line 18 from line 12

451,894

Prime fundraising fees (Part IX, column (A), line 11e)

48,185

Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

5,166

Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

7b

Professional fundraising fees (Part IX, column (A), line 11)

91,869

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

91,869

Grants and similar amounts paid (Part IX, column (A), lines 1–3)

0

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

Expenses

Beginning of Current Year

239,892

20 Total assets (Part X, line 16)

2,416,175

21 Total liabilities (Part X, line 26)

838,786

22 Net assets or fund balances. Subtract line 21 from line 20

1,577,389

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.

Signature of officer

FORREST EMERSON

Date

BOARD MEMBER/TREAS

Paid Preparer

W. LEON RIVES

Preparer's signature

W. LEON RIVES

Date

10/12/21

Check if self-employed

PTIN

00366854

Use Only

RH CPAS, PLLC

Firm’s name

212 W CENTER ST

Firm’s address

LEXINGTON, NC 27292-3012

Phone no.

336-248-8281

May the IRS discuss this return with the preparer shown above? See instructions

Yes 

No

For Paperwork Reduction Act Notice, see the separate instructions.
Form 990 (2020)  PATHWAYS COMMUNITY CENTER, INC.  38-4058007

Part III  Statement of Program Service Accomplishments

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

1  Briefly describe the organization’s mission:

TO BE A SINGLE POINT OF ENTRY FACILITY, HOUSING SERVICE AGENCIES, THAT
TOGETHER STAND READY TO SERVE PEOPLE IN OUR COMMUNITY.

2  Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ?  

☐ Yes  ☑ No

If “Yes,” describe these new services on Schedule O.

3  Did the organization cease conducting, or make significant changes in how it conducts, any program
services?  

☐ Yes  ☑ No

If “Yes,” describe these changes on Schedule O.

4  Describe the organization’s program service accomplishments for each of its three largest program services, as measured by
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
the total expenses, and revenue, if any, for each program service reported.

|   | (Expenses $         including grants of $        ) (Revenue $     ) |
|---|---------------------|-----------------------------------------------|
| 4a| Code:               | TO PROVIDE LOW COST (BELOW MARKET RATES) OCCUPANY SPACE SPECIFICALLY TO |
|   |                     | LOCAL NON-PROFIT SERVICE AGENCIES IN ORDER TO CREATE A SINGLE POINT OF |
|   |                     | ENTRY FACILITY IN ROCK HILL, SOUTH CAROLINA, FOR ITS MOST VULNERABLE |
|   |                     | CITIZENS, WHO ARE BEING MINISTERED TO BY THESE SERVICE AGENCIES. |
|   | $418,291            |                                               |

|   | (Expenses $         including grants of $        ) (Revenue $     ) |
|---|---------------------|-----------------------------------------------|
| 4b| Code:               | THE HOPE CENTER – THE HOPE CENTER IS A DAY SHELTER OPEN 6 DAYS A WEEK |
|   |                     | PROVIDING SERVICES TO MEN AND WOMEN IN SOME FORM OF CRISIS. CLIENTS WHO |
|   |                     | COME TO US MAY BE HOMELESS, ABOUT TO BE HOMELESS, HAVE ADDICTION CONCERNS |
|   |                     | OR SOME OTHER FORM OF CRISIS THAT HAS LANDED THEM AT OUR DOOR. THE |
|   |                     | SERVICES WE PROVIDE INCLUDE LAUNDRY, SHOWERS, FOOD, AND COUNSELING |
|   |                     | PROGRAMS. OUR STAFF IS COMMITTED TO WALK ALONGSIDE EACH MAN AND WOMAN |
|   |                     | HELPING THEM HELP THEMSELVES AS THEY BUILD A STRONG FOUNDATION FOR THEIR |
|   |                     | FUTURE. |
|   | $139,070            |                                               |

|   | (Expenses $         including grants of $        ) (Revenue $     ) |
|---|---------------------|-----------------------------------------------|
| 4c| Code:               | N/A                                           |

|   | (Expenses $         including grants of $        ) (Revenue $     ) |
|---|---------------------|-----------------------------------------------|
| 4d| Other program services (Describe on Schedule O.) |                                               |
|   | Expenses $          including grants of $        ) (Revenue $     ) |
|   | $557,361            |                                               |

DAA