

Form **990**

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Name of organization PATHWAYS COMMUNITY CENTER, INC.</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 4553</p> <p>City or town, state or province, country, and ZIP or foreign postal code ROCK HILL SC 29732</p> <p>F Name and address of principal officer: CHARLES PRICE</p>	<p>D Employer identification number 38-4058007</p> <p>E Telephone number 803-366-7284</p> <p>G Gross receipts \$ 851,018</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</p>
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<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>	<p>J Website: WWW.PATHWAYSYC.ORG</p>	<p>H(c) Group exemption number u</p>
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u</p>	<p>L Year of formation: 2018</p>	<p>M State of legal domicile: SC</p>

Part I Summary

Activities & Governance	<p>1 Briefly describe the organization's mission or most significant activities: TO BE A SINGLE POINT OF ENTRY FACILITY, HOUSING SERVICE AGENCIES, THAT TOGETHER STAND READY TO SERVE PEOPLE IN OUR COMMUNITY.</p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> <p>3 Number of voting members of the governing body (Part VI, line 1a) 3 12</p> <p>4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12</p> <p>5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 13</p> <p>6 Total number of volunteers (estimate if necessary) 6 20</p> <p>7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0</p> <p>b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0</p>																			
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">617,902</td> <td style="text-align: right;">775,744</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">48,185</td> <td style="text-align: right;">74,383</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">5,166</td> <td style="text-align: right;">891</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">671,253</td> <td style="text-align: right;">851,018</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	617,902	775,744	9 Program service revenue (Part VIII, line 2g)	48,185	74,383	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,166	891	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	671,253	851,018
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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	<p>Signature of officer FORREST EMERSON</p> <p>Type or print name and title BOARD MEMBER/TREAS</p>	<p>Date 10/12/21</p>
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Paid Preparer Use Only	<p>Print/Type preparer's name W. LEON RIVES</p> <p>Firm's name } RH CPAS, PLLC</p> <p>Firm's address } 212 W CENTER ST LEXINGTON, NC 27292-3012</p>	<p>Preparer's signature W. LEON RIVES</p>	<p>Date 10/12/21</p>	<p>Check <input type="checkbox"/> if self-employed PTIN P00366854</p> <p>Firm's EIN } 20-0427530</p> <p>Phone no. 336-248-8281</p>
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May the IRS discuss this return with the preparer shown above? See instructions Yes No

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.

4a (Code:) (Expenses \$ **418,291** including grants of \$) (Revenue \$)

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.

4b (Code:) (Expenses \$ **139,070** including grants of \$) (Revenue \$)

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.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 557,361**