Form <b>8879-TE</b>	***** 	THIS IS NOT A FILEAB RS e-file Signature Au for a Tax Exempt	uthorization	F	OMB No. 1545-0047		
	For calendar year 2022,	or fiscal year beginning, 202		, 20	2022		
Department of the Treasury		Do not send to the IRS. Keep for			LULL		
Internal Revenue Service Name of filer		Go to www.irs.gov/Form8879TE for th	e latest information.	EIN or SSN			
	PATHWAYS,	TNC		56-08	15795		
Name and title of officer or pe		LONNIE BALLARD JR.		1 30 00	1373		
Part I Type of	Return and Ret	CEO urn Information					
Check the box for the retu Form 5330 filers may ente or <b>10a</b> below, and the amo	rn for which you are r dollars and cents. I ount on that line for t	using this Form 8879-TE and enter the a For all other forms, enter whole dollars o he return being filed with this form was ). But, if you entered -0- on the return, th	only. If you check the box on blank, then leave line <b>1b, 2</b>	n line 1a, 2a, 3 2b, 3b, 4b, 5b, 0	a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b,		
1a Form 990 check h	nere X	<b>b</b> Total revenue, if any (Form 990, Pa	art VIII, column (A), line 12)		1b24,086,896.		
2a Form 990-EZ che		<b>b Total revenue,</b> if any (Form 990-EZ			2b		
3a Form 1120-POL		<b>b</b> Total tax (Form 1120-POL, line 22)			3b		
4a Form 990-PF che	eck here	b Tax based on investment income			4b		
5a Form 8868 check	here	<b>b Balance due</b> (Form 8868, line 3c)			5b		
6a Form 990-T chec		b Total tax (Form 990-T, Part III, line			6b		
7a Form 4720 check		b Total tax (Form 4720, Part III, line 1			7b		
8a Form 5227 check	here	b FMV of assets at end of tax year (	(Form 5227, Item D)		8b		
9a Form 5330 check	here	b Tax due (Form 5330, Part II, line 19	٤)		9b		
10a Form 8038-CP ch	neck here	b Amount of credit payment reques	sted (Form 8038-CP, Part III		10b		
Part II Declarat	tion and Signatu	re Authorization of Officer or	Person Subject to Ta	ах			
Under penalties of perjury	, I declare that X	I am an officer of the above entity or $\[$	I am a person subject to	tax with respe	ct to (name		
financial institution to deb later than 2 business days payment of taxes to receiv personal identification nur	it the entry to this ac prior to the paymen e confidential inform	ted in the tax preparation software for p count. To revoke a payment, I must con t (settlement) date. I also authorize the f nation necessary to answer inquiries and nature for the electronic return and, if ap	ntact the U.S. Treasury Finar financial institutions involved d resolve issues related to th	ncial Agent at 1 d in the proces ne payment. I h	-888-353-4537 no sing of the electronic ave selected a		
PIN: check one box only X I authorize MP	COMPANY LL	P		to enter my PI	28314		
		ERO firm name			Enter five numbers, but		
with a state age		2 electronically filed return. If I have indic narities as part of the IRS Fed/State prog creen.					
return. If I have	indicated within this	k with respect to the entity, I will enter m return that a copy of the return is being ny PIN on the return's disclosure conser	filed with a state agency(ies	•	•		
Signature of officer or person subje	ct to tax **** ation and Authe	THIS IS NOT A FILEAB	BLE COPY ****	Date			
ERO's EFIN/PIN. Enter yo number (EFIN) followed by	-	•	5637012831 Do not enter all zero				
-		I, which is my signature on the 2022 ele equirements of <b>Pub. 4163,</b> Modernized	-				
ERO's signature MPC	OMPANY LLP		Date1	/15/23			
		RO Must Retain This Form - S bmit This Form to the IRS Unle		o So			
LHA For Privacy Act and		tion Act Notice, see instructions.			Form 8879-TE (2022)		

(Rev. January 2022)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Eile e	concrete	application	for oooh	roturn
File a	separate	application	tor each	return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits.* 

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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				Taxpayer identification number (TIN)			
print	ACTION PATHWAYS, INC.			56-0845795			
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, se 4525 CAMPGROUND ROAD	ee instruct	ions.				
return. See instructions.	City, town or post office, state, and ZIP code. For a fo FAYETTEVILLE, NC 28314	oreign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Application	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 1041-A			08	
Form 472	0 (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	
Form 990	-T (corporation)	07					
Teleph ● If the c ● If this i box ▶ [ 1 I red the ▶[	books are in the care of $\blacktriangleright$ <u>4525</u> CAMPGROUND frome No. $\blacktriangleright$ <u>910-485-6131</u> organization does not have an office or place of business s for a Group Return, enter the organization's four digit ( . If it is for part of the group, check this box $\blacktriangleright$ quest an automatic 6-month extension of time until organization named above. The extension is for the organization x calendar year <u>2022</u> or tax year beginning tax year entered in line 1 is for less than 12 months, ch Change in accounting period	in the Un Group Exe and atta <b>NOVEI</b> anization's	Fax No. ►	f this is fo all membe	r the whole group ers the extension i npt organization re	s for.	
any	is application is for Forms 990-PF, 990-T, 4720, or 6069, nonrefundable credits. See instructions.			3a	\$	0.	
	iis application is for Forms 990-PF, 990-T, 4720, or 6069, mated tax payments made. Include any prior year overpa			3b	\$	0.	
c Bal	ance due. Subtract line 3b from line 3a. Include your page	yment wit	h this form, if required, by			-	
usir	ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.	
Caution: instruction	If you are going to make an electronic funds withdrawal ns.	(direct del	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879-TE fo	or payment	
LHA F	or Privacy Act and Paperwork Reduction Act Notice, MAIL TO: DEPARTMENT INTERNAL R OGDEN, UT	OF I REVENU	HE TREASURY JE SERVICE CENTER		Form <b>8868</b> (	(Rev. 1-2022)	

Form <b>990</b>
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### PUBLIC DISCLOSURE COPY \*\* **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public . Inspection

20,574,772.

Department Internal Rev

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest in				formation.	Inspection				
A Fo	or the 20								
B Che	eck if blicable:	C Name of	organization	D Employer identification	on number				
	Address change Name		ON PATHWAYS, INC.		56-0845795				
	change Initial return Final return/	Number	and street (or P.0. box if mail is not delivered to street address) CAMPGROUND ROAD	Room/suite		31			
	termin- ated Amended return	,	own, state or province, country, and ZIP or foreign postal code TTEVILLE, NC 28314		G Gross receipts \$ H(a) Is this a group return	25,168,486.			
	Applica- tion pending		nd address of principal officer: LONNIE BALLARD, JR AS C ABOVE		for subordinates?				
I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: WWW.ACTIONPATHWAYS.NGO									
K Fo	K Form of organization: X Corporation Trust Association Other L Year of formation: 1965 M State of legal domicile: NC								
	Part I Summary								
	1 Bri	efly describ	e the organization's mission or most significant activities: ACTI	ON PAT	HWAYS IS A PH	RIVATE,			

1	Briefly describe the c	organization'	s mission or most	significant act	tivities: ACTIO	N	PATHWAYS	IS	Α	PRIVATE,
	NON-PROFIT									

-		Bhony december the erganization of medical element detrified. $$										
- Sc		NON-PROFIT HUMAN SERVICES AGENCY OFFERING A COMPREHENSIVE AND										
na	2	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.										
Sel	3	Number of voting members of the governing body (Part VI, line 1a)		3	13							
s & Go	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	13							
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	205							
/itie	6	Total number of volunteers (estimate if necessary)		6	5000							
G	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.							
◄	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.							
				Current Year								
	8	Contributions and grants (Part VIII, line 1h) 18,476,9		5.	23,189,714.							
ň	9	Program service revenue (Part VIII, line 2g)	1,142,402	2.	784,483.							
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	121,053	1.	112,699.							
Ξ.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(	0.	0.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,740,388	8.	24,086,896.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,253,834	4.	6,308,714.							
Ises	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)	8,093,488	8.	7,248,630.							
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	63,490	0.	0.							
<u>e</u>	b	Total fundraising expenses (Part IX, column (D), line 25) 0 .										
۵	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,907,670	0.	7,017,428.							

2,421,906. 3,512,124. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year о 19,024,818. 23,577,103. Total assets (Part X, line 16) 20 Ϋ́α 2,322,212. 3,598,392 21 Total liabilities (Part X, line 26) Vet un 16,702,606. 19,978,711 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

17,318,482.

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	Signature of officer		Ε	Date				
-	LONNIE BALLARD, JR, CEO							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	BRIAN T. BENNETT	BRIAN T. BENNETT			P00349255			
Preparer	Firm's name MPCOMPANY LLP		F	Firm's EIN 56-	1945391			
Use Only	Firm's address 4600 MARRIOTT DRI	VE SUITE 300						
RALEIGH, NC 27612 Phone no.919-836-920								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	In the second							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	ACTION PATHWAYS, INC. 56-0845795 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	PROVIDING PATHWAYS TO ECONOMIC SECURITY THROUGH ADVOCACY, COMMUNITY
	SERVICES, AND EMPOWERMENT.
	SERVICES, AND EMPOWERMENT.
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 X 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?
	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 \$ 7,626,689. including grants of \$ 303,402. ) (Revenue \$ 388,660. )
та	ACTION PATHWAYS, INC. HEAD START IS A DUALLY ENROLLED PROGRAM AND
	SERVES PRESCHOOL (THREE-YEAR OLD CHILDREN AND NC PRE-K WHICH IS A
	STATE-FUNDED, COMMUNITY-BASED PRE -KINDERGARTEN PROGRAM
	DESIGNED TO PROVIDE FOUR-YEAR-OLD CHILDREN, WHO MAY NOT OTHERWISE BE
	SERVED, WITH A VALUABLE EARLY EDUCATION EXPERIENCES. THIS FULLDAY
	PROGRAM PROVIDES YOUNG CHILDREN ACCESS TO AN EVIDENCE - BASED
	CURRICULUM AND PRE-SCHOOL LEARNING ENVIRONMENT TO ENHANCE SCHOOL
	READINESS. THE PRE-KINDRGARTEN STANDARDS ARE BUILT ON THE PREMISE THAT
	TO BE SUCCESSFUL ACADEMICALLY IN SCHOOL, CHILDREN NEED TO BE PREPARED
	IN ALL FIVE MAJOR DOMAINS OF DEVELOPMENT. SCHOOL READINESS GOALS HAVE
	BEEN DEVELOPED FOR EARLY HEAD START, AND PRE SCHOOL HEAD START
	CHILDREN. TO INCREASE SCHOOL READINESS, INTENTIONAL 21ST CENTURY
4b	(Code:) (Expenses \$6,553,143. including grants of \$4,244,341. ) (Revenue \$116,079. )
	THE SECOND HARVEST FOOD BANK OF SOUTHEAST NORTH CAROLINA SERVES A
	NETWORK OF MORE THAN 200 PARTNER AGENCIES SUCH AS SOUP KITCHENS, FOOD
	PANTRIES, SHELTERS, AND PROGRAMS FOR CHILDREN AND ADULTS. THE FOOD
	BANK SERVES THE COUNTIES OF BLADEN, CUMBERLAND, DUPLIN, HOKE, HARNETT,
	ROBESON AND SAMPSON.
	ONE IN FOUR CHILDREN IN SOUTHEAST NORTH CAROLINA FACES HUNGER. CHILDREN
	WHO ARE HUNGRY ARE MORE LIKELY TO BECOME SICK, HAVE POOR ATTENDANCE AT
	SCHOOL, UNDERPERFORM ACADEMICALLY, AND HAVE BEHAVIORAL ISSUES. THE
	SECOND HARVEST FOOD BANK PARTNERS WITH LOCAL SCHOOLS AND COMMUNITY
	PARTNERS TO DISTRIBUTE FOOD TO CHILDREN IN NEED.
	THE SCHOOL PANTRY PROGRAM ALLOWS ADOLESCENT STUDENTS TO "SHOP" FOR
4c	(Code:) (Expenses \$ 2,713,956. including grants of \$ 961,019. ) (Revenue \$ 169,322. )
	NORTH CAROLINA FAMILIES SAVE ENERGY AND MONEY THROUGH HOME ENERGY
	REPAIRS AT NO COST TO THE PARTICIPANT. HOUSEHOLDS RECEIVED
	ENERGY-SAVING UPGRADES. SERVICES PROVIDED BY THE PROGRAM INCLUDED:
	HEALTH AND SAFETY REPAIRS UP TO \$3,000 PER HOME, APPLIANCE REPLACEMENT
	UP TO \$2,000 PER HOME, AND HEATING AND COOLING SYSTEM REPAIR UP TO
	\$4000 PER HOME. HELPING HOME FUNDS ARE MADE AVAILABLE THROUGH N.C.
	UTILITIES COMMISSION DURING THE DUKE ENERGY AND PIEDMONT NATURAL GAS
	MERGER. USING DUKE HHF FUNDS, WE WERE ABLE TO LEVERAGE HHF FUNDS ALONG
	WITH WEATHERIZATION FUNDS TO ASSIST LOW-INCOME FAMILIES. THE BLUE CROSS
	AND BLUE SHIELD OF NORTH CAROLINA HEALTHY HOME INITIATIVE (HHI)
	PROGRAM: THIS PROGRAM IS DESIGNED TO ASSIST INCOME QUALIFIED HOUSEHOLDS
	INCREASE OVERALL HEALTH OUTCOMES THROUGH THE INSTALLATION/REPAIR OF
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 2,036,783. including grants of \$ 799,952.) (Revenue \$ 110,422.)
<b>4</b> e	Total program service expenses 18,930,571.

Form	aan	(2022
	330	12022

 Form 990 (2022)
 ACTION PATHWAYS, INC.

 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
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 Rev. Proc. 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 donor-restricted endowments			
	or in 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, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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
С	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
е	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		37	
_	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	4.00		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
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	4.4%		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	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	10		
10	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. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	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		
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	21		Х

Form 990 (2022)

Form	990	(2022)
	330	

 Form 990 (2022)
 ACTION PATHWAYS, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
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 III	22	Х	
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	23	х	
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	24a		x
b		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
Ь	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		- 23
30		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? If "yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "yes," complete	31		- 23
32		32		x
22	Schedule N, Part II	32		- 23
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		- 23
b		35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	А	I
	Chack if Schoolulo O contains a response or note to any line in this Part V			
	Check II Schedule O contains a response of note to any line in this Part V		Var	
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   160		Yes	No
a	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

	990 (2022) ACTION PATHWAYS, INC. 56-0845	795	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			<del>.                                    </del>
			Yes	No
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 205		v	
-	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a oh		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" <i>to line 3b, provide an explanation on Schedule O</i>	3b		<u> </u>
ча	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	ти		
~	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?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		<u>x</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
_	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization me rorm boss as required?	79 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.11		
U	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
D.	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Form 990 (2022
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 Form 990 (2022)
 ACTION PATHWAYS, INC.
 56-0845795
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 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

X

Sec	tion 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 13			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
-	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		•		х
•	officer, director, trustee, or key employee?	2		Δ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	Ū		
			Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	103	X
		104		- 23
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u>_</u>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>NC</b>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,,,		
	X       Own website       X       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
10	statements available to the public during the tax year.	man		
20				
20	State the name, address, and telephone number of the person who possesses the organization's books and records <b>KIMBERLY STAFFORD</b> – 910-485-6131			
	4525 CAMPGROUND ROAD, FAYETTEVILLE, NC 28314			

#### **Employees, and Independent Contractors**

Check 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		۱ than e	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	or/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizations
(1) LONNIE BALLARD	80.00			0	×	1 - 0				
CEO		1		х				207,431.	0.	30,733.
(2) KIMBERLY STAFFORD	80.00									
CFO				х				106,310.	0.	13,595.
(3) GLENN ADAMS	4.00									
CHAIR		Х		Х				0.	0.	0.
(4) CHANCER MCLAUGHLIN	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) VALENCIA HANDY	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) LISA CHANCE	1.00									_
TREASURER		Х		Х				0.	0.	0.
(7) MARCUS BECTON	1.00									-
DIRECTOR		Х						0.	0.	0.
(8) BETH RAY	1.00									
DIRECTOR		Х						0.	0.	0.
(9) ETHEL CHRISTOPHER	1.00									-
DIRECTOR		Х						0.	0.	0.
(10) DORIS ANN SHIPMAN	1.00									-
DIRECTOR		Х						0.	0.	0.
(11) BERTHA ELLIOTT	1.00									-
DIRECTOR		Х						0.	0.	0.
(12) JOSH MAIN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) GEORGE JAMISON	1.00									
DIRECTOR		Х						0.	0.	0.
(14) JULANDA JETT	1.00									
DIRECTOR		Х						0.	0.	0.
(15) THIMI KOLLAR	1.00									_
DIRECTOR		Х						0.	0.	0.
							1			

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rm 990 (2022) ACTION PATHWAYS, INC. 56-0										8457	95	Pa	ige <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) (C) Average hours per week officer and a director/trustee)						an	(D) Reportable compensation from	(E) Reportable compensatio from related	on 🛛	Esti amo	(F) mateo ount c ther	
	(list any hours for related organizations below line)	ndividual trustee or director	institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	is SC/	orga	m the nizatio relate	e on ed
										-+			
									-+				
1b Subtotal         313,741.								0.	44	, 32			
c Total from continuation sheets to Part VI <u>d</u> Total (add lines 1b and 1c)								0. 313,741.		0.	44	, 32	<u>0.</u> 28.
2 Total number of individuals (including but n compensation from the organization								eceived more than \$100,	000 of reportable	Э			2
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	key e	empl	oye	e, or	hig	phest compensated emp	loyee on	ſ	ľ	Yes	No
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s 4 For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		X
<ul><li>and related organizations greater than \$150</li><li>5 Did any person listed on line 1a receive or a</li></ul>	iccrue compen	satio	on fr	om	any	unre	late	ed organization or individ	dual for services			X	v
rendered to the organization? <i>If "Yes." com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch <u>r</u>	bers	on .				<u></u>	5		X
1 Complete this table for your five highest co the organization. Report compensation for t	-									pensati	on fron	n	
(A) Name and business								<b>(B)</b> Description of s	ervices	Cc	(C) Compens		I
BRYAN ODOM & DANNY ODOM R 410 WORTH STREET, FAYETTE	VILLE,	NC	2		01			REPLACE ROOF	ING		500	,12	25.
CITY WIDE FACILITY SOLUTI HIGHWAY 751 STE 108, DURH	AM, NC	27	70	7			_	JANITORIAL S	ERVICES		390	,65	<u>.</u>
UMOJA SUPPLY CHAIN LLC, 5 CENTRAL DRIVE, HOUSTON, T BARRS RECREATION LLC		н.	PA.	KK 			_	FOOD PURCHAS PLAYGROUND E			382	,82	8.
36 DIANE STREET, PITTSBOR SOLOMON MARYLAND HVAC	0, NC 2	73	12					PURCHASE AND			281	,68	5.
611 HILL ST, ROCKY MOUNT,			niter	tot	thos	e lis		INSTALLATION			255	,40	0.
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 7													

	990 (2 t <b>VII</b>				WA	YS, INC.			56-0845	795 Ра
		Check if Schedule O			nse	or note to any line	in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenue excl
								function revenue	business revenue	from tax un
										sections 512
and Other Similar Amounts		Federated campaigns								
nor		Membership dues								
Am		Fundraising events								
ar	d	Related organizations		<u>1</u> d						
Ē	е	Government grants (contr	ibuti	ons) 1e		20,599,500.				
S	f	All other contributions, gifts,	gran	ts, and						
the		similar amounts not included	abov	/e <b>1f</b>		2,590,214.				
0	g	Noncash contributions included in	lines <sup>·</sup>	1a-1f <b>1g</b> \$						
ano	h	Total. Add lines 1a-1f					23,189,714.			
						Business Code				
	2 a	CONTRACTED COMMUNITY	Y SE	RVICES		624200	486,637.	486,637.		
	b	PROGRAM SERVICE FEE				624110	193,570.	193,570.		
ne	č	LOW INCOME HOUSING			_	624200	104,276.	104,276.		
ver	d	-								
Revenue										
	e									
		All other program service					701 102			
_		Total. Add lines 2a-2f					784,483.			
	3	Investment income (includ	Ŭ			· .	46			
						·····	16,773.			16,
	4	Income from investment of	of tax	-exempt bo	nd p	roceeds				
	5	Royalties								
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
	d	Net rental income or (loss	)							
		Gross amount from sales of	, <u></u>	(i) Securit		(ii) Other				
		assets other than inventory	7a	885,3	68.	292,148.				
	h	Less: cost or other basis	70	/		,				
a)	b		76	854,3	41	227,249.				
enne		and sales expenses	7b			64,899.				
eve		Gain or (loss)					05 026			0.5
Uther Hev		Net gain or (loss)			·····	·····	95,926.			95,
lue	8 a	Gross income from fundraising								
5		including \$								
		contributions reported on		,						
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
	с	Net income or (loss) from	fund	raising even	ts					
	9 a	Gross income from gamin	ig ac	tivities. See	1					
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from				· · · · · · · · · · · · · · · · · · ·				
		Gross sales of inventory, I			 					
	iv a				10-					
		and allowances			102					
		Less: cost of goods sold			10b					
+	С	Net income or (loss) from	sale	s of inventor	у					
						Business Code				
e 1	11 a									
nue	b					ļ				
Revenue	с									
щ	d	All other revenue								
		Total. Add lines 11a-11d								
	12	Total revenue. See instruction					24,086,896.	784,483.	0.	112,
	12	TOTAL LEVENUE. SEE INSTRUCTION	JIIS				27,000,090.	l <sup>, 04</sup> , 403.	J	L 11

	990 (2022) ACTION PATHW			56-08	45795 Page
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	Г
Doi	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	[ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	C 200 714	C 200 714		
_	individuals. See Part IV, line 22	6,308,714.	6,308,714.		
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 Compensation of current officers, directors,				
5	trustees, and key employees	358,069.	307,344.	50,725.	
6	Compensation not included above to disqualified	550,005.	507,544.	50,725.	
0	persons (as defined under section 4958(f)(1)) and				
	(0 = 0)				
7	Other salaries and wages	5,071,494.	4,348,771.	722,723.	
8	Pension plan accruals and contributions (include	0,0,1,1010		, , , ,	
Ũ	section 401(k) and 403(b) employer contributions)	73,833.	61,768.	12,065.	
9	Other employee benefits	1,274,613.	1,164,566.	110,047.	
10	Payroll taxes	470,621.	415,893.	54,728.	
11	Fees for services (nonemployees):				
а		17,869.	10,369.	7,500.	
b	Legal	23,248.	12,373.	10,875.	
с	Accounting	44,300.		44,300.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	2,992,466.	2,845,707.	146,759.	
12	Advertising and promotion	120,943.	104,666.	16,277.	
13	Office expenses	151,947.	89,035.	62,912.	
14	Information technology	263,410.	218,240.	45,170.	
15	Royalties				
16	Occupancy	477,810.	430,351.	47,459.	
17	Travel	293,172.	265,358.	27,814.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	701 004	C00 701	02.002	
22	Depreciation, depletion, and amortization	701,884.	608,791.	93,093.	
23		192,609.	160,444.	32,165.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount list line 24e expenses on Schedule 0.)				
~	amount, list line 24e expenses on Schedule 0.) REPAIRS AND MAINTENANCE	324,277.	259,885.	64,392.	
a b	PROGRAM SUPPLIES	317,012.	316,044.	968.	
с С	MISCELLANEOUS EXPENSE	250,970.	249,636.	1,334.	
d	SHIPPING & POSTAGE	188,477.	184,391.	4,086.	
	All other expenses	657,034.	568,225.	88,809.	
<u></u>	Total functional expenses Add lines 1 through 04a	20 574 772	18 930 571	1 644 201	

18,930,571.

1,644,201.

e All other expenses 20,574,772. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined

educational campaign and fundraising solicitation. Check here \_\_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

X

0.

PATHWAYS, IN	ïC.
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		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			7,567,593.	1	5,654,562.
	2	Savings and temporary cash investments			, ,	2	898,967.
	3	Pledges and grants receivable, net			3,461,045.	3	2,184,440.
	4	Accounts receivable, net			369,718.	4	3,891,853.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit				-	
	_	under section 4958(f)(1)), and persons described				6	
S	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			7,695.	8	7,695.
As	9	<b>–</b>			95,941.	9	76,965.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	17,489,934.			
	b	Less: accumulated depreciation			6,420,045.	10c	10,670,357.
	11	Investments - publicly traded securities		1,095,074.	11		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		7,707.	15	192,264.	
	16	Total assets. Add lines 1 through 15 (must equa			19,024,818.	16	23,577,103.
	17	Accounts payable and accrued expenses		1,501,491.	17	1,018,353.	
	18	Grants payable			144,786.	18	317,549.
	19	Deferred revenue		147,380.	19	245,599.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV o	of Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	e perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ted thir	d parties	528,555.	23	1,988,986.
	24	Unsecured notes and loans payable to unrelated	l third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D		·····	0.	25	27,905.
	26	Total liabilities. Add lines 17 through 25			2,322,212.	26	3,598,392.
(0		Organizations that follow FASB ASC 958, che	ck here				
ice		and complete lines 27, 28, 32, and 33.			16 201 000		10 020 010
alan	27	Net assets without donor restrictions			16,321,829.	27	18,830,210.
ä	28	Net assets with donor restrictions			380,777.	28	1,148,501.
oun		Organizations that do not follow FASB ASC 9	58, che	ck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ts	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	
t A:	31	Retained earnings, endowment, accumulated in			16 700 606	31	
Ne	32	Total net assets or fund balances			16,702,606.	32	19,978,711.
	33	Total liabilities and net assets/fund balances			19,024,818.	33	23,577,103.

Form **990** (2022)

# Form 990 (2022) Part X Balance Sheet

ACTION

Form	ACTION PATHWAYS, INC.	56-0	845795	Page	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[	
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	24,086 20,574 3,512 16,702 -236	1,77 2,12 2,60 5,01	24.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,978	3,71	.1.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			[	
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		-	Yes	No X
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for every right of the				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	equie U.			
Ua	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi or audits, explain why on Schedule O and describe any steps taken to undergo such audits			x	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

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.

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

	OMB No. 1545-0047
	2022
	Open to Public Inspection
Employer	identification number

#### Name of the organization

Nume o	ACTI	ON PATHWAY	S, INC.					6-0845795
Part I				omplete th	nis part.) S	see instructions		
The orga	anization is not a private found	lation because it is: (	For lines 1 through 12, cl	heck only	one box.)			
1	A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Form	ו 990).)				
3	A hospital or a cooperative				(b)(1)(A)(ii	ii).		
4	A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a co	llege or university owned	l or operate	ed by a go	overnmental un	nit describe	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	ally receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general j	public described in
	section 170(b)(1)(A)(vi). (C	complete Part II.)						
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research or	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a l	land-grant	college
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of t	the college	eor
	university:							
10	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from
	activities related to its exer	npt functions, subjec	ct to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
	income and unrelated busi	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	after June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11	An organization organized	and operated exclus	ively to test for public sat	fety. See	section 50	09(a)(4).		
12	An organization organized	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section !	509(a)(2).	See section 5	6 <b>09(a)(3).</b> (	Check the box on
_	lines 12a through 12d that	describes the type o	of supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а	<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or trustee	es of the su	upporting
_	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	d or controlled in connect	ion with its	s supporte	ed organizatior	n(s), by hav	/ing
	control or management of	of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported
_	organization(s). You mus	st complete Part IV,	Sections A and C.					
c	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionall	y integrate	ed with,
_	its supported organizatio	n(s) (see instructions	b). You must complete I	Part IV, Se	ctions A,	D, and E.		
d	Type III non-functionally	y integrated. A supp	porting organization oper	ated in cor	nnection v	vith its support	ted organiz	zation(s)
	that is not functionally inf	tegrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness
_	requirement (see instruct	ions). You must co	mplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
e	Check this box if the orga	anization received a	written determination from	m the IRS	that it is a	Type I, Type I	I, Type III	
	functionally integrated, o	•••	nally integrated supporting	ng organiz	ation.			[]
	ter the number of supported of	•						
<b>g</b> Pr	ovide the following information (i) Name of supported	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10	in your governi	ng document?	support (see in:		support (see instructions)
			above (see instructions))	Yes	No			
Total								
						1		•

Sched	ule /	A (	Form	990)	2	02	2	

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.)

Sec	tion A. Public Support			-		-	-
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	17059168.	<u>17110005.</u>	21926761.	<u>18476935.</u>	23189714.	97762583.
2	Tax revenues levied for the organ-						
	ization'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	17059168.	<u>17110005.</u>	21926761.	<u>18476935.</u>	23189714.	<u>97762583.</u>
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)						
	Public support. Subtract line 5 from line 4.						97762583.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	17059168.	<u>17110005.</u>	21926761.	<u>18476935.</u>	<u>23189714.</u>	97762583.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	59,092.	58,976.	66,963.	20,143.	47,800.	252,974.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	14,203.	8,461.				22,664.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,173.					2,173.
11	Total support. Add lines 7 through 10						98040394.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 7	<u>,028,238.</u>
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
_	organization, check this box and stop						
	tion C. Computation of Publi					1 1	
	Public support percentage for 2022 (I			.,,		14	<u>99.72 %</u>
	Public support percentage from 2021					15	99.63 %
16a	33 1/3% support test - 2022. If the o	•		-			
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	-	-	• • • •			
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s

Schedule A (Form 990) 2022

#### ACTION PATHWAYS, INC.

Part II

in	

are not an unrelated trade or bus-	
iness under section 513	
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge	
6 Total. Add lines 1 through 5	
<b>7a</b> 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	
<b>c</b> Add lines 7a and 7b	
8 Public support. (Subtract line 7c from line 6.)	

#### Section B. Total Support

Section A. Public Support Calendar year (or fiscal year beginning in)

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

Calendar year (or fiscal year	r beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6							
<b>10a</b> Gross income from in dividends, payments securities loans, rent and income from sim	received on s, royalties,						
<b>b</b> Unrelated business taxa	able income						
(less section 511 taxes)	) from businesses						
acquired after June 30,	1975						
<ul> <li>c Add lines 10a and 10</li> <li>11 Net income from unr activities not include whether or not the b regularly carried on</li> </ul>	Db elated business d on line 10b,						
<ul> <li>12 Other income. Do not or loss from the sale assets (Explain in Pa</li> <li>13 Total support. (Add lines</li> </ul>	of capital rt VI.)						
14 First 5 years. If the I	- orm 990 is for the	organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organiza	tion,
check this box and s	stop here				-		
Section C. Compute	ation of Public	Support Per	centage				
15 Public support perce	entage for 2022 (lin	e 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support perce						16	%
Section D. Compute	ation of Invest	ment Income	Percentage				
17 Investment income p	percentage for 202	2 (line 10c, colui	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income p	ercentage from 2	021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tes	sts - 2022. If the c	organization did r	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
more than 33 1/3%,	check this box and	d <b>stop here.</b> The	organization qual	ifies as a publicly s	upported organiza	ation	
b 33 1/3% support tes	sts - 2021. If the c	organization did r	ot check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%	, and
line 18 is not more th	nan 33 1/3%, checl	k this box and <b>s</b> t	op here. The orga	anization qualifies a	as a publicly suppo	orted organizatio	n

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

**(a)** 2018

(Complete only if you checked the box on line 10 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.)

(c) 2020

(d) 2021

(b) 2019

(f) Total

(e) 2022

ACTION PATHWAYS, INC.

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% 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 on 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 on line 9a) 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 on line 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b 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.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Part IV	Supporting Org	anizations (cont	tinued)
Schedule A	(Form 990) 2022	ACTION	PATHWAYS,

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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 officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any applied to such powers during the tax year	1		

INC.

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.	
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).
 1

Section D. All Type III Supporting Organizations	

			Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		
3	By reason of the relationship described on line 2, above, 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.	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	vear (	see instructions).
•		year v	000 11104 4040110/1

- 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.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b 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? *If* "Yes" or "*No*" *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.*

No

Yes

1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	1
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting orga	nization (see

#### ACTION PATHWAYS, INC. Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

instructions).

Schedule A (Form 990) 2022

Sche	edule A (Form 990) 2022 ACTION PATHWAYS, INC.	!
		(continued)
Sect	tion D - Distributions	
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported	
	organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7

5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the				
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	IS	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				
				Sc	hedule A (Form 990) 2022

Current Year

1

2 3

4

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	ACTION	PATHWAYS,	INC.		56-0845795	Page <b>8</b>
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	, 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa	c, 5a, 6, 9a, 9b, 90 art IV, Section E, li	c, 11a, 11b, and 11c; F nes 1c, 2a, 2b, 3a, and	art IV, Section B, lines 1 3b; Part V, line 1; Part V	and 2; Part IV, Section ( Section B, line 1e; Part	C, V,

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

56-0845795

(Form	990)	

Schedule B

Department of the Treasury Internal Revenue Service

Name of the organization

ACTION	PATHWAYS,	INC.	
Organization type (check one):			

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

J For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization

ACTION PATHWAYS, INC.

Employer identification number

56-0845795

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>		\$ <u>8,251,686.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>2,018,549</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>2,620,627.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>	Name, address, and ZiP + 4	\$ 3,161,582.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- \$\$648,981.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$3,687,787.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ACTION PATHWAYS, INC.

56-0845795 Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	COMMODITIES		
6			
		\$\$_3,687,787.	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	Dute received
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)		(-)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d) Data received
Part I	Description of noncash property given	(See instructions.)	Date received

Schedule B (Form 990) (2022)

Name of o	organization			Employer identification number
ACTIO	N PATHWAYS, INC.			56-0845795
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	through (e) and the following line ent haritable, etc., contributions of \$1,000 or	rv. For organizations	hat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of git	ť	
·	Transferee's name, address, ar 	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Part I				
		(e) Transfer of git		
·	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of git	t	
·	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, ar	(e) Transfer of git		nsferor to transferee

		Cumplemente	I Financial Statements		OMB No. 1	1545-0047
			Al Financial Statements		20	
(Forr	n 990)		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		<b>ZU</b>	<b></b>
	ment of the Treasury I Revenue Service		ttach to Form 990. ) for instructions and the latest information.		Open to Inspect	o Public tion
_	e of the organizatio				r identificatio	on number
_		ACTION PATHWAYS, IN			6-0845	
Pa		tions Maintaining Donor Advised	d Funds or Other Similar Funds or Ac	counts.	Complete if t	he
	organization	Tanswered fes on Form 990, Part IV, Ind		(b) Eunde an	d other acco	unto
	Total number at an	d of yoor	(a) Donor advised funds	<b>D</b> Fullus al		
1 2		d of year contributions to (during year)				
2		grants from (during year)				
4		end of year				
5			vriting that the assets held in donor advised fund	ds		
	-		exclusive legal control?		Yes	No No
6			dvisors in writing that grant funds can be used o			
	for charitable purpo	oses and not for the benefit of the donor or	donor advisor, or for any other purpose conferr	ing		
	impermissible priva				Yes	No
Pa			anization answered "Yes" on Form 990, Part IV,	line 7.		
1		ervation easements held by the organization				
		of land for public use (for example, recreat	· _			a
		natural habitat	Preservation of a certi	fied historic	structure	
0		of open space	ind concernation contribution in the form of a co	noon ation o	accoment on t	ha laat
2	day of the tax year.	<b>o o i</b>	ed conservation contribution in the form of a co		at the End of t	
а				2a		
b				2a 2b		
c	•		icture included in (a)	2c		
d		ration easements included in (c) acquired a				
				2d		
3	Number of conserv		eased, extinguished, or terminated by the organi	zation durin	g the tax	
	year					
4	Number of states w	where property subject to conservation eas	ement is located			
5	Does the organizat	ion have a written policy regarding the peri	odic monitoring, inspection, handling of			
	,	prcement of the conservation easements it				No
6	Staff and volunteer	hours devoted to monitoring, inspecting, l	handling of violations, and enforcing conservation	n easement	s during the y	/ear
_		<u> </u>				
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation eas	sements dur	ing the year	
8	Does each conserv		e satisfy the requirements of section 170(h)(4)(B)	(i)		
U	and section 170(h)				Yes	No
9			on easements in its revenue and expense statem			
	balance sheet, and	include, if applicable, the text of the footn	ote to the organization's financial statements that	at describes	the	
	organization's acco	ounting for conservation easements.				
Pa			Art, Historical Treasures, or Other S	imilar As	sets.	
		the organization answered "Yes" on Form				
<b>1</b> a	0		8, not to report in its revenue statement and bala			
		· ·	lic exhibition, education, or research in furtherar	nce of public	:	
L	•		cial statements that describes these items.	oboot	o of	
a	-		B, to report in its revenue statement and balance			
		ng amounts relating to these items:	exhibition, education, or research in furtherance		51 VIC <del>C</del> ,	
				.\$		
	(i) Revenue included on Form 990, Part VIII, line 1         \$					
2	.,		asures, or other similar assets for financial gain, I			
	-	nts required to be reported under FASB A				
а	-		-	\$		
b	Assets included in Form 990, Part X \$					

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
232051	09-01-22

Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets [continued]         3       Using the organization acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply):       d       Lan or exchange program         4       Public exhibition       d       Lan or exchange program       +         5       Distribution       d       Lan or exchange program       +         6       Other       Other       Other       Note       Note         7       Provide acception of the organization solution receive donations of art, historical treasures, or other similar assets       No         9       Diring the year, did the organization solution or other infermediaty for contributions or other assets not included on Form 900, Part X, line 21.       Yes       No         9       If "Yes," explain the arrangement in Part XIII and complete the following table:       Int       Int       Int         6       Distribution during the year       1d       Int       Int       Int       Int         9       If "Yes," explain the arrangement in Part XIII and complete the explanation in abused on Part XIII       Int       Int       Int         14       Int       Int       Int       Int       Int       Int         16 <td< th=""><th>Sche</th><th></th><th>PATHWAYS,</th><th></th><th></th><th></th><th></th><th></th><th></th><th>45795</th><th></th></td<>	Sche		PATHWAYS,							45795	
collection lame (check all that apply): <ul> <li>Collection lame (check all that apply):</li> <li>Scholarly research</li> <li>Collection law collections and explain how they further the organization's exempt purpose in Part XIII.</li> </ul> Provide a description of the organization solution or exercise doculators of art, historical treasures, or other similar assets         Ves         No           Part V         Escondariation is collections and explain how they further the organization collection?         Yes         No           Part V         Escondariation is collections?         Yes         No           Part V         Escondariation and explain how they further the organization collection?         Yes         No           If 'Yes,'' explain the arrangement in Part XIII and complete the following table:         Image: Collection and the organization and explain how they further the organization	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	<sup>-</sup> Simila	r Assets	continu	Jed)
a       Public exhibition       d       Lean or exchange program         b       Scholary research       e       Other	3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing that	t make si	gnificant ι	use of its		
b       Scholary research       e       Other         c       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's collections and explain how they further the organization's exempt purpose in Part XIII.         6       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets         10       Bit organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X?         11       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X?       No         b       If Yes''s explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       If       Id         a       Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?       Yes       No         b       If Yes''s explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Provide the estimated part and IC. Check here if the explanation has been provided on Part XIII         b       Other expenditures for facilities       Id       Id       Id         a       Other expenditures for facilities       Id       Id Current year end ba		collection items (check all that apply):									
c 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 XII. 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? collection?  Part IV Escrew and Cutocolial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 91, a is the organization and and the intermediary for contributions or other assets not included on Form 990, Part X? b if 'Yes,'' explain the arrangement in Part XIII and complete the following table:  C Beginning balance C Beginning diverse arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization has been provided on Part XIII C Beginning of year balance C Beginning balance C Beginning balance C Beginning of year balance C Beginning balan	а	Public exhibition	c	a 🗌 r	oan or excl	hange progra	am				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X, line 21.     Is the organization include an amount on Form 990, Part X, line 21.     Distributions during the year     If Id     Id     Complete if the organization narouter form 990, Part X, line 21. for escrow or custodial account liability?     Ves     No     b if 'Yes, 'explain the arrangement In Part XIII. Check here if the explanation has been provided on Part XIII     Part V Endowment Funds. Complete if the organization naroutered 'Yes' on Form 990, Part X, line 21.     Other organization include an amount on Form 990, Part X, line 21.     Other organization include an amount on Form 990, Part X, line 21.     If Yes, 'explain the arrangement IN Part XIII. Check here if the explanation has been provided on Part XIII     Endowment Funds. Complete if the organization naroutered 'Yes' on Form 990, Part XIII.     If Administrative expenses     If Id     Contributines     If Administrative explanation     If A	b	Scholarly research	e	e 🗌 (	Other						
5       During the year, did the organization solidit or receive donations of art, historical treasures, or other similar assets         10       be sold to raise funds rather than to be maintained as part of the organization's collection?         Part IV       Escrow and Oustodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         11       Is the organization an agent, fustace, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       1c       1d	С	Preservation for future generations									
tops rold 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 921.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part IV, line 10.       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Is the organization include an amount on Form 990, Part X, line 21.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: State organization include an amount on Form 990, Part X, line 21.         Part V       Endowment Funds.       Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: State organization account liability?	4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
Part IV       Escrow and Custodial Arrangements. Complete it the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ia       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (IIII and complete the following table:       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Ic       Amount       Ic       Id       Id <th>5</th> <th colspan="4">5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets</th>	5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
reported an amount on Form 900, Part X, line 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X?         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:         • Destributions during the year         • Part V       Endowment Funds. Complete it the organization answerd "Yes" on Form 990, Part X, line 21, for secrow or custodial account liability?       Yes         • Contributions       • O + I' Yes, ''explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         • Contributions       • O + I' Yes' on Form 990, Part X, line 21, for secrow or custodial account liability?         • Contributions       • O + I' Yes' on Form 990, Part X, line 21, for secrow or ustodial account liability?         • Contributions       • O + I' Yes' on Form 990, Part X, line 21, for secrow or ustodial account liability?         • Cother expenditures for taclities       • O + I' Yes' on I	_										No
1a       is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete the following table:       Amount         c       Beginning balance       Image: Complete the following table:       Amount       Image: Complete the following table:       Image: Complete the following table:       Amount       Image: Complete the following table:	Par			ete if the	organizatio	n answered '	"Yes" on	Form 990	), Part IV,	line 9, or	
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       1d         d       Additions during the year       1d         e       Distributions during the year       1d         a       Distributions during the year       1d         d       Additions during the year       1d         d       Distributions during the year       1d         d       Distributions during the year       1t         d       Distributions during the year       1t         d       Distributions during the year       1t         e       Distributions       (e) Current year       (c) Three years back (e) Four years back		reported an amount on Form 990, Pa	rt X, line 21.								
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	1a			•						_	
c       Beginning balance       Amount         1d       1d         1d       1d         1d       1d         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         bit "Yes," explain the arrangement in Part XIII. Check here if the explanation naswerd "Yes" on Form 90, Part X (d) Three years back (e) Four years back       Image: Control of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         Part V       Endowment Funds. Complete if the organization answerd "Yes" on Form 990, Part X, line 10.       Image: Control of the organization account (e) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       Image: Control of the organization account (e) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       Image: Control of the organization account (e) Prior year       (d) Three years back       (e) Four years back         1a       End organization for facilities       Image: Control of the organization account (e) Prior year       (f) Two years back       (f) Administrative expenditures for facilities       Image: Control of Prior year </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>L</th> <th>Yes</th> <th>No No</th>									L	Yes	No No
c       Beginning balance       1c       1d         d       Additions during the year       1d       1d         e       Distributions during the year       1e       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         1b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back         1b       Contributions       (b) Current year       (c) Two years back       (d) Three years back         1b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back         1b       Contributions       (b) Prior year       (d) Two years back       (d) Three years back         1c       Grants or scholarships       (a) Current year       (b) Prior year <th>b</th> <th>If "Yes," explain the arrangement in Part XIII</th> <th>and complete the fo</th> <th>llowing ta</th> <th>ıble:</th> <th></th> <th></th> <th></th> <th></th> <th>-</th> <th></th>	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ıble:					-	
d Additions during the year       1d         e Distributions during the year       1d         f Ending balance       1t         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Ves       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (d) Three years back (e) Four years back (e) Four years back (e) Four years back do not stack in a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back (e) Four years back in the organization answered "Yes" on Form 990, Part IV, line 10.         c Other expenditures for facilities       1       1       1       1         and programs       1       1       1       1       1       1         g End of year balance       %       %       %       %       %       %       %         b Permanent endowment       % <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>Amount</th><th></th></td<>										Amount	
e       Distributions during the year       1e         f       Ending balance       1t         2n       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (d) Three years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back in the interpret of the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back (e) Four years back in the present set of the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back (e) Four years back in the present set of the current year in the present set of the current year in the present set of the current year and programs       (a) Current year       (b) Prior year         c       Not year balance       (b) Prior year       (c) Two years back in the present set of the current year end balance (line 1g, column (a) held as:       a) dot year balance         g       End of year balance       (b) Permanent endowment											
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 10.       Image: Second											
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on 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       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Control stratus for facilities       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Bo	е										
b. If 'Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b. Contributions       (b) Prior year       (c) Two years back       (e) Four years back         c. Net investment earnings, gains, and losses       (c) Two years back       (e) Four years back         d. Grants or scholarships       (c) Two years back       (c) Two years back         e. Other expenditures for facilities       (c) Inter year       (c) Two years back         g. End of year balance       (c) Inter year       (c) Two years back       (e) Four years back         g. End of year balance       (c) Inter year and programs       (c) Inter year       (c) Two years back       (c) Two years back         g. End of year balance       (c) Inter year and balance (line 1g, column (a)) held as:       (c) Inter year and programs       (c) Inter years back         g. End of year balance       ////////////////////////////////////	f									7	
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         e       Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (d) Three years back         g       End of year balance       (f) Three years back       (f) Two years back       (f) Three years back       (f) T		-						ty?	L	Yes	No
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance											
1a       Beginning of year balance       Image: Contributions       Image: Contributions         b       Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Describe in Part XIII the intended uses of the organizations is end ownent funds.       Image: Contributions       Image: Contributions       Image: Contributions         d       Image: Part V       Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contri	Fai								voare back		ware back
b       Contributions	4.	Designing of some balance	(a) Current year	(0) P	ior year	(C) TWO yea	IS DACK	<b>(u)</b> mees	Cais Dack	(e) Four	/ears Dack
c       Net investment earnings, gains, and losses	1a										
d Grants or scholarships	a										
e Other expenditures for facilities and programs	c										
and programs											
f       Administrative expenses	е										
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       Term endowment%         b       Permanent endowment%         c       Term endowment%         The percentages on 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 organizations by: <ul> <li>(i) Unrelated organizations</li></ul>											
a Board designated or quasi-endowment%         b Permanent endowment%         c Term endowment%         The percentages on 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:	-		L								
b       Permanent endowment%         c       Term endowment%         The percentages on 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: <ul> <li>(i) Unrelated organizations</li></ul>					, column (a)	) neiù as.					
c       Term endowment       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other depreciation</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (investment)</li> <li>(a) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Buildings</li> <li>(10, 712, 410 . 3, 150, 437 . 7, 561, 973 .</li></ul>	a h			70							
The percentages on 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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Poot value</li></ul>	U O										
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organization set organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(i) Cost or other basis (other)</li> <li>(ii) Book value</li> <li>(ii) Cost or other basis (other)</li> <li>(iii) Related organization</li> <li>(iii) Related organization</li> <li>(ii) Cost or other basis (other)</li> <li>(iii) Related organization</li> <li>(iii) R</li></ul>	C		· -								
organization by:       Yes       No         (i)       Unrelated organizations       3a(i)       3a(ii)       3a(ii)       3a(ii)       3a(ii)       3a(ii)       3a(ii)       3a(ii)       3a(ii)       3b       3b       3b       3c(ii)       3c(ii)       3b       3c(ii)       3c(iii)       3c(ii)       3c(ii)<	30	1 0	•	ation that	are held an	nd administer	red for th	0			
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(i)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation depreciation         1a Land       509,732.       509,732.         b Buildings       10,712,410.       3,150,437.       7,561,973.         c Leasehold improvements       21,908.       19,246.       2,662.         d Equipment       2,775,691.       1,513,293.       1,262,398.         e Other       3,470,193.       2,136,601.       1,333,592.	oa	· · · ·			are neid an			C		<b></b>	Yes No
(ii)       Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         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" on 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         1a       Land       509,732.       509,732.         b       Buildings       10,712,410.       3,150,437.       7,561,973.         c       Leasehold improvements       21,908.       19,246.       2,662.         d       Equipment       2,775,691.       1,513,293.       1,262,398.         e       Other       3,470,193.       2,136,601.       1,333,592.		0								3a(i)	
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         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" on 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         1a       Land       509,732.       509,732.         b       Buildings       10,712,410.       3,150,437.       7,561,973.         c       Leasehold improvements       21,908.       19,246.       2,662.         d       Equipment       3,470,193.       2,136,601.       1,333,592.											<u> </u>
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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (c) Accumulated depreciation         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       509,732.       509,732.         b Buildings       10,712,410.       3,150,437.       7,561,973.         c Leasehold improvements       21,908.       19,246.       2,662.         d Equipment       2,775,691.       1,513,293.       1,262,398.         e Other       3,470,193.       2,136,601.       1,333,592.	b	If "Yes" on line 3a(ii) are the related organiza	tions listed as requi	red on Sc	hedule R?						
Part VILand, Buildings, and Equipment. Complete if the organization answered "Yes" on 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 value1a Land509,732.509,732.b Buildings10,712,410.3,150,437.7,561,973.c Leasehold improvements21,908.19,246.2,662.d Equipment2,775,691.1,513,293.1,262,398.e Other3,470,193.2,136,601.1,333,592.	-									0.0	
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.         509,732.           b Buildings         10,712,410.         3,150,437.         7,561,973.           c Leasehold improvements         21,908.         19,246.         2,662.           d Equipment         3,470,193.         2,136,601.         1,333,592.	Par										
basis (investment)         basis (other)         depreciation           1a Land         509,732.         509,732.           b Buildings         10,712,410.         3,150,437.         7,561,973.           c Leasehold improvements         21,908.         19,246.         2,662.           d Equipment         3,470,193.         2,136,601.         1,333,592.		Complete if the organization answere	d "Yes" on Form 990	D, Part IV,	line 11a. S	ee Form 990	, Part X,	line 10.			
b Buildings       10,712,410.       3,150,437.       7,561,973.         c Leasehold improvements       21,908.       19,246.       2,662.         d Equipment       2,775,691.       1,513,293.       1,262,398.         e Other       3,470,193.       2,136,601.       1,333,592.		Description of property			• •		• • •			<b>(d)</b> Book	value
b Buildings       10,712,410.       3,150,437.       7,561,973.         c Leasehold improvements       21,908.       19,246.       2,662.         d Equipment       2,775,691.       1,513,293.       1,262,398.         e Other       3,470,193.       2,136,601.       1,333,592.	<b>1</b> a	Land				, ,				509	,732.
c Leasehold improvements       21,908.       19,246.       2,662.         d Equipment       2,775,691.       1,513,293.       1,262,398.         e Other       3,470,193.       2,136,601.       1,333,592.							3,1	150,4	37.		
d Equipment         2,775,691.         1,513,293.         1,262,398.           e Other         3,470,193.         2,136,601.         1,333,592.						-					
e Other 3,470,193. 2,136,601. 1,333,592.							1,5				
				X. colum	-						

Schedule D (Form 990) 2022

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
-	Description		(h) Deels velve
	Description		
			(b) Book value
(1)			(D) Book value
(2)			(b) Book value
(2) (3)			(D) BOOK Value
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(2) (3) (4) (5) (6) (7) (8) (9) (9) (0) (0) (0) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (0) (0) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (6) (7) (8) (9) (7) (6) (7) (8) (9) (7) (6) (7) (7) (8) (9) (7) (7) (8) (9) (7) (6) (7) (7) (8) (9) (7) (7) (7) (8) (9) (7) (7) (8) (9) (7) (6) (7) (7) (7) (8) (9) (7) (6) (7) (7) (7) (8) (9) (7) (6) (7) (7) (7) (8) (9) (7) (7) (7) (8) (7) (7) (7) (8) (7) (7) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (Complete if the organization of the lite			
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( . (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6) (7)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ....

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 ACTION PATHWAYS, INC.			56-	0845795	Page <b>4</b>
	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn.		0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	24,025,	946.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-236,019.			
b	Donated services and use of facilities	2b	175,070.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	-60,9	949.
3	Subtract line 2e from line 1			3	24,086,8	<u>895.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	24,086,8	<u>895.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	n Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	20,749,8	841.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	175,070.	_		
b	Prior year adjustments	2b		-		
С	Other losses	2c		-		
d	Other (Describe in Part XIII.)	2d				
е	Add lines <b>2a</b> through <b>2d</b>			2e	175,	
3	Subtract line 2e from line 1			3	20,574,	771.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	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	20,574,	771.
	rt XIII Supplemental Information.			-	- 1 - 1	<u>··=·</u>

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.

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	ON	/IB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the		2022
Department of the Treasury		Attach to Form 990							pen to Public
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instru	ctions	and t	ne latest information	n.	Employer		nspection tification number
Name of the organization		PATHWAYS, INC.					56-084		
Part I Fundrais		Complete if the organization answer	arad "V	'oo" or	Earm 000 Dart IV/	ino 1'			
	complete this par		ereu r	es 01	1 FOITT 990, Fait IV, I	ine i	7. FUIII 990	)-EZ 1	liers are not
<ol> <li>Indicate whether the a X Mail solicitat</li> <li>Mail solicitat</li> <li>Internet and</li> <li>Phone solicitat</li> <li>In-person so</li> <li>Did the organization</li> <li>key employees list</li> </ol>	e organization rais ions email solicitations tations licitations on have a written c ed in Form 990, P	sed funds through any of the followin $e \begin{bmatrix} X \\ - x \end{bmatrix}$ Solicita	ation of ation of I fundra I (incluc professi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?			<b>Yes</b> o be	X No
compensated at le	ast \$5,000 by the	organization.							
(i) Name and addres or entity (func		(ii) Activity	have or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount pai or retained b fundraiser ted in col. <b>(i</b>	р <b>у)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
ONE AND ALL INC -	22054 SHAW		Yes	No					
ROAD, STERLING, VA	20164	DIRECT MAIL		x	102,205.		18,70	08.	83,497.
Total         3 List all states in whi         or licensing.         NC	ch the organizatic	on is registered or licensed to solicit	contrib	utions	102,205. or has been notified	it is e	18,70 exempt from		83,497. stration

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

Schedule G (Form 990) 2022

ACTION PATHWAYS, INC.

56-0845795 Page 2

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000				
	of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
		<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events

						(add col. <b>(a)</b> through
0			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
Seve	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
		Quality and the				
	4	Cash prizes				
	5	Noncash prizes				
JSes	~	Pont/facility costs				
xpei	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire						
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)			
	11	Net income summary. Subtract line 10 from lin	ne 3, column (d)			
Pa	Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than					

\$15,000 on Form 990-EZ, line 6a.

anue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %	
	7	Direct expense summary. Add lines 2 through	15 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9		ter the state(s) in which the organization condu				
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
		· · ·				

Scł	nedule G (Form 990) 2022	ACTION PATH	WAYS,	INC.	56-0845795 Page 3
11	Does the organization conduct ga				Yes No
12	Is the organization a grantor, ben	eficiary or trustee of a tru	ust, or a me	mber of a partnership or other entity formed	
					Yes No
	Indicate the percentage of gamin				
14	Enter the name and address of th	e person who prepares t	the organiza	ation's gaming/special events books and recor	ds:
	Address				
15	a Does the organization have a con	ntract with a third party fr	om whom t	he organization receives gaming revenue?	Yes No
I	<b>b</b> If "Yes," enter the amount of gam				nount
	of gaming revenue retained by the				
	c If "Yes," enter name and address	of the third party:			
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$	_		
	Description of convises provided				
	Description of services provided				
	Director/officer	Employee	li	ndependent contractor	
47	Manadatan distributiona				
	Mandatory distributions:	r stato law to make chari	tabla distrib	outions from the gaming proceeds to	
•	retain the state gaming license?				Yes No
1				buted to other exempt organizations or spent	
	organization's own exempt activit	ties during the tax year	\$		
Pa	art IV Supplemental Infor	mation. Provide the e	xplanations	required by Part I, line 2b, columns (iii) and (v)	); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also provide	e any additi	onal information. See instructions.	

raitiv	(continued)

SCHEDULE I		Grants and Other Assistance to Organizations,											
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.												
Department of the Treasury													
Department of the Treasury     Attach to Form 990.       Internal Revenue Service     Go to www.irs.gov/Form990 for the latest information.													
Name of the organization Employer identification numb													
ACTION PATHWAYS, INC. 56													
	formation on Grants a												
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection													
criteria used to award the grants or assistance?													
<ul> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> <li>Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any</li> </ul>													
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.													
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		urpose of ( assistanc				
						,							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ....

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Schedule I (Form 990) 2022

ACTION PATHWAYS, INC.

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
WEATHERIZATION	206	1,331,749.	0.		
FOOD	581787	0.	4,179,768.	FMV	FOOD PACKAGES
SELF SUFFICIENCY	504	797,197.	0.		
Part IV         Supplemental Information.         Provide the information relation	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
CLIENTS ARE REMINDED THAT IT IS IN	<b>IPERATIVE</b>	THAT THE C	ASE MANAGE	R BE MADE	
AWARE OF ANY ACTIONS TAKEN OR INA	CTIONS, CH	IANGE IN SI	TUATION AN	D ANY NEW	
PROBLEMS THAT MAY HAVE ARISEN. ON	GOING CONT	ACT WITH T	HE CASE MA	NAGER IS	
MANDATORY FOR PROGRAM PARTICIPANTS	S SO THE C	LIENT'S FI	LE MAY STA	Y CURRENTAND	
DISPLAY ACTIVITY: (1) BIWEEKLY TE	LEPHONE CO	NTACTS OR	HOME VISIT	S ARE MADE	
TO FOLLOW UP ON CLIENT'S PERFORMAN	ICE (2) WE	EKLY CONTA	CTS ARE MA	DE IF	
CLIENT'S SITUATION BECOMES UNSTABL	LE (3) INF	ORMATION I	S DOCUMENT	ED IN FILE	
AS REPORTED BY TELEPHONE CONTACTS	WRITTEN C	CONTACTS, C	R HOME VIS	ITS 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 RECEIPT OR PAYMENT IS OBTAINED (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.

SCI	IEDULE J	Compensation Information	1	OMB No. 1	545-00	47
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest		2022		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		<b>ZU</b>	<b>_</b> _	-
Depar	ment of the Treasury	Attach to Form 990.		Open to		
Interna	I Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatior			identificatio		mber
		ACTION PATHWAYS, INC.	56-0	)84579	5	
Pa		s Regarding Compensation				
	<b>.</b>				Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Forr	n 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fe				
	Discretionary s	spending account Personal services (such as maid, chauffe	eur, cnet)			
Ŀ.	If any of the have -	an line to ave shealed, did the experimetion follows a written a line resulting a second second				
b		on line 1a are checked, did the organization follow a written policy regarding payment or		416		
0		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		0		
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
3	Indicato which if ar	ny, of the following the organization used to establish the compensation of the organization	'n			
3		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		ompensation consultant Compensation survey or study				
		ther organizations X Approval by the board or compensation	committee			
			Committee			
4	During the year. did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	•	e payment or change-of-control payment?		4a		X
		eive payment from a supplemental nonqualified retirement plan?				X
	-	eive payment from an equity-based compensation arrangement?				X
-		les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	·····,					
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ion			
	contingent on the re					
а				5a		X
	Any related organiz					X
	, ,	r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ion			
	contingent on the n	et earnings of:				
а	The organization?	•		6a		X
b	Any related organiz	ation?		6b		X
		r 6b, describe in Part III.				
7	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymen	ts			
		ies 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, di	d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990	) 2022

#### 56-0845795

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LONNIE BALLARD	(i)	207,431.	0.	0.	22,494.	8,239.	238,164.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
,	(i)							
	(ii)							
,	(i)							
	(ii)							
,	(i)							
	(ii)							
,	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
,	(i)							
	(ii)							
,	(i)							
	(ii)							
,	(i)							
	(ii)							
,	(i)							
	(ii)							
, ,	(i) (::)							
	(ii) (i)							
ſ	(i) (::)							
	(ii) (i)							
	(i) (ii)							

# Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



56-0845795

ACTION PATHWAYS, INC.

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

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 SUCCESSFUL

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.

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

TEACHING STRATEGIES ARE PROVIDED IN THE EARLY CHILDHOOD SETTING WITH

BRAIN DEVELOPMENT, DEVELOPMENTALLY APPROPRIATE

ACTIVITIES, AND WHOLE CHILD FOCUS IN MIND. ACTION PATHWAYS, INC. HEAD

START EMPLOYS A MENTAL HEALTH COORDINATOR AND DISABILITIES AND

INCLUSION COORDINATOR TO SUPPORT THE SOCIAL EMOTIONAL AND DEVELOPMENTAL

NEEDS OF CHILDREN AND FAMILIES. COMING OUT OF A COVID-19 FOCUSED

SOCIETY, BEING WELL EQUIPPED TO SERVE THE NEEDS OF TRAUMA AFFECTED

FAMILIES IS PARAMOUNT TO A COMMUNITY BASED, WHOLE - CHILD FOCUSED

PROGRAM. FAMILY ADVOCATES ARE AVAILABLE FOR ALL HEAD START/EARLY HEAD

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ARE ENCOURAGED TO DEVELOP FAMILY PARTNERSHIP AGREEMENTS TH	AT INCLUDE	
GOALS SPECIFIC TO THE NEEDS AND DESIRES OF EACH FAMILY, SU	CH AS THE	
PURSUIT OF EDUCATION, PURCHASE OF A HOME, OBTAINING A DRIV	ER'S LICENSE,	
ETC. IN 2022, ALL ENROLLED FAMILIES DEVELOPED FAMILY PARTN	ERSHIP	
AGREEMENTS.		
IN 2022-23, ACTION PATHWAYS, INC. HEAD START/EARLY HEAD ST	ART OFFERED	
COMPREHENSIVE EARLY CHILDHOOD DEVELOPMENT SERVICES FOR 280		
PRE-SCHOOL-AGED CHILDREN AND THEIR FAMILIES IN ADDITION TO	292	
INFANTS/TODDLERS. INDIVIDUALIZED PROGRAMS ARE DEVELOPED FO	R EACH	
PARTICIPANT, AND THEIR FAMILY, TO ENSURE THEIR SPECIFIC NE	EDS ARE MET.	
CHILDREN ARE ACCEPTED INTO THE EARLY HEAD START PROGRAM AT SIX WEEKS OF		
AGE AND REMAIN ELIGIBLE FOR SERVICES UNTIL AGE THREE, AT W	HICH TIME	
PARENTS MUST REAPPLY FOR PRESCHOOL HEAD START SERVICES FOR	THE UPCOMING	
PROGRAM YEAR IF THE CHILD'S BIRTHDAY FALLS ON OR BEFORE AU	GUST 31ST.	
THE CHILD NUTRITION PROGRAM IS A FEDERAL PASS-THROUGH GRAN	T THAT SERVES	
NUTRITIOUS MEALS TO ALL CHILDREN WHEN ATTENDING THE HEAD S	TART/EARLY	
HEAD START PROGRAM IN PERSON. DURING THE 2022 - 2023 PROGR	AM YEAR,	
CACFP CHILD NUTRTION PROGRAM PROVIDED THE PARTICIPANTS OF	HEAD START	
AND EARLY HEAD START CHILD WITH UP TO 2/3 OF THEIR DAILY N	UTRITIONAL	
NEEDS AND CONTRIBUTED TO EACH CHILD'S PHYSICAL, EMOTIONAL,	AND SOCIAL	
DEVELOPMENT. MEALS CONTINUE TO INCORPORATE MORE WHOLE GRAI	NS AND FRESH	
FRUIT, AND A REGISTERED DIETICIAN IS AVAILABLE TO REVIEW M	ENUS TO	
ENSURE ALL DIETARY REQUIREMENTS ARE MET. THE NUTRITION COO	RDINATOR	
PRESENTS MENUS TO THE HEALTH/NUTRITION ADVISORY COMMITTEE	FOR INPUT AND	
APPROVAL. CHILDREN WITH ALLERGIES ARE PROVIDED INDIVIDUALI	ZED SERVICES	
FOR EACH AND EVERY MEAL. MEALS ARE NOT ONLY NUTRITIOUS, TH	EY ALSO	
REFLECT VARIETY AND CULTURAL DIVERSITY. CLASSROOM ACTIVITI	ES RELATING	
TO NUTRITION ARE ON THE FOOD AND NUTRITION SERVICES AS WEL	L AS	
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REFERRALS TO THE FOOD BANK OPERATED UNDER ACTION PATHWAYS,	
INC.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	TS:
THEMSELVES AND THEIR FAMILIES FROM A VARIETY OF FOOD, HYGI	ENE ITEMS,
AND OTHER NECESSITIES. THIS PROGRAM PROVIDES NUTRITIOUS FO	ODS IN
EASY-TO-PREPARE FORMATS FOR STUDENTS WHO MAY HAVE LIMITED	COOKING
SKILLS AND ALLOW STUDENTS TO PROVIDE FOR NUTRITIONAL NEEDS	OF THEIR
FAMILIES.	
THE FOOD BANK SERVES POST-SECONDARY STUDENTS AND THEIR FAM	ILIES
ATTENDING COMMUNITY COLLEGE, FOUR-YEAR UNIVERSITIES, AND C	ONTINUING
EDUCATION COURSES THROUGH OUR COLLEGE PANTRY PROGRAM.	
THE BACKPACK PROGRAM PROVIDES WHOLESOME AND NUTRITIOUS FOO	D TO

ELEMENTARY SCHOOL STUDENTS FACING HUNGER. WITH THE HELP OF

VOLUNTEERS, THE FOOD BANK PROVIDES FOOD FOR BACKPACKS EACH THURSDAY FOR

DISTRIBUTION AT SCHOOLS ON FRIDAY. EACH STUDENT RECEIVES ENOUGH FOOD

FOR THE WEEKEND TO SUPPLEMENT MEALS OTHERWISE NOT AVAILABLE.

ACCORDING TO THE MOST RECENT NUMBERS RELEASED BY FEEDING AMERICA, 16.1% OF THE OF OUR SERVICE AREA IS FOOD INSECURE WITH ALMOST 110,000 PEOPLE NOT KNOWING WHERE THEIR NEXT MEAL WILL COME FROM. NEARLY 18% OF THE FOOD INSECURE POPULATION ARE SENIORS. MANY SENIORS WITH INSUFFICIENT SAVINGS AND PENSIONS LIVE ON FIXED OR LIMITED INCOMES AND HAVE A FOOD BUDGET THAT IS OFTEN OVERSHADOWED BY RENT OR UTILITY PAYMENTS AS WELL AS THE COST OF MUCH-NEEDED MEDICATIONS.

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FEEDING THROUGH OUR HARVEST OF HOPE PROGRAM. HARVEST OF H	OPE IS
OFFERED TO LOW-INCOME SENIORS RESIDING WITHIN OUR SEVEN-CO	UNTY SERVICE
AREA WHO ARE 55 OR OLDER. THE PROGRAM IS DESIGNED TO MEET	ТНЕ
NUTRITIONAL NEEDS OF SENIORS BY OFFERING LOW-SODIUM, LOW-S	UGAR, AND
LOW-FAT OPTIONS. OVER ONE THOUSAND HARVEST OF HOPE BOXES A	RE PACKED
HERE AT THE WAREHOUSE WITH THE HELP OF VOLUNTEERS EVERY MO	NTH. THESE
BOXES ARE DISTRIBUTED TO SENIORS WITH HELP FROM OUR PARTNE	R AGENCIES.
THE NORTH CAROLINA GENERAL ASSEMBLY PROVIDES FUNDING THROU	GH STATE
APPROPRIATED MONETARY PROCESS. THE FUNDING ALLOWS THE FO	OD BANK TO
PURCHASE PRODUCTS SUCH AS CANNED VEGETABLES, FRUITS, SOUPS	, AND OTHER
NUTRITIONAL ITEMS WHICH NORMALLY DON'T COME THROUGH DONATI	ONS.
THE FOOD BANK ADMINISTERS THE EMERGENCY FOOD ASSISTANCE PR	OGRAM (TEFAP)
THROUGH THE NORTH CAROLINA DEPARTMENT OF AGRICULTURE (NCDA	). THE
FEDERAL PROGRAM HELPS SUPPLEMENT THE DIETS OF PEOPLE LIVIN	G WITH A LOW
INCOME BY PROVIDING THEM WITH EMERGENCY FOOD ASSISTANCE AT	NO COST.
CURRENTLY, THE FOOD BANK PARTNERS WITH 52 NONPROFIT ORGANI	ZATIONS
DELIVERING THE SERVICE IN 5 SOUTHEASTERN COUNTIES OF BLADE	N,
CUMBERLAND, HOKE, ROBESON, AND SAMPSON.	

MOBILE FOOD PANTRIES BRING NUTRITIOUS FOOD DIRECTLY INTO OUR COMMUNITIES. THROUGH THE HOST OF OUR NETWORK AGENCIES AND VOLUNTEERS, WE ARE ABLE TO SERVICE HUNDREDS OF FAMILIES DURING EACH EVENT. THE TYPICAL MOBILE FOOD PANTRY PROVIDES- DRY GOODS, FRESH PRODUCE, AND FRESH MEAT/DAIRY (WHEN AVAILABLE). WE DRAW UPON OUR FOOD SUPPLIES TO DELIVER EMERGENCY FOOD AND WATER TO

RESIDENTS DIRECTLY IMPACTED.

IN TIMES OF DISASTER, THE FOOD BANK DEPLOYS ITS FLEET OF REFRIGERATED TRUCKS TO DELIVER FOOD TO THOSE THAT NEED IT MOST. THANK YOU TO OUR GENEROUS DONORS, FOR DONATING TRUCKS THAT HELP US ACCOMPLISH THIS IMPORTANT PART OF OUR MISSION.

THE FOOD BANK PARTNERS WITH LOCAL AND STATE AGENCIES TO PROVIDE VOLUNTEER AND COMMUNITY SERVICE OPPORTUNITIES FOR INDIVIDUALS AND FAMILIES. GROUPS OF ALL SHAPES AND SIZES THROUGHOUT THE FOOD BANK'S SERVICE AREA VOLUNTEER FROM WAREHOUSE WORKER TO ADMINISTRATIVE

FUNCTIONS.

THE GROCERY RETAIL PROGRAM IS TO RESCUE EDIBLE FOODS SUCH AS MEATS, DELI, AND OTHER PERISHABLE PRODUCTS FROM GROCERY STORES. THE FOOD BANK ASSIGNS MEMBER AGENCIES TO STORE LOCATIONS FOR DIRECT PICKUP IN UNDERSERVED COMMUNITIES. THE FOOD BANK PARTNERS WITH 15 NATIONAL GROCERY RETAILERS LOCATED WITHIN OUR SERVICE AREA TO RESCUE FOOD TO BE GIVEN TO OVER 40 MEMBER AGENCIES.

THE FOOD BANK HAS FORMED PARTNERSHIPS WITH LOCAL, NORTH CAROLINA FARMERS AND GROWERS TO PROVIDE OUR PARTNER AGENCIES WITH FRESH PRODUCE AND PROTEINS INCLUDING FRUITS, VEGETABLES, LEAN MEATS, AND EGGS.

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

HEALTH AND SAFETY MEASURES AT THE CUSTOMER'S RESIDENCE IN THE STATE OF
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NORTH CAROLINA. BLUE CROSS BLUE SHIELD (HHI)FUNDING ALLOWS	API TO
LEVERAGE WEATHERIZATION FUNDS TO BETTER ASSIST LOW-INCOME	FAMILIES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
ASPIRE SELF SUFFICIENCY PROGRAM PROVIDED COMPREHENSIVE CAS	E MANAGEMENT
SERVICES TO SOME 230 CUMBERLAND AND SAMPSON COUNTY FAMILIE	S WHOSE
INCOME IS 125% OR LESS OF FEDERAL POVERTY GUIDELINES DURIN	IG 2022.
CLIENTS WERE PROVIDED ONE ON ONE COACHING AND MENTORING, J	OB READINESS
SERVICES, COMMUNITY RESOURCES, ADVOCACY, AND MONETARY SUPP	ORTIVE
SERVICES THAT ENABLE THEM TO REACH THEIR INDIVIDUAL SELF-S	UFFICIENCY
GOALS.	

### OUTCOMES

230 PARTICIPANTS SERVICED

10 FAMILY ROSE ABOVE THE FEDERAL POVERTY GUIDELINES

11 OBTAINED EMPLOYMENT OR BETTER EMPLOYMENT

7 OBTAINED JOBS WITH MEDICAL BENEFITS

25COMPLETED EDUCATIONAL PROGRAMS RESULTING IN A DIPLOMA,

CERTIFICATION OR DEGREE

7 OBTAINED SAFE HOUSING

127 RECEIVED EMERGENCY ASSISTANCE

13 RECEIVED EMPLOYMENT SUPPORTIVE SERVICES THAT ASSISTED IN MAINTAINING

EMPLOYMENT

25 RECEIVED EDUCATIONAL SUPPORTIVE SERVICES TO ACHIEVE EDUCATIONAL

GOALS

122 MAINTAINED HOUSING

## 25 PROTECTED FROM DISCONNECTION OF ELECTRICAL SERVICES

Name of the organization

ACTION PATHWAYS, INC.

31 RECEIVED UTILITY ASSISTANCE CARES PROGRAM

CARES NC PROGRAM, ACTION PATHWAYS PROVIDED SUPPORT IN THE AREAS OF

HOUSING, FINANCIAL LITERACY, EDUCATION, HEALTH SERVICES AND EMERGENCY

SERVICES. CARES NC SERVICES WERE PROVIDED TO 221

PARTICIPANTS AND INCLUDED MORTGAGE ASSISTANCE, EVICTION PREVENTION

SERVICES, AND UTILITY

PAYMENTS ASSISTANCE. THESE FUNDS ASSISTED INDIVIDUALS AND FAMILIES

WHOSE ECONOMIC CIRCUMSTANCES WERE ADVERSELY IMPACTED AND WHO HAD

IMMEDIATE NEEDS BECAUSE OF THE COVID 19 PANDEMIC. THE FUNDS WERE USED

TO ASSIST FAMILIES WHO MAY HAVE BECOME LOW INCOME BECAUSE OF THE

PANDEMIC AND MAY ESTABLISH APPROPRIATE PROCEDURES BASED ON INDIVIDUAL

AND FAMILY NEEDS.

RELIEF NC PROGRAM: THE RELIEF NC PROGRAM HAS PROVIDED EMERGENCY RELIEF SERVICES TO 53 FAMILIES IN CUMBERLAND AND SAMPSON COUNTIES. FUNDING SUPPORTED A RANGE OF LOCALLY IDENTIFIED SERVICES AND STRATEGIES FOCUSED ON RESIDENTS WITH LOW INCOMES AND DISASTER RELATED NEEDS. RELIEF NC, SPECIFICALLY TARGETED INDIVIDUALS AND FAMILIES THAT HAVE UNMET NEEDS BECAUSE OF HURRICANE FLORENCE THAT OCCURRED IN 2018. THE SERVICES PROVIDED INCLUDE EMPLOYMENT, EDUCATION, COGNITIVE DEVELOPMENT, INFRASTRUCTURE, HOUSING, HEALTH AND SOCIAL/BEHAVIOR DEVELOPMENT, TRANSPORTATION, HOME REPAIR, AND EMERGENCY ASSISTANCE. EXPENSES \$ 2,036,783. INCLUDING GRANTS OF \$ 799,952. REVENUE \$ 110,422.

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
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BENEFITS. THE POLICY COUNCIL HAS THE POWER TO APPOINT ONE OF 7	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 POLICY COUNCIL, BUT A MATTER OF DISAGREEMENT BETWEEN THE GOVERNING BODY AND THE POLICY MAY BE SUBJECT TO DISPUTE RESOLUTION THROUGH THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES, WHICH FUNDS THE HEAD START PROGRAM.

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

A COPY OF THE FORM 990 WILL BE PROVIDED TO THE ENTIRE BOARD FOR REVIEW AND APPROVAL PRIOR TO FILING. THE APPROVAL IS DOCUMENTED IN THE BOARD MINUTES.

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 ORGANIZATION USES A WAGE STUDY THAT IS CONDUCTED BY AN INDEPENDENT

 THIRD-PARTY IN ORDER TO DETERMINE REASONABLE COMPENSATION FOR THE CEO AND

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ANY KEY EMPLOYEE. THE BOARD OF DIRECTORS APPROVES THE STU	IDY AND THE
RESULTING COMPENSATION PACKAGES. THE DECISION IS DOCUMENT	ED IN THE BOARD
MINUTES. THE ORGANIZATION'S POLICY REQUIRES THE WAGE STUD	Y TO BE PERFORMED
ON A TRI-ANNUAL BASIS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICTS OF I	NTEREST POLICY ARE
AVAILABLE UPON REQUEST. THE ORAGANIZATION'S FINANCIAL STA	TEMMENTS ARE
AVAILABLE ON ITS WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	2,286,973.
MANAGEMENT AND GENERAL EXPENSES	111,457.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2 208 420
LAWN, GARBAGE & JANITORIAL :	
PROGRAM SERVICE EXPENSES	558,734.
MANAGEMENT AND GENERAL EXPENSES	35,302.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	594,036.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,992,466.