

Form **990**Department of the Treasury
Internal Revenue Service

EXTENDED TO AUGUST 17, 2015

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2014Open to Public
Inspection

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

and ending

B Check if applicable:

- ☐ Address change
☒ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**ACTION PATHWAYS, INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 2009

Room/suite

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

FAYETTEVILLE, NC 28302**F** Name and address of principal officer: **CYNTHIA WILSON****SAME AS C ABOVE****D** Employer identification number**56-0845795****E** Telephone number**(910) 485-6131****G** Gross receipts \$**16,013,159.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.ACTIONPATHWAYS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1965** **M** State of legal domicile: **NC****Part I Summary**

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: **ACTION PATHWAYS, INC. IS A PRIVATE, NON-PROFIT HUMAN SERVICES AGENCY OFFERING A COMPREHENSIVE****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)	3	30
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	364
6 Total number of volunteers (estimate if necessary)	6	3135
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	7b	0.

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	12,951,951.	12,893,055.
9 Program service revenue (Part VIII, line 2g)	2,278,135.	2,486,571.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,035.	22,948.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,373.	<6,330.>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,265,494.	15,396,244.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	902,616.	651,351.
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)	9,461,362.	9,607,898.
16a Professional fundraising fees (Part IX, column (A), line 11e)	28,756.	43,819.
b Total fundraising expenses (Part IX, column (D), line 25)	43,819.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,035,442.	5,169,541.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,428,176.	15,472,609.
19 Revenue less expenses. Subtract line 18 from line 12	<162,682.>	<76,365.>

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	8,545,041.	8,253,646.
21 Total liabilities (Part X, line 26)	2,308,494.	2,088,706.
22 Net assets or fund balances. Subtract line 21 from line 20	6,236,547.	6,164,940.

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

CYNTHIA WILSON, CEO

Type or print name and title

COPY FOR CLIENT**Haigh, Byrd, & Lambert, LLP**
Certified Public Accountants

Paid

Print/Type preparer's name

TONYA R STRICKLAND

Preparer's Signature

Date

Check if self-employed

PTIN

Preparer

Firm's name

HAIGH, BYRD & LAMBERT, LLP

Firm's EIN

56-0587513

Use Only

Firm's address

PO BOX 53349**FAYETTEVILLE, NC 28305-3349**Phone no. **(910) 483-1437**May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

432001 11-07-14

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

IT IS THE MISSION OF THE ACTION PATHWAYS, INC. TO DEVELOP AND OPERATE PROJECTS THAT PROMOTE THE ECONOMIC AND SOCIAL WELL-BEING OF INDIVIDUALS, CHILDREN, FAMILIES, AND COMMUNITIES.

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 \$ 9,446,487. including grants of \$) (Revenue \$ 1,443,217.)**SEE SCHEDULE O****4b** (Code:) (Expenses \$ 3,238,664. including grants of \$ 68,980.) (Revenue \$ 1,036,899.)**SEE SCHEDULE O****4c** (Code:) (Expenses \$ 1,384,591. including grants of \$ 582,371.) (Revenue \$ 12,025.)**SEE SCHEDULE O****4d** Other program services (Describe in Schedule O.)

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

4e Total program service expenses **14,069,742.**

Part 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)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
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	X
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	X
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	X
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	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
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 X	
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	10	X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
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	X
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	X
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	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
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 X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
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	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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	X
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	X
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	X
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	17 X	
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 X	
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	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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		X
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 II	X	
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? If "Yes," complete Schedule J		X
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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
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		X
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		X
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? If "Yes," complete Schedule L, Part III		X
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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		
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		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 30 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 independent 1b 30		
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	<input checked="" type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
b 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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	<input checked="" type="checkbox"/>
13 Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
15 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?		
a The organization's CEO, Executive Director, or top management official	15a	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization	15b	<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<input checked="" type="checkbox"/>
b 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 organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **NC**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ 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: ►
KIMBERLY C STAFFORD - (910)485-6131
316 GREEN STREET, FAYETTEVILLE, NC 28301

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**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, and 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) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EDWIN DEAVER BOARD CHAIRMAN	2.00	X		X				0.	0.	0.
(2) LISA CHANCE TREASURER	2.00	X		X				0.	0.	0.
(3) GEORGE JAMISON VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(4) LETHIA LEE SECRETARY	1.00	X		X				0.	0.	0.
(5) EDDIE BRAY PARLIAMENTARIAN	1.00	X						0.	0.	0.
(6) DR. JAMES MCCLAUCHLIN CHAPLAIN	1.00	X						0.	0.	0.
(7) JOHNNY WILSON BOARD MEMBER	1.00	X						0.	0.	0.
(8) BRIAN MANNING BOARD MEMBER	1.00	X						0.	0.	0.
(9) WINIFRED MURPHY BOARD MEMBER	1.00	X						0.	0.	0.
(10) DR. ENRIQUE COELLO BOARD MEMBER	1.00	X						0.	0.	0.
(11) ROCHELLE SMALL-TONEY BOARD MEMBER	1.00	X						0.	0.	0.
(12) MARY JOHN WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.
(13) JAMES O'GARRA BOARD MEMBER	1.00	X						0.	0.	0.
(14) THIMI KOLLER BOARD MEMBER	1.00	X						0.	0.	0.
(15) GLENN ADAMS BOARD MEMBER	1.00	X						0.	0.	0.
(16) PEGGY AMMONS BOARD MEMBER	1.00	X						0.	0.	0.
(17) TERESA MCNEIL BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BERTHA ELLIOTT BOARD MEMBER	1.00	X						0.	0.	0.
(19) JASMINE COLEMAN BOARD MEMBER	1.00	X						0.	0.	0.
(20) MARJI BROWN BOARD MEMBER	1.00	X						0.	0.	0.
(21) SHEREE DAVIS BOARD MEMBER	1.00	X						0.	0.	0.
(22) MIKE MILLS BOARD MEMBER	1.00	X						0.	0.	0.
(23) LENWOOD EDWARDS BOARD MEMBER	1.00	X						0.	0.	0.
(24) CYNTHIA WILSON CEO	40.00			X				142,148.	0.	7,107.
(25) KIMBERLY STAFFORD CFO	40.00			X				76,783.	0.	3,830.
1b Sub-total								218,931.	0.	10,937.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								218,931.	0.	10,937.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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) Name and business address	(B) Description of services	(C) Compensation
SCOTT'S AIR, LLC, 3620 LEGION RD, SUITE 204, HOPE MILLS, NC 28302	WEATHERIZATION SERVICES	105,857.
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	1	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	12,440,320.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	452,735.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		12,893,055.			
Program Service Revenue		Business Code				
	2 a <u>EARLY CHILDHOOD DEVELOPMENT</u>	624410	1,443,217.	1,443,217.		
	b <u>COMMUNITY SERVICES</u>	624200	1,036,899.	1,036,899.		
	c <u>LOW INCOME HOUSING</u>	624200	6,455.	6,455.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		2,486,571.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,714.			9,714.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real 52,336.				
	b Less: rental expenses	92,121.				
	c Rental income or (loss)	<39,785.>				
	d Net rental income or (loss)		<39,785.>			<39,785.>
	7 a Gross amount from sales of assets other than inventory	(i) Securities 532,106.				
	b Less: cost or other basis and sales expenses	518,872.				
	c Gain or (loss)	13,234.				
	d Net gain or (loss)		13,234.			13,234.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 33,807.				
	b Less: direct expenses	b 5,922.				
	c Net income or (loss) from fundraising events		27,885.			27,885.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a <u>MISCELLANEOUS REVENUE</u>	900099	5,570.	5,570.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		5,570.				
12 Total revenue. See instructions.		15,396,244.	2,492,141.	0.	11,048.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	651,351.	651,351.		
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	229,968.		229,968.	
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	7,028,030.	6,426,295.	601,735.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	98,444.	77,551.	20,893.	
9 Other employee benefits	1,605,844.	1,488,213.	117,631.	
10 Payroll taxes	645,612.	576,764.	68,848.	
11 Fees for services (non-employees):				
a Management				
b Legal	25,024.	5,944.	19,080.	
c Accounting	41,680.		41,680.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	43,819.			43,819.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	458,659.	444,761.	13,898.	
12 Advertising and promotion	88,880.	84,784.	4,096.	
13 Office expenses	679,172.	618,416.	60,756.	
14 Information technology	238,413.	226,328.	12,085.	
15 Royalties				
16 Occupancy	886,220.	843,598.	42,622.	
17 Travel	292,397.	270,558.	21,839.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	97,847.	79,296.	18,551.	
20 Interest	67,813.	67,813.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	357,012.	335,015.	21,997.	
23 Insurance	128,057.	112,010.	16,047.	
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.)				
a FOOD PURCHASES	1,224,037.	1,224,037.		
b OTHER	307,633.	279,452.	28,181.	
c COMMUNICATIONS	271,876.	252,735.	19,141.	
d LOSS ON ABANDONMENT OF	4,821.	4,821.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	15,472,609.	14,069,742.	1,359,048.	43,819.
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)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,374,554.	1	233,758.
	2 Savings and temporary cash investments	769,190.	2	750,975.
	3 Pledges and grants receivable, net	552,684.	3	625,105.
	4 Accounts receivable, net	425,871.	4	414,918.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	105,273.	8	99,500.
	9 Prepaid expenses and deferred charges	277,085.	9	345,831.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,256,195.		
	b Less: accumulated depreciation	10b 5,151,476.	5,033,517.	10c 5,104,719.
	11 Investments - publicly traded securities		11	671,973.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,867.	15	6,867.
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,545,041.	16	8,253,646.	
Liabilities	17 Accounts payable and accrued expenses	741,743.	17	714,687.
	18 Grants payable	106,415.	18	106,063.
	19 Deferred revenue	107,114.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,353,222.	23	1,267,956.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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 D		25	
	26 Total liabilities. Add lines 17 through 25	2,308,494.	26	2,088,706.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,193,425.	27	6,061,589.
	28 Temporarily restricted net assets	43,122.	28	103,351.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,236,547.	33	6,164,940.	
34 Total liabilities and net assets/fund balances	8,545,041.	34	8,253,646.	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,396,244.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,472,609.
3	Revenue less expenses. Subtract line 2 from line 1	3	<76,365.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,236,547.
5	Net unrealized gains (losses) on investments	5	4,758.
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	6,164,940.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2014)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization

Employer identification number

ACTION PATHWAYS, INC

56-0845795

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention, of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g. 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) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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 in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,921,244.	13,304,819.	13,750,464.	12,951,951.	12,926,862.	67,855,340.
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	14,921,244.	13,304,819.	13,750,464.	12,951,951.	12,926,862.	67,855,340.
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 (f)						
6 Public support. Subtract line 5 from line 4.						67,855,340.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	14,921,244.	13,304,819.	13,750,464.	12,951,951.	12,926,862.	67,855,340.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	46,280.	63,378.	66,307.	59,521.	52,336.	287,822.
9 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.)			3,363.	2,950.	5,570.	11,883.
11 Total support. Add lines 7 through 10						68,155,045.
12 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) organization, check this box and **stop here****Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	99.56 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	99.55 %
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		<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III 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 in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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

15 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	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

- 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 more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 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 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.)

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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).
- 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?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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 I of Schedule L (Form 990).
- 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.
- 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.
- 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.
- 10a 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.
- 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)**11** Has the organization accepted a gift or contribution from any of the following persons?

- a** 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?
- b** A family member of a person described in (a) above?
- 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.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. Type III Supporting Organizations

- 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?
- 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).
- 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.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a** 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.

- 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.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a** 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? Provide details in Part VI.
- 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.

	Yes	No
2a		
2b		
3a		
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 Type III 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):		
a	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	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
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) Underdistributions 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 required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
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: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
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 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a standard ruled sheet of paper. There is no handwriting or other markings on the page.

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.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

ACTION PATHWAYS, INC

Employer identification number

56-0845795

Part I 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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 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)? ☐ Yes ☐ No

9 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.

1a 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.

b 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	▶ \$

2 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:

a Revenue included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Otherc ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c 8,449.
d Additions during the year	1d 1,525,462.
e Distributions during the year	1e 1,528,405.
f Ending balance	1f 5,506.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %b Permanent endowment ☐ %c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		509,732.		509,732.
b Buildings		5,649,132.	1,822,287.	3,826,845.
c Leasehold improvements		21,908.	16,805.	5,103.
d Equipment		4,075,423.	3,312,384.	763,039.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,104,719.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization 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: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	18,341,715.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	4,758.
b	Donated services and use of facilities	2b	1,497,199.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,345,471.
e	Add lines 2a through 2d	2e	2,847,428.
3	Subtract line 2e from line 1	3	15,494,287.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	<98,043.>
c	Add lines 4a and 4b	4c	<98,043.>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	15,396,244.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	18,413,322.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,497,199.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,443,514.
e	Add lines 2a through 2d	2e	2,940,713.
3	Subtract line 2e from line 1	3	15,472,609.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	15,472,609.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 1B:

THE ORGANIZATION PAYS THE BILLS FOR CLIENTS. THE ONLY MONIES HELD OVER
ARE PAYMENTS THAT WERE NOT PAID OUT AS OF DECEMBER 31, 2014

PART X, LINE 2:

THE ORGANIZATION HAS EVALUATED THE EFFECT OF ACCOUNTING PRINCIPLES
GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA GUIDANCE ON ACCOUNTING
FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT BELIEVES THAT THE
ORGANIZATION CONTINUES TO SATISFY THE REQUIREMENTS OF A TAX-EXEMPT
ORGANIZATION AND THEREFORE HAD NO UNCERTAIN INCOME TAX POSITIONS AT
DECEMBER 31, 2014.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INTERFUND CHARGES	1,345,471.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES INCLUDED NET OF REVENUE ON 990	-92,121.
--	----------

FUNDRAISING EXPENSES INCLUDED NET OF REVENUE ON 990	-5,922.
---	---------

TOTAL TO SCHEDULE D, PART XI, LINE 4B	-98,043.
---------------------------------------	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INTERFUND CHARGES	1,345,471.
-------------------	------------

RENTAL EXPENSES INCLUDED NET OF REVENUE ON 990	92,121.
--	---------

FUNDRAISING EXPENSES INCLUDED NET OF REVENUE ON 990	5,922.
---	--------

TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,443,514.
--	------------

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

ACTION PATHWAYS, INC

Employer identification number
56-0845795

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☐ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☒ Solicitation of government grants
- g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ONE TO ONE GROUP - 73247						
DELAINEY COURT, SARASOTA, FL	MAIL SOLICITATION		X	55,917.	43,819.	12,098.
Total				55,917.	43,819.	12,098.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

NC

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 SOH BOWLATHON (event type)	(b) Event #2 DRIVING OUT HUNGER GOLF (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	5,200.	22,115.	6,492.	33,807.
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	5,200.	22,115.	6,492.	33,807.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes	173.	361.		534.
6 Rent/facility costs	600.	2,300.		2,900.
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	773.	1,116.	599.	2,488.
10 Direct expense summary. Add lines 4 through 9 in column (d)				5,922.
11 Net income summary. Subtract line 10 from line 3, column (d)				27,885.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No
- b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: ONE TO ONE GROUP

(I) ADDRESS OF FUNDRAISER: 73247 DELAINEY COURT, SARASOTA, FL 34240

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

See instructions on page 990 and its instructions is at www.irs.gov/form990.

ACTION PATHWAYS, INC.

General Information on Grants and Assistance

Part I	General Information on Grants and Assistance
	the grantees' eligibility for the grants or assistance, and the selection

☒ Yes ☐ No

No

:

...tion's procedures for monitoring the use of grant funds in the United States.

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Continued.

[illegible]

at 2017, 2018 and government organizations listed in the line 1 table

2 Enter total number of section 501(c)(6) and governmental organizations of other organizations listed in the line 1 table

3 Enter total number of other organizations not on Form 990. See the Instructions for Form 990.

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) **ACTION PATHWAYS, INC** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.**Part III**

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CLIENT ASSISTANCE	225278	0.	651,351.	FAIR MARKET VALUE	EDUCATION, INCLUDING BOOKS AND TUITION, FOOD PACKAGES, CLOTHES FOR EMPLOYMENT, BUS TICKETS TO GET TO WORK.

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: EDUCATION, INCLUDING BOOKS AND

TUITION, FOOD PACKAGES, CLOTHES FOR EMPLOYMENT, BUS TICKETS TO GET TO

WORK, WEATHERIZATION OF HOMES

SCH I PART I LINE 2:SERVICE DELIVERY AND FOLLOW UP WITH PROGRAM PARTICIPANTS

CLIENTS ARE REMINDED THAT IT IS IMPERATIVE THAT THE CASE MANAGER BE

MADE AWARE OF ANY ACTIONS TAKEN OR INACTIONS, CHANGE IN SITUATION AND

ANY NEW PROBLEMS THAT MAY HAVE ARISED. ONGOING CONTACT WITH THE CASE

SEE PART IV FOR COLUMN (F) DESCRIPTIONS

Part IV Supplemental Information

MANAGER IS MANDATORY FOR PROGRAM PARTICIPANTS SO THE CLIENT'S FILE MAY STAY CURRENT AND DISPLAY ACTIVITY.

1) BIWEEKLY TELEPHONE CONTACTS OR HOME VISITS ARE MADE TO FOLLOW UP ON CLIENT'S PERFORMANCE

2) WEEKLY CONTACTS ARE MADE IF CLIENT'S SITUATION BECOMES UNSTABLE

3) INFORMATION IS DOCUMENTED IN FILE AS REPORTED BY TELEPHONE CONTACTS, WRITTEN CONTACTS, OR HOME VISITS WITHIN 24 HOURS OF EVENT

4) EMPLOYERS AND INSTRUCTORS ARE CONTACTED TO DISCUSS JOB PERFORMANCE AND CLASS PERFORMANCE

5) CERTIFICATES, CLASS SCHEDULES, GRADES, PAY STUBS, ACCEPTANCE LETTERS, AWARD LETTERS AND EMPLOYMENT EVALUATIONS ARE PHOTOCOPIED AND PUT IN FILE

6) TRANSPORTATION IS PROVIDED TO SEEK EMPLOYMENT, COMPLETE HOUSING APPLICATIONS, REGISTER FOR CLASSES, AND TO ATTEND EMPLOYMENT INTERVIEWS. DURING CRISIS SITUATIONS CASE MANAGERS MAY TRANSPORT CLIENTS TO AND FROM WORK UNTIL OTHER ARRANGEMENTS ARE MADE

7) CASE MANAGERS ADHERE TO POLICY AND PROCEDURES CONCERNING CONFIDENTIALITY

8) IF DIRECT SERVICES ARE PROVIDED, THE CASE MANAGER VERIFIES THE REQUEST FOR ASSISTANCE BY OBTAINING THE NECESSARY DOCUMENTS ASSOCIATED WITH THE REQUEST I.E. - ESTIMATES, QUOTES, BILLING STATEMENTS, ETC.

9) CASE MANAGERS ARE RESPONSIBLE FOR SUBMITTING THE REQUEST FOR SERVICE ON BEHALF OF THE PARTICIPANT. IF THE REQUEST IS APPROVED BY THE SELF SUFFICIENCY MANAGER AND PROGRAM DIRECTOR, THE FUNDS ARE RELEASED IN THE FORM OF A PURCHASE ORDER AND/OR CHECK

10) CASE MANAGERS ARE TO COMPLETE THE TRANSACTION WITH THE VENDOR MAKING SURE THE RECIEPT OF PAYMENT IS OBTAINED

Part IV Supplemental Information

11) ALL DOCUMENTS ARE RETURNED TO THE FINANCE DEPARTMENT AND COPIES OF
SERVICE PROVIDED ARE DOCUMENTED IN THE REPORTING SOFTWARE AND CLIENT
FILE.

12) NO FUNDS ARE RELEASED TO THE CLIENTS

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public
Inspection

- ▶ 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.

Name of the organization

ACTION PATHWAYS, INC

Employer identification number

56-0845795

Part 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 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>SUPPLIES</u>)	X	100	75,030.	FAIR MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

ACTION PATHWAYS, INC

Employer identification number
56-0845795

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND SUPPORTIVE APPROACH TO HELPING FAMILIES AND INDIVIDUALS ACHIEVE AND
SUSTAIN ECONOMIC SECURITY - EFFECTIVELY PROVIDING THEM A PATH FORWARD
IN LIFE. FORMERLY KNOWN AS CUMBERLAND COMMUNITY ACTION PROGRAM, INC.

(CCAP), ACTION PATHWAYS, INC HAS DEVELOPED AND OPERATED SUCESSFUL
COMMUNITY-BASED PROGRAMS IN SOUTHEASTERN NORTH CAROLINA FOR 50 YEARS.

ACTION PATHWAYS, INC. IS PART OF A NATIONAL NETWORK OF COMMUNITY ACTION
PROGRAMS WHOSE PROMISE IS TO CHANGE PEOPLE'S LIVES, EMBODY THE SPIRIT
OF HOPE, IMPROVE COMMUNITIES, AND MAKE AMERICA A BETTER PLACE TO LIVE.

WE CARE ABOUT THE ENTIRE COMMUNITY AND ARE DEDICATED TO HELPING PEOPLE
HELP THEMSELVES AND EACH OTHER. WE SEE A STRONGER, HEALTHIER, AND MORE
VIABLE COMMUNITY IN THE FUTURE. BY INVESTING IN THE INDIVIDUALS AND
FAMILIES WE SERVE, ACTION PATHWAYS, INC. CAN CREATE A MEANINGFUL AND
SUSTAINABLE DIFFERENCE IN OUR COMMUNITY. WE INVEST IN

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION (CONTINUED):

FAMILIES THROUGH PROJECTS AND PROGRAMS IN FOUR DISTINCT AREAS: EARLY
CHILDHOOD EDUCATION, HUNGER, HOUSING, AND CLIENT SERVICES. EACH
PROGRAM AREA ADDRESSES HUMAN NEEDS ALONG A CONTINUUM FROM BASIC NEEDS
OF FOOD, CLOTHING, AND SHELTER TO CAREER AND EDUCATION ASSISTANCE AND
FINANCIAL EMPOWERMENT. ULTIMATELY, WE AIM TO PRODUCE VIABLE,
PRODUCTIVE MEMBERS OF SOCIETY WITH A FOCUS ON THEIR OWN SUCCESS AND THE
GOAL OF GIVING BACK TO THEIR COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

ACTION PATHWAYS, INC

Employer identification number

56-0845795

EARLY CHILDHOOD DEVELOPMENT - PROGRAMS SUCH AS HEAD START/EARLY HEAD START AND NC PRE-K PROVIDE COMPREHENSIVE EARLY CHILDHOOD DEVELOPMENT SERVICES FOR AT-RISK INFANT, TODDLER AND PRESCHOOL CHILDREN.

ACTION PATHWAYS, INC.'S HEAD START/EARLY HEAD START IS A FEDERALLY FUNDED GRANT PROGRAM ADMINISTERED IN CUMBERLAND COUNTY TO SERVE 900 PRESCHOOL INFANT AND TODDLER CHILDREN. IN 2014 HEAD START WAS IN IT'S 48TH YEAR OF OPERATION. HEAD START/EARLY HEAD START PROVIDES CENTER-BASED EDUCATIONAL, HEALTH, NUTRITIONAL, SOCIAL AND DISABILITY SERVICES TO A TOTAL OF 890 AT-RISK CHILDREN AGE BIRTH TO FIVE AND HOME-BASED SERVICES TO 10 INFANTS/TODDLERS AND PREGNANT WOMEN. ACTIONS PATHWAYS, INC.'S HEAD START/ EARLY HEAD START HAS 20 FOUR AND FIVE STAR EARLY CHILDHOOD CENTERS THROUGH THE NORTH CAROLINA DIVISION OF CHILD DEVELOPMENT. EACH CENTER IS STRATEGICALLY LOCATED THROUGHOUT CUMBERLAND COUNTY TO ENSURE SERVICES ARE AVAILABLE TO MOST IN NEED CHILDREN AND FAMILIES. SERVICES ARE FREE TO CUMBERLAND COUNTY RESIDENTS WHO MEET THE ELIGIBILITY CRITERIA AS PRIORITIZED BY THE POLICY COUNCIL AND GOVERNING BODY.

IN 2014, ACTION PATHWAYS, INC.'S HEAD START/EARLY HEAD START WAS FUNDED TO OFFER COMPREHENSIVE EARLY CHILDHOOD DEVELOPMENT SERVICES FOR 786 PRE-SCHOOL AGED CHILDREN AND THEIR FAMILIES, AS WELL AS 114 INFANTS, TODDLERS, AND PREGNANT WOMEN. INDIVIDUALIZED PROGRAMS ARE DEVELOPED FOR EACH PARTICIPANT AND THEIR FAMILY TO ENSURE THEIR SPECIFIC NEEDS ARE MET. CHILDREN ARE ACCEPTED INTO THE PROGRAM AT 6 WEEKS OF AGE AND REMAIN ELIGIBLE FOR SERVICES UNTIL AGE 3, AT WHICH TIME PARENTS MUST REAPPLY FOR PRESCHOOL HEAD START SERVICES FOR THE UPCOMING PROGRAM YEAR IF THE CHILD'S BIRTHDAY FALLS ON OR BEFORE AUGUST 31ST. PREGNANT

Name of the organization

ACTION PATHWAYS, INC

Employer identification number

56-0845795

MOTHERS ARE ALSO ENROLLED FOR SERVICES WHEN ELIGIBLE.

THE CHILD NUTRITION PROGRAM IS A FEDERAL PASS-THROUGH GRANT THAT SERVES NUTRITIOUS MEALS TO ALL CHILDREN ATTENDING THE HEAD START/EARLY HEAD START PROGRAM. APPROXIMATELY 359,708 MEALS WERE SERVED TO HEAD START/EARLY HEAD START CHILDREN IN 2014. THE NUTRITION SERVICE AREA PROVIDES EACH CHILD WITH 1/2 TO 2/3 OF THEIR DAILY NUTRITIONAL NEEDS AND CONTRIBUTES TO EACH CHILD'S PHYSICAL, EMOTIONAL, AND SOCIAL DEVELOPMENT. A REGISTERED DIETICIAN IS AVAILABLE TO REVIEW MENUS TO ENSURE ALL DIETARY REQUIREMENTS ARE MET. THE NUTRITION COORDINATOR PRESENTS MENUS TO THE HEALTH/NUTRITION ADVISORY COMMITTEE FOR INPUT AND APPROVAL. CHILDREN WITH ALLERGIES ARE PROVIDED INDIVIDUALIZED SERVICE FOR EACH AND EVERY MEAL. MEALS ARE NOT ONLY NUTRITIOUS, THEY ALSO REFLECT VARIETY AND CULTURAL DIVERSITY. CLASSROOM ACTIVITIES RELATING TO NUTRITION ARE PROVIDED AS WELL AS THE INVOLVEMENT OF PARENTS IN NUTRITION TRAININGS. PARENTS ARE ALSO REFERRED TO THE LOCAL WIC PROGRAM AND PROVIDED INFORMATION ON THE FOOD STAMP PROGRAMS AS WELL AS REFERRAL TO THE FOOD BANK OPERATED UNDER ACTION PATHWAYS, INC.

ACTION PATHWAYS, INC.'S HEAD START DUALY ENROLLED AND SERVED 292 NC PRE-K CHILDREN IN 2014. NC PRE-K IS A STATE-FUNDED, COMMUNITY BASED PRE-KINDERGARTEN PROGRAM DESIGNED TO PROVIDE 4 YEAR OLD CHILDREN, WHO MAY NOT OTHERWISE BE SERVED WITH A VALUABLE EDUCATIONAL EXPERIENCE. THIS FULL DAY PROGRAM PROVIDES YOUNG CHILDREN WITH ACCESS TO AN EARLY CHILDHOOD CURRICULUM AND PRESCHOOL EXPERIENCE TO ENHANCE THEIR SCHOOL READINESS. THE PRE-KINDERGARTEN STANDARDS ARE BUILT ON THE PREMISE THAT IN ORDER TO BE SUCCESSFUL ACADEMICALLY IN SCHOOL, CHILDREN NEED TO BE PREPARED IN ALL FIVE MAJOR DOMAINS OF DEVELOPMENT. SCHOOL READINESS

Name of the organization

ACTION PATHWAYS, INC

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GOALS HAVE BEEN DEVELOPED FOR EHS AND PRESCHOOL HEAD START CHILDREN.

FAMILIES ARE ENCOURAGED TO DEVELOP FAMILY PARTNERSHIP AGREEMENTS THAT INCLUDE GOALS SPECIFIC TO THE NEEDS AND DESIRES OF EACH FAMILY SUCH AS THE PURSUIT OF EDUCATION, PURCHASE OF A HOME, OBTAINING A DRIVER'S LICENSE, ETC. IN 2014 ALL ENROLLED FAMILIES HAD DEVELOPED FAMILY PARTNERSHIP AGREEMENTS. FAMILY ADVOCATES ARE AVAILABLE AT THE HEAD START CENTERS FOR ALL FAMILIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE COMMUNITY SERVICE BLOCK GRANT ASPIRE SELF-SUFFICIENCY PROGRAM PROVIDES COMPREHENSIVE SERVICES DESIGNED TO ASSIST LOW INCOME INDIVIDUALS AND FAMILIES BECOME SELF-SUFFICIENT AND RISE OUT OF POVERTY. ASPIRE'S PRINCIPLES AND BELIEFS ARE: ACHIEVEMENT, SUCCESS, PROGRESS, INDEPENDENCE, READINESS, AND EVOLVE.

IN 2014, 188 INDIVIDUALS AND THEIR FAMILIES WERE SERVED IN CUMBERLAND COUNTY AND 63 INDIVIDUALS AND THEIR FAMILIES WERE SERVED IN SAMPSON COUNTY. 38 PARTICIPANTS OBTAINED EMPLOYMENT AND 13 OF THE 38 RECEIVED JOBS WITH MEDICAL BENEFITS. THE AVERAGE WAGE RATE WAS \$9.51, MORE THAN \$2.26 ABOVE MINIMUM WAGE. 60 PARTICIPANTS ACHIEVED EITHER ACADEMIC OR VOCATIONAL EDUCATION GOALS IN WHICH 90% OF THE PARTICIPANTS ATTENDED A BUDGET SESSION. 17 OF THE PARTICIPANTS WERE ABLE TO SECURE STANDARD HOUSING; 26 OF THE PARTICIPANTS ROSE ABOVE FEDERAL POVERTY GUIDELINES FOR 2014.

THE SECOND HARVEST FOOD BANK OF SOUTHEAST NORTH CAROLINA DISTRIBUTES

Name of the organization

ACTION PATHWAYS, INC

Employer identification number

56-0845795

FOOD TO 1.4 MILLION INDIVIDUALS ANNUALLY THROUGHOUT OUR SEVEN COUNTY SERVICE AREA WHICH INCLUDES BLADEN, CUMBERLAND, DUPLIN, HARNETT, HOKE, ROBESON AND SAMPSON COUNTIES. THE MISSION OF SECOND HARVEST IS TO FEED THE HUNGRY IN SOUTHEAST NORTH CAROLINA BY SOLICITING AND JUDICIOUSLY DISTRIBUTING HEALTHY FOOD AND GROCERY PRODUCTS THROUGH A NETWORK OF NONPROFIT PARTNERS AND TO BE AN ADVOCATE THAT EDUCATES THE COMMUNITY ON THE PROBLEMS OF DOMESTIC HUNGER. SECOND HARVEST FOOD BANK HAS OVER 258 MEMBER AGENCIES CONSISTING OF FAITH-BASED ORGANIZATIONS SERVING AS SOUP KITCHENS, PANTRIES, AND OTHER NON-PROFIT HELPING AGENCIES. DIRECT SERVICE PROGRAMS OPERATED BY SECOND HARVEST FOOD BANK INCLUDE THE MOBILE PANTRY PROGRAM, THE BACKPACK PROGRAM, THE MOBILE FRESH MARKET PROGRAM, THE VOLUNTEER PROGRAM, AND THE COMMUNITY GARDEN.

DURING 2014, SECOND HARVEST FOOD BANK DISTRIBUTED 10.3 MILLION POUNDS OF NUTRITIOUS FOOD AND NON-FOOD ITEMS SERVING 194,800 UNDUPLICATED HOUSEHOLDS.

THE BACKPACK PROGRAM PROVIDED OVER 39,098 PACKAGES OF CHILD-FRIENDLY FOOD PRODUCTS FOR 1,885 CHILDREN IN APPROXIMATELY 42 ELEMENTARY SCHOOLS ACROSS OUR SERVICE AREA. MORE THAN 129,843 POUNDS OF FOOD WERE DISTRIBUTED TO STUDENTS AT RISK OF HUNGER. BACKPACKS PROVIDE A 2-DAY MEAL PACKAGE WITH WHOLE GRAIN CEREALS, SHELF STABLE LOW FAT MILK, ENTREES, 100% FRUIT JUICES, AND HEALTHY SNACK CHOICES. THE MOBILE PANTRY HELD 49 DISTRIBUTIONS, SERVING MORE THAN 12,046 HOUSEHOLDS, OR ROUGHLY 36,111 INDIVIDUALS BY DISTRIBUTING OVER 349,980 POUNDS OF FOOD WITH THE ASSISTANCE OF 2,445 VOLUNTEERS THAT DONATED OVER 6,388 HOURS OF VOLUNTEER SERVICE. IN 2014, VOLUNTEERS DONATED 17,355 TOTAL HOURS BY ASSISTING WITH SECOND HARVEST FOOD BANK ACTIVITIES.

Name of the organization

ACTION PATHWAYS, INC

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THE SECOND HARVEST FOOD BANK COLLECTED OVER 255,431 POUNDS OF FOOD FROM LOCAL BUSINESSES, ORGANIZATIONS, AND INDIVIDUALS. MAJOR COMMUNITY FOOD DRIVES INCLUDE THE NATIONAL ASSOCIATION OF LETTER CARRIERS FOOD DRIVE, STUDENTS AGAINST HUNGER, NEXTFEST 2014, AND THE HEART OF CAROLINAS FOOD DRIVE.

IN ADDITION TO FOOD DRIVES, SECOND HARVEST FOOD BANK HOSTED EVENTS AIMED AT BRINGING AWARENESS TO THE COMMUNITY AND RAISING FINANCIAL SUPPORT. MAJOR EVENTS HELD DURING 2014 INCLUDED THE 6TH ANNUAL DRIVING OUT HUNGER INVITATIONAL GOLF TOURNAMENT AND 4TH ANNUAL STRIKE OUT HUNGER BOWL-A-THON.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

LOW INCOME HOUSING - THIS PROGRAM PROVIDES AFFORDABLE HOME OWNERSHIP AND RENTAL ASSISTED LIVING FOR ELIGIBLE PARTICIPANTS.

THE WEATHERIZATION ASSISTANCE PROGRAM IS A FEDERAL PASS THROUGH GRANT THAT PROVIDES ENERGY SAVING MEASURES AND IMPROVEMENTS TO FAMILIES WHO ARE AT OR BELOW 200% OF THE POVERTY GUIDELINES. THE SERVICES PROVIDED REDUCE AIR INFILTRATION INTO HOMES IN ORDER TO REDUCE ENERGY CONSUMPTION.

IN 2014, 125 HOMES WERE WEATHERIZED IN CUMBERLAND, MONTGOMERY, MOORE AND SAMPSON COUNTIES. THE HEATING APPLIANCE REPAIR REPLACEMENT PROGRAM REPAIRED OR REPLACED 90 HEATING AND/OR COOLING UNITS.

Name of the organization

ACTION PATHWAYS, INC

Employer identification number

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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE ACTION PATHWAYS, INC. COMMUNITY HOUSING DEVELOPMENT PROGRAM HAS BEEN ESTABLISHED TO PROVIDE AFFORDABLE HOUSING IN CUMBERLAND COUNTY THROUGH THE ACQUISITION, REHABILITATION, OR CONSTRUCTION OF HOMES.

THERE ARE 11 HOUSING UNITS IN ACTION PATHWAY INC.'S COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM. ALL CHDO PROPERTIES ARE MANAGED BY A PROPERTY MANAGEMENT COMPANY, WHO ENSURES ALL PROPERTIES ARE CONTINUOUSLY RENTED TO LOW-INCOME FAMILIES.

CONSUMER CREDIT COUNSELING SERVICES OF FAYETTEVILLE (CCCS), PROVIDES COMPREHENSIVE HOUSING EDUCATION AND HOUSING COUNSELING, FINANCIAL LITERACY EDUCATION, CREDIT AND MONEY MANAGEMENT COUNSELING, FINANCIAL WORKSHOPS AND OUTREACH, AS WELL AS FREE TAX PREPARATION SERVICES THROUGH ITS NETWORK OF 6 BRANCH LOCATIONS SERVING EASTERN AND SOUTH EASTERN NORTH CAROLINA.

CCCS OF FAYETTEVILLE IS A MEMBER OF THE NATIONAL FOUNDATION FOR CREDIT COUNSELING (NFCC) AND IN MANY CASES EXCEEDS THE QUALITY STANDARDS REQUIRED OF A MEMBER. THE PROGRAM MAINTAINS HIGH STANDARDS FOR COUNSELORS IN TERMS OF ACQUIRING CERTIFICATIONS AND COMPLETING ONGOING TRAINING AND EDUCATION. EACH COUNSELOR MUST EARN THEIR HOUSING COUNSELING CERTIFICATION THROUGH THE ASSOCIATION OF HOUSING COUNSELORS (TAHC), OR THROUGH THE NATIONAL FOUNDATION FOR CREDIT COUNSELING (NFCC). THOUGH THE QUALITY STANDARDS CALL FOR A COUNSELOR TO BE CREDIT CERTIFIED WITHIN ONE YEAR, THE CCCS OF FAYETTEVILLE PROGRAM AVERAGES 4 MONTHS TO GET A NEW COUNSELOR CERTIFIED. IN ADDITION, AS CERTIFICATION

Name of the organization

ACTION PATHWAYS, INC

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CLASSES BECOME AVAILABLE, THE PROGRAM SENDS COUNSELORS FOR THEIR REVERSE MORTGAGE (HECM) CERTIFICATION THROUGH THE NORTH CAROLINA HOUSING FINANCE AGENCY (NCHFA), AND LOSS MITIGATION TRAINING THROUGH THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD), NCHFA, AND NEIGHBOR WORKS.

THE PROGRAM HAS DEMONSTRATED WITH EACH HUD GRANT (FUNDED OVER 27 YEARS), THAT IT HAS THE ABILITY TO DELIVER SUCCESSFUL COMPLETION OF GRANT GOALS, AS EVIDENCED BY EARLY DEPLETION OF GRANT FUNDS AND TIMELY REPORTING. ADDITIONALLY, IN 2014 CCCS OF FAYETTEVILLE RECEIVED 3 DEFAULT MORTGAGE COUNSELING CONTRACTS FROM THE NORTH CAROLINA HOUSING AGENCY. THE FIRST CONTRACT WAS UNDER THE NATIONAL FORECLOSURE MITIGATION COUNSELING (NFMC) PROGRAM, FOR ROUNDS 8. THE SECOND CONTRACT WAS TO PROVIDE INTEREST FREE LOANS TO FAMILIES WHO WERE AT RISK OF LOSING THEIR HOME DUE TO LOSS OF INCOME (NC HARDEST HIT FUNDING-MPP). THE THIRD CONTRACT WITH THE NORTH CAROLINA HOUSING FINANCE AGENCY WAS TO PROVIDE COUNSELING SERVICE TO NORTH CAROLINA FAMILIES IN FORECLOSURE. CCCS OF FAYETTEVILLE COMPLETED THE GRANT AND CONTRACT GOALS SUCCESSFULLY FOR THE YEAR OF 2014.

THE PROGRAM MAINTAINS A STRONG AND COMMITTED PRESENCE IN THE COMMUNITIES WE SERVE AND HAS THE EXPERIENCE AND KNOWLEDGE TO GET HELP TO THE PEOPLE WHO NEED IT MOST. THE PROGRAM HAS EXPANDED ITS WAY OF COUNSELING BY OFFERING NOT ONLY FACE TO FACE COUNSELING SESSIONS, BUT COUNSELING SESSIONS VIA SKYPE AND TELEPHONE. THE PROGRAM ALSO DELIVERS FINANCIAL LITERACY BY WAY OF ONE-ON-ONE COUNSELING SESSIONS AND BY RENDERING WORKSHOPS AND PARTICIPATING IN OUTREACH PROGRAMS WITH THE PRIMARY FOCUS ON THE MOST NEEDED COMMUNITIES.

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THE PROGRAM'S SUCCESS HAS BEEN BECAUSE OF THE KNOWLEDGE AND EFFICIENCY OF THE STAFF, THE PROGRAM'S OPERATING PROCEDURES IN WHICH THE EXISTENCE OF OPERATING PROCEDURES CREATES UNIFORMITY, EMPLOYEE POLICIES, AND EMPLOYEE TRAINING. ALSO THE PROGRAM USES WEB BASED CASH MANAGEMENT SOFTWARE (CPR) WHICH ALLOWS MANAGEMENT TO CONTINUOUSLY MONITOR PROGRESS AND MAKE NECESSARY ADJUSTMENTS WHEN WARRANTED IN "REAL TIME". THE SOFTWARE ALSO ALLOWS THE PROGRAM TO MANAGE BRANCH ACTIVITY LEVELS BY WAY OF REPORTS, AND REVIEWING FILES. TRENDS AND NEEDS CAN BE EASILY DETECTED AND EVALUATED WITH THE USE OF INFORMATION RETRIEVED FROM THE SYSTEM. THIS HAS ALLOWED THE PROGRAM TO PRODUCE HIGH PRODUCTIVITY AND ACCURATE REPORTING.

IN 2014, THE PROGRAM RECEIVED FUNDING FOR THE HECM PROGRAM THROUGH THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT. THIS FUNDING HAS ENABLED CCCS OF FAYETTEVILLE TO PROVIDE FREE HECM COUNSELING SERVICES FOR THOSE CLIENTS WHO RANK IN THE LOW INCOME CATEGORY UNDER THE FEDERAL GUIDELINES OR HAS A QUALIFIED HARDSHIP SITUATION. CCCS OF FAYETTEVILLE HAS BEEN PROVIDING REVERSE MORTGAGE COUNSELING SINCE 1992 AND CONTINUES TO PROVIDE THIS SERVICE TO DATE.

THE RESULTS OF OUR EDUCATION AND COUNSELING PROGRAM WERE AS FOLLOWS:

TOTAL NUMBER OF EDUCATION AND COUNSELING PROGRAMS RENDERED	3,477
NUMBER OF CLIENTS WHO RECEIVED FINANCIAL COUNSELING ONLY	278
NUMBER OF CLIENTS PLACED ON MONEY MANAGEMENT PROGRAM	36
NUMBER OF CLIENTS WHO RECEIVED BANKRUPTCY COUNSELING	8
NUMBER OF SENIORS WHO RECEIVED REVERSE MORTGAGE COUNSELING	232
NUMBER OF CLIENTS WHO RECEIVED PRE-PURCHASE COUNSELING	18

Name of the organization	Employer identification number
ACTION PATHWAYS, INC	56-0845795

NUMBER OF CASE REVIEWS CONDUCTED 906

NUMBER OF CLIENTS WHO RECEIVED MORTGAGE DEFAULT/FORECLOSURE

PREVENTION COUNSELING 906

(85% OF THE CLIENTS ASSISTED HOMES WERE SAVED)

NUMBER OF WORKSHOPS PROVIDED 71

NUMBER OF WORKSHOP / OUTREACH ATTENDEES 2,227

VITA PROGRAM -

NUMBER OF FEDERAL AND STATE TAX RETURNS FILED 1,566

NUMBER OF VITA VOLUNTEERS 13

NUMBER OF VITA VOLUNTEER HOURS 2,003

THE AGENCY DEVELOPMENT DEPARTMENT OF ACTION PATHWAYS, INC. IS DEDICATED TO HELPING THE ORGANIZATION PERFORM THE WORK THAT CARRIES OUR COMMUNITY FORWARD. THE DEPARTMENTAL RESPONSIBILITY IS FOURFOLD; TO COMMUNICATE VITAL, TIMELY INFORMATION TO THE STAKEHOLDERS OF THE AGENCY; TO ENSURE MAXIMUM VISIBILITY FOR THE AGENCY; TO ENCOURAGE GENEROSITY IN GIVING TO THE AGENCY; AND TO DEMONSTRATE APPRECIATION TO THOSE WHO SUPPORT OUR MISSION AND VISION. DURING 2014, THE ADVANCEMENT TEAM WAS SUCCESSFUL IN MORE THAN DOUBLING THE EXPOSURE THROUGH SOCIAL MEDIA PLATFORMS, AN ONLINE PRESENCE, AND INCREASED MEDIA EXPOSURE. IN ADDITION, THE TEAM SET A SOLID FOUNDATION UPON WHICH THE AGENCY EXPERIENCED SIGNIFICANT GROWTH IN UNRESTRICTED GIVING.

DURING 2014, SOME 100 PRESS RELEASES AND MEDIA ALERTS WERE DISTRIBUTED; 205 REQUESTS FOR COLLATERAL MATERIAL WAS DESIGNED AND ORDERED FOR ALL PROGRAMS; ENGAGED SOCIAL MEDIA NETWORK EXPANDED TO MORE THAN 3,913

INDIVIDUALS REPRESENTING AN INCREASE OF 39.5%; THE AGENCY EXPERIENCED A

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53.1% INCREASE IN SUBSCRIBED EMAIL USERS; INCREASED UNIQUE WEB SITE TRAFFIC BY NEARLY 50 PERCENT WITH MORE THAN 256,451 UNIQUE PAGEVIEWS; AND PRESENTED REQUESTED TRAININGS FOR THE STATEWIDE NETWORK ON OUR ACTIVITY IN AN EFFORT TO SHARE BEST PRACTICES AMONG PEERS.

THIS YEAR ALSO BENCHMARKED THE DEVELOPMENT ACTIVITIES OF THE AGENCY. LEVERAGING GROWING COMMUNITY AWARENESS AND SUPPORT, THE AGENCY COMPETED FOR AND WAS AWARDED ITS FIRST MAJOR PRIVATE FOUNDATION GRANT EARMARKED FOR ORGANIZATIONAL INFRASTRUCTURE IMPROVEMENTS. THE YEAR 2014 ALSO SAW A MORE THAN 194% INCREASE IN MONTHLY PLEDGE GIFTS. THE DEVELOPMENT DEPARTMENT SOUGHT OUT SOME \$5,372,280 IN NEW GRANT FUNDING. OF THIS, SOME 77% WAS SUCCESSFULLY AWARDED TO THE AGENCY. UNRESTRICTED, INDIVIDUAL GIVING RESULTED IN SOME 1,197 GIFTS WITH AN AVERAGE GIFT SIZE OF MORE THAN \$151.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION HAS A POLICY COUNCIL FOR ITS HEAD START PROGRAM, WHICH IS MOSTLY COMPRISED OF PARENTS FROM THE HEAD START CENTERS THAT THE PROGRAM BENEFITS. THE POLICY COUNCIL HAS THE POWER TO APPOINT ONE OF THE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

THE ORGANIZATION HAS A POLICY COUNCIL FOR ITS HEAD START PROGRAM, WHICH IS MOSTLY COMPRISED OF PARENTS FROM THE HEAD START CENTERS THAT THE PROGRAM BENEFITS. THE POLICY COUNCIL APPROVES THE ITEMS SUCH AS POLICY CHANGES, BUDGET, ETC. AS RELATED TO THE HEAD START PROGRAM. THE ORGANIZATION'S GOVERNING BODY IS NOT REQUIRED TO ACT ACCORDING TO THE DECISIONS OF THE

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POLICY COUNCIL, BUT A MATTER OF DISAGREEMENT BETWEEN THE GOVERNING BODY AND THE POLICY COUNCIL MAY BE SUBJECT TO DISPUTE RESOLUTION THROUGH THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, WHICH FUNDS THE HEAD START PROGRAM.

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS PRESENTED AT A QUARTERLY BOARD MEETING AND REVIEWED BY THE FINANCE OFFICER. A COPY OF THE 990 WILL BE PROVIDED TO THE ENTIRE BOARD FOR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EMPLOYEES ARE REQUIRED TO REPORT ANY CONFLICTS OF INTEREST AS THEY ARISE. ACCOUNTING STAFF HAVE TO SIGN A CONFLICT OF INTEREST STATEMENT EACH YEAR AND MUST REPORT CONFLICTS AS THEY ARISE. SHOULD A CONFLICT ARISE DURING THE YEAR, A BOARD MEMBER WOULD RECUSE HIMSELF OR HERSELF AND AN EMPLOYEE WOULD HAVE TO RESOLVE THE CONFLICT OR REFRAIN FROM WORKING ON THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:

THE HUMAN RESOURCE DIRECTOR DOES A SALARY AND WAGE STUDY EVERY 3 YEARS IN ORDER TO DETERMINE REASONABLE COMPENSATION FOR THE CEO AND ANY KEY EMPLOYEE. THE BOARD OF DIRECTORS APPROVES THE STUDY AND THE RESULTING COMPENSATION PACKAGES. THE DECISION IS DOCUMENTED IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
	ACTION PATHWAYS, INC	Employer identification number (EIN) or 56-0845795
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 2009	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FAYETTEVILLE, NC 28302	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KIMBERLY C STAFFORD

- The books are in the care of ► **316 GREEN STREET - FAYETTEVILLE, NC 28301**

Telephone No. ► **(910)485-6131**

Fax No. ► **(910)485-7479**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year **2014** or
- ☐ tax year beginning _____, and ending _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



Department of Treasury
Internal Revenue Service
Ogden UT 84201

REC'D MAY 27 2015

Notice	CP211A
Tax period	December 31, 2014
Notice date	June 1, 2015
Employer ID number	56-0845795
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

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CUMBERLAND COMMUNITY ACTION PROGRAM
INC
316 GREEN ST
FAYETTEVILLE NC 28301-5028

0015

Important information about your December 31, 2014 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your
December 31, 2014 Form 990.
Your new due date is August 15, 2015.

What you need to do

File your December 31, 2014 Form 990 by August 15, 2015. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

