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Form **990**

Department of the Treasury
Internal Revenue Service

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
▶ Information about Form 990 and its instructions is at *www.IRS.gov/form990*

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
ACTION PATHWAYS INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 2009

City or town, state or province, country, and ZIP or foreign postal code
FAYETTEVILLE, NC 28302

D Employer identification number
56-0845795

E Telephone number
(910)485-6131

G Gross receipts $ 19,275,370

F Name and address of principal officer
CYNTHIA WILSON
PO BOX 2009
FAYETTEVILLE,NC 28302

H(a) Is this a group return for subordinates? ☐Yes ☑No
H(b) Are all subordinates included? ☐Yes ☐No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW ACTIONPATHWAYS NGO

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1965 **M** State of legal domicile NC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
ACTION PATHWAYS, INC IS A PRIVATE, NON-PROFIT HUMAN SERVICES AGENCY OFFERING A COMPREHENSIVE AND SUPPORTIVE APPROACH TO HELPING FAMILIES AND INDIVIDUALS ACHIEVE AND SUSTAIN ECONOMIC SECURITY - EFFECTIVELY PROVIDING THEM A PATH FORWARD IN LIFE FORMERLY KNOWN AS CUMBERLAND COMMUNITY ACTION PROGRAM, INC (CCAP), ACTION PATHWAYS, INC HAS DEVELOPED AND OPERATED SUCESSFUL COMMUNITY-BASED PROGRAMS IN SOUTHEASTERN NORTH CAROLINA FOR 50 YEARS ACTION PATHWAYS, INC IS PART OF A NATIONAL NETWORK OF COMMUNITY ACTION PROGRAMS WHOSE PROMISE IS TO CHANGE PEOPLE'S LIVES, EMBODY THE SPIRIT OF HOPE, IMPROVE COMMUNITIES, AND MAKE AMERICA A BETTER PLACE TO LIVE WE CARE ABOUT THE ENTIRE COMMUNITY AND ARE DEDICATED TO HELPING PEOPLE HELP THEMSELVES AND EACH OTHER WE SEE A STRONGER, HEALTHIER, AND MORE VIABLE COMMUNITY IN THE FUTURE BY INVESTING IN THE INDIVIDUALS AND FAMILIES WE SERVE, ACTION PATHWAYS, INC CAN CREATE A MEANINGFUL AND SUSTAINABLE DIFFERENCE IN OUR COMMUNITY WE INVEST IN

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	28
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	365
6 Total number of volunteers (estimate if necessary)	6	4,992
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	12,893,055	16,103,713
	9 Program service revenue (Part VIII, line 2g)	2,486,571	2,559,640
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,948	26,616
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,330	56,411
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,396,244	18,746,380
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	651,351	1,320,535
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,607,898	9,901,025
	16a Professional fundraising fees (Part IX, column (A), line 11e)	43,819	46,498
	b Total fundraising expenses (Part IX, column (D), line 25) ▶46,498		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,169,541	7,188,125
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	15,472,609	18,456,183
	19 Revenue less expenses Subtract line 18 from line 12	-76,365	290,197
		Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	8,253,646	8,540,116
	21 Total liabilities (Part X, line 26)	2,088,706	2,101,374
	22 Net assets or fund balances Subtract line 21 from line 20	6,164,940	6,438,742

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** 2016-09-08
Signature of officer Date

CYNTHIA WILSON CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TONYA R STRICKLAND	TONYA R STRICKLAND			P00095788

Firm's name ▶ HAIGH BYRD & LAMBERT LLP — Firm's EIN ▶ 56-0587513
Firm's address ▶ PO BOX 53349 FAYETTEVILLE, NC 283053349 — Phone no (910) 483-1437

May the IRS discuss this return with the preparer shown above? (see instructions) ☑Yes ☐No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 10,015,135 including grants of $) (Revenue $ 1,313,826)

SEE SCHEDULE O

4b (Code) (Expenses $ 4,114,480 including grants of $ 99,663) (Revenue $ 913,529)

SEE SCHEDULE O

4c (Code) (Expenses $ 2,912,531 including grants of $ 1,220,872) (Revenue $ 332,360)

SEE SCHEDULE O

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 17,042,146

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		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**	Yes	
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**		No
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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	56			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
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	2a	365			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	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		No
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).**					
a	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	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					
a	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					
a	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)	11b				
12a	**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.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	28		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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		Yes	
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		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ NC

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply
☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶KIMBERLY C STAFFORD 316 GREEN STREET FAYETTEVILLE, NC 28301 (910) 485-6131

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated 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 instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) EDWIN DEAVER BOARD CHAIRMAN	2 00	X		X				0	0	0
(2) LISA CHANCE TREASURER	2 00	X		X				0	0	0
(3) GEORGE JAMISON VICE CHAIRMAN	1 00	X		X				0	0	0
(4) MARJI BROWN SECRETARY	1 00	X		X				0	0	0
(5) EDDIE BRAY PARLIAMENTARIAN	1 00	X						0	0	0
(6) DR JAMES MCLAUCHLIN CHAPLAIN	1 00	X						0	0	0
(7) JOHNNY WILSON BOARD MEMBER	1 00	X						0	0	0
(8) BRIAN MANNING BOARD MEMBER	1 00	X						0	0	0
(9) ACOOYAY SHAW BOARD MEMBER	1 00	X						0	0	0
(10) DR ENRIQUE COELLO BOARD MEMBER	1 00	X						0	0	0
(11) ROCHELLE SMALL-TONEY BOARD MEMBER	1 00	X						0	0	0
(12) MARY JOHN WILLIAMS BOARD MEMBER	1 00	X						0	0	0
(13) JAMES O'GARRA BOARD MEMBER	1 00	X						0	0	0
(14) THIMI KOLLER BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) BETTYE SANFORD BOARD MEMBER	1 00	X						0	0	0
(16) JASMINE COLEMAN BOARD MEMBER	1 00	X						0	0	0
(17) TERESA MCNEIL BOARD MEMBER	1 00	X						0	0	0
(18) BERTHA ELLIOTT BOARD MEMBER	1 00	X						0	0	0
(19) LENWOOD EDWARDS BOARD MEMBER	1 00	X						0	0	0
(20) DR SHEREEE DAVIS BOARD MEMBER	1 00	X						0	0	0
(21) APRIL CLARK BOARD MEMBER	1 00	X						0	0	0
(22) CYNTHIA WILSON CEO	40 00			X				147,955	0	7,398
(23) KIMBERLY STAFFORD CFO	40 00			X				79,679	0	4,136

		(D)	(E)	(F)
1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	227,634	0	11,534

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SCOTT'S AIR LLC 3620 LEGION RD SUITE 204 HOPE MILLS, NC 28302	WEATHERIZATION SERVICES	268,340

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII **Statement of Revenue**

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

Section	Line	Description			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations . . .	1d					
	e	Government grants (contributions)	1e	15,452,168				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	651,545				
	g	Noncash contributions included in lines 1a-1f $						
	h	**Total.** Add lines 1a-1f . . . . ▶			16,103,713			
Program Service Revenue				Business Code				
	2a	EARLY CHILDHOOD DEVELOPMENT		624410	1,313,826	1,313,826		
	b	COMMUNITY SERVICES		624200	913,529	913,529		
	c	LOW INCOME HOUSING		624200	332,285	332,285		
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f . . . . ▶			2,559,640			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶			15,981			15,981
	4	Income from investment of tax-exempt bond proceeds . . ▶						
	5	Royalties . . . . ▶						
			(i) Real	(ii) Personal				
	6a	Gross rents	62,926					
	b	Less rental expenses	30,752					
	c	Rental income or (loss)	32,174					
	d	Net rental income or (loss) . . . . ▶			32,174			32,174
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	505,429					
	b	Less cost or other basis and sales expenses	494,794					
	c	Gain or (loss)	10,635					
	d	Net gain or (loss) . . . . ▶			10,635			10,635
	8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . .	a	27,606				
	b	Less direct expenses . . .	b	3,444				
	c	Net income or (loss) from fundraising events . . ▶			24,162			24,162
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a					
	b	Less direct expenses . . .	b					
	c	Net income or (loss) from gaming activities . . ▶						
	10a	Gross sales of inventory, less returns and allowances .	a					
	b	Less cost of goods sold . .	b					
	c	Net income or (loss) from sales of inventory . . ▶						
		Miscellaneous Revenue		Business Code				
	11a	MISCELLANEOUS REVENUE		900099	75	75		
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d . . . . . . ▶			75			
	12	**Total revenue.** See Instructions . . . . . ▶			18,746,380	2,559,715	0	82,952

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,320,535	1,320,535		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	239,168		239,168	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,156,250	6,559,153	597,097	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	110,966	88,551	22,415	
9	Other employee benefits	1,655,886	1,541,024	114,862	
10	Payroll taxes	738,755	664,421	74,334	
11	Fees for services (non-employees)				
a	Management				
b	Legal	54,779	46,006	8,773	
c	Accounting	43,980		43,980	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	46,498			46,498
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,313,113	1,291,304	21,809	
12	Advertising and promotion				
13	Office expenses	756,020	686,456	69,564	
14	Information technology	253,416	245,412	8,004	
15	Royalties . .				
16	Occupancy	888,375	835,571	52,804	
17	Travel	281,470	273,286	8,184	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	127,975	115,711	12,264	
20	Interest	71,670	71,670		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	333,639	319,355	14,284	
23	Insurance	134,762	117,645	17,117	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	USDA COMMODITIES USED	1,174,436	1,174,436		
b	FOOD PURCHASES	1,071,483	1,069,975	1,508	
c	OTHER	419,288	373,799	45,489	
d	COMMUNICATIONS	253,828	237,945	15,883	
e	All other expenses	9,891	9,891		
25	**Total functional expenses.** Add lines 1 through 24e	18,456,183	17,042,146	1,367,539	46,498
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

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

Section	Line	Description			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			233,758	1	430,279
	2	Savings and temporary cash investments			750,975	2	766,896
	3	Pledges and grants receivable, net			625,105	3	866,112
	4	Accounts receivable, net			414,918	4	474,982
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			87,698	8	191,501
	9	Prepaid expenses and deferred charges			356,795	9	123,451
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	10,490,200			
	b	Less accumulated depreciation	10b	5,451,045	5,104,719	10c	5,039,155
	11	Investments—publicly traded securities			671,973	11	640,035
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			7,705	15	7,705
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			8,253,646	16	8,540,116
Liabilities	17	Accounts payable and accrued expenses			714,687	17	814,017
	18	Grants payable			106,063	18	106,064
	19	Deferred revenue				19	3,784
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			1,267,956	23	1,177,509
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D				25	
	26	**Total liabilities.** Add lines 17 through 25			2,088,706	26	2,101,374
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			6,061,589	27	6,313,690
	28	Temporarily restricted net assets			103,351	28	125,052
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			6,164,940	33	6,438,742
	34	Total liabilities and net assets/fund balances			8,253,646	34	8,540,116

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,746,380
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,456,183
3	Revenue less expenses Subtract line 2 from line 1	3	290,197
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,164,940
5	Net unrealized gains (losses) on investments	5	-51,500
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	35,105
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,438,742

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ACTION PATHWAYS INC

Employer identification number
56-0845795

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state ______

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . ______

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	13,304,819	13,750,464	12,951,951	12,893,055	16,103,713	69,004,002
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	13,304,819	13,750,464	12,951,951	12,893,055	16,103,713	69,004,002
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						69,004,002

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	13,304,819	13,750,464	12,951,951	12,893,055	16,103,713	69,004,002
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	63,378	66,307	59,521	52,336	78,907	320,449
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		3,363	2,950	5,570	75	11,958
11 **Total support.** Add lines 7 through 10						69,336,409

12 Gross receipts from related activities, etc (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99 520 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	99 560 %

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
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.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
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.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
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.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
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).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
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.*	**2**		

Section C. Type II Supporting Organizations

		Yes	No
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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

		Yes	No
2 Activities Test **Answer (a) and (b) below.**			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3 Parent of Supported Organizations **Answer (a) and (b) below.**			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	**3a**		
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.*	**3b**		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) ____________			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
[redacted]			
d From 2013. . . . . ____________			
e From 2014. . . . . ____________			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ ____________________			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
[redacted]			
c Excess from 2013. . . . . ____________			
d From 2014. . . . . ____________			
e From 2015. . . . . ____________			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ACTION PATHWAYS INC

Employer identification number
56-0845795

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b)Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ________

(ii) Assets included in Form 990, Part X ▶ $ ________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ________

b Assets included in Form 990, Part X ▶ $ ________

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

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

			Amount
c	Beginning balance	1c	5,506
d	Additions during the year	1d	1,023,594
e	Distributions during the year	1e	1,032,084
f	Ending balance	1f	2,984

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 in Part XIII . . . . ☐

Part V **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages 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

			Yes	No
	(i) unrelated organizations	3a(i)		
	(ii) related organizations	3a(ii)		
b	If "Yes" on 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' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d) Book value
1a Land		509,732		509,732
b Buildings		5,830,256	1,977,871	3,852,385
c Leasehold improvements		21,908	20,061	1,847
d Equipment		4,128,304	3,453,113	675,191
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . . . ▶				5,039,155

Part VII Investments—Other Securities. Complete ıf the organızatıon answered 'Yes' on Form 990, Part IV, lıne 11b. See Form 990, Part X, lıne 12.

(a) Descrıptıon of securıty or category (ıncludıng name of securıty)	(b) Book value	(c) Method of valuatıon Cost or end-of-year market value
(1) Fınancıal derıvatıves		
(2) Closely-held equıty ınterests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) lıne 12)* ▶		

Part VIII Investments—Program Related. Complete ıf the organızatıon answered 'Yes' on Form 990, Part IV, lıne 11c. See Form 990, Part X, lıne 13.

(a) Descrıptıon of ınvestment	(b) Book value	(c) Method of valuatıon Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) lıne 13)* ▶		

Part IX Other Assets. Complete ıf the organızatıon answered 'Yes' on Form 990, Part IV, lıne 11d See Form 990, Part X, lıne 15

(a) Descrıptıon	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) lıne 15.)* . . . . ▶	

Part X Other Liabilities. Complete ıf the organızatıon answered 'Yes' on Form 990, Part IV, lıne 11e or 11f. See Form 990, Part X, lıne 25.

1. (a) Descrıptıon of lıabılıty	(b) Book value
Federal ıncome taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) lıne 25)* ▶	

2. Lıabılıty for uncertaın tax posıtıons In Part XIII, provıde the text of the footnote to the organızatıon's fınancıal statements that reports the organızatıon's lıabılıty for uncertaın tax posıtıons under FIN 48 (ASC 740) Check here ıf the text of the footnote has been provıded ın Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
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	22,063,538
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-51,500		
b	Donated services and use of facilities	2b	1,987,368		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	1,347,094		
e	Add lines **2a** through **2d**			2e	3,282,962
3	Subtract line **2e** from line **1**			3	18,780,576
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-34,196		
c	Add lines **4a** and **4b**			4c	-34,196
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	18,746,380

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	21,824,841
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	1,987,368		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	1,381,290		
e	Add lines **2a** through **2d**			2e	3,368,658
3	Subtract line **2e** from line **1**			3	18,456,183
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	18,456,183

Part XIII Supplemental Information

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

Return Reference	Explanation
PART IV, LINE 1B	THE ORGANIZATION PAYS THE BILLS FOR CLIENTS THE ONLY MONIES HELD OVER ARE PAYMENTS THAT WERE NOT PAID OUT AS OF DECEMBER 31, 2015
PART X, LINE 2	THE ORGANIZATION HAS EVALUATED THE EFFECT OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES MANAGEMENT BELIEVES THAT THE ORGANIZATION CONTINUES TO SATISFY THE REQUIREMENTS OF A TAX-EXEMPT ORGANIZATION AND THEREFORE HAD NO UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2015
PART XI, LINE 2D - OTHER ADJUSTMENTS	INTERFUND CHARGES 1,347,094
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES INCLUDED NET OF REVENUE ON 990 -30,752 FUNDRAISING EXPENSES INCLUDED NET OF REVENUE ON 990 -3,444
PART XII, LINE 2D - OTHER ADJUSTMENTS	INTERFUND CHARGES 1,347,094 RENTAL EXPENSES INCLUDED NET OF REVENUE ON 990 30,752 FUNDRAISING EXPENSES INCLUDED NET OF REVENUE ON 990 3,444

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
ACTION PATHWAYS INC

Employer identification number
56-0845795

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1 ONE TO ONE GROUP 73247 DELAINEY COURT SARASOTA, FL 34240	MAIL SOLICITATION		No	46,498	40,159	6,339
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				46,498	40,159	6,339

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

NC

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

		(a) Event #1 SOH BOWLATHON (event type)	(b) Event #2 DRIVING OUT HUNGER GOLF TOURNAMENT (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	5,331	22,275		27,606
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	5,331	22,275		27,606
Direct Expenses	4 Cash prizes		500		500
	5 Noncash prizes		402		402
	6 Rent/facility costs		1,525		1,525
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses		1,017		1,017
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				3,444
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				24,162

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.

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

9 Enter the state(s) in which the organization conducts gaming activities ____________

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain ____________

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain ____________

11 Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

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Name of the organization
ACTION PATHWAYS INC

Employer identification number
56-0845795

Part I General Information on Grants and Assistance

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? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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 . . . . . ▶

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	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) CLIENT ASSISTANCE	42287		1,320,535	FAIR MARKET VALUE	EDUCATION, INCLUDING BOOKS AND TUITION, FOOD PACKAGES, CLOTHES FOR EMPLOYMENT, BUS TICKETS TO GET TO WORK, WEATHERIZATION OF HOMES

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

Return Reference	Explanation
SCH I PART I LINE 2 SERVICE DELIVERY AND FOLLOW UP WITH PROGRAM PARTICIPANT	CLIENTS ARE REMINDED THAT IT IS IMPERATIVE THAT THE CASE MANAGER BE MADE AWARE OF ANY ACTIONS TAKEN OR INACTIONS, CHANGE IN SITUATION AND ANY NEW PROBLEMS THAT MAY HAVE ARISED ONGOING CONTACT WITH THE CASE MANAGER IS MANDATORY FOR PROGRAM PARTICIPANTS SO THE CLIENT'S FILE MAY STAY CURRENT AND DISPLAY ACTIVITY 1) BIWEEKLY TELEPHONE CONTACTS OR HOME VISITS ARE MADE TO FOLLOW UP ON CLIENT'S PERFORMANCE 2) WEEKLY CONTACTS ARE MADE IF CLIENT'S SITUATION BECOMES UNSTABLE 3) INFORMATION IS DOCUMENTED IN FILE AS REPORTED BY TELEPHONE CONTACTS, WRITTEN CONTACTS, OR HOME VISITS WITHIN 24 HOURS OF EVENT 4) EMPLOYERS AND INSTRUCTORS ARE CONTACTED TO DISCUSS JOB PERFORMANCE AND CLASS PERFORMANCE 5) CERTIFICATES, CLASS SCHEDULES, GRADES, PAY STUBS, ACCEPTANCE LETTERS, AWARD LETTERS AND EMPLOYMENT EVALUATIONS ARE PHOTOCOPIED AND PUT IN FILE 6) TRANSPORTATION IS PROVIDED TO SEEK EMPLOYMENT, COMPLETE HOUSING APPLICATIONS, REGISTER FOR CLASSES, AND TO ATTEND EMPLOYMENT INTERVIEWS DURING CRISIS SITUATIONS CASE MANAGERS MAY TRANSPORT CLIENTS TO AND FROM WORK UNTIL OTHER ARRANGEMENTS ARE MADE 7) CASE MANAGERS ADHERE TO POLICY AND PROCEDURES CONCERNING CONFIDENTIALITY 8) IF DIRECT SERVICES ARE PROVIDED, THE CASE MANAGER VERIFIES THE REQUEST FOR ASSISTANCE BY OBTAINING THE NECESSARY DOCUMENTS ASSOCIATED WITH THE REQUEST I E - ESTIMATES, QUOTES, BILLING STATEMENTS, ETC 9) CASE MANAGERS ARE RESPONSIBLE FOR SUBMITTING THE REQUEST FOR SERVICE ON BEHALF OF THE PARTICIPANT IF THE REQUEST IS APPROVED BY THE SELF SUFFICIENCY MANAGER AND PROGRAM DIRECTOR, THE FUNDS ARE RELEASED IN THE FORM OF A PURCHASE ORDER AND/OR CHECK 10) CASE MANAGERS ARE TO COMPLETE THE TRANSACTION WITH THE VENDOR MAKING SURE THE RECEIPT OF 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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990*

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Name of the organization
ACTION PATHWAYS INC

Employer identification number
56-0845795

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SUPPLIES)	X	100	73,075	FAIR MARKET VALUE
26 Other ▶ (____________)				
27 Other ▶ (____________)				
28 Other ▶ (____________)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
		Yes	**No**
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493260005036

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

Return Reference	Explanation
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION (CONTINUED)	FAMILIES THROUGH PROJECTS AND PROGRAMS IN FOUR DISTINCT AREAS EARLY CHILDHOOD EDUCATION, HUNGER, HOUSING, AND CLIENT SERVICES EACH PROGRAM AREA ADDRESSES HUMAN NEEDS ALONG A CONTINUUM FROM BASIC NEEDS OF FOOD, CLOTHING, AND SHELTER TO CAREER AND EDUCATION ASSISTANCE AND FINANCIAL EMPOWERMENT ULTIMATELY, WE AIM TO PRODUCE VIABLE, PRODUCTIVE MEMBERS OF SOCIETY WITH A FOCUS ON THEIR OWN SUCCESS AND THE GOAL OF GIVING BACK TO THEIR COMMUNITY

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	EARLY CHILDHOOD DEVELOPMENT - PROGRAMS SUCH AS HEAD START/EARLY HEAD START AND NC PRE-K PROVIDE COMPREHENSIVE EARLY CHILDHOOD DEVELOPMENT SERVICES FOR AT-RISK INFANT, TODDLER AND PRESCHOOL CHILDREN ACTION PATHWAYS, INC 'S HEAD START/EARLY HEAD START IS A FEDERALLY FUNDED GRANT PROGRAM ADMINISTERED IN CUMBERLAND COUNTY TO SERVE 900 PRESCHOOL INFANT AND TODDLER CHILDREN IN 2015 HEAD START WAS IN IT'S 49TH YEAR OF OPERATION HEAD START/EARLY HEAD START PROVIDES CENTER-BASED EDUCATIONAL, HEALTH, NUTRITIONAL, SOCIAL AND DISABILITY SERVICES TO A TOTAL OF 890 AT-RISK CHILDREN AGE BIRTH TO FIVE, 96 INFANTS/TODDLERS IN PRIVATE CHILD CARE CENTERS, AND HOME-BASED SERVICES TO 10 INFANTS/TODDLERS AND PREGNANT WOMEN ACTION PATHWAYS, INC 'S HEAD START/ EARLY HEAD START HAS 20 FOUR AND FIVE STAR EARLY CHILDHOOD CENTERS THROUGH THE NORTH CAROLINA DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION EACH CENTER IS STRATEGICALLY LOCATED THROUGHOUT CUMBERLAND COUNTY TO ENSURE SERVICES ARE AVAILABLE TO MOST IN NEED CHILDREN AND FAMILIES SERVICES ARE FREE TO CUMBERLAND COUNTY RESIDENTS WHO MEET THE ELIGIBILITY CRITERIA AS PRIORITIZED BY THE POLICY COUNCIL AND GOVERNING BODY IN 2015, ACTION PATHWAYS, INC 'S HEAD START/EARLY HEAD START WAS FUNDED TO OFFER COMPREHENSIVE EARLY CHILDHOOD DEVELOPMENT SERVICES FOR 786 PRE-SCHOOL AGED CHILDREN AND THEIR FAMILIES, AS WELL AS 210 INFANTS, TODDLERS, AND PREGNANT WOMEN INDIVIDUALIZED PROGRAMS ARE DEVELOPED FOR EACH PARTICIPANT AND THEIR FAMILY TO ENSURE THEIR SPECIFIC NEEDS ARE MET CHILDREN ARE ACCEPTED INTO THE PROGRAM AT 6 WEEKS OF AGE AND REMAIN ELIGIBLE FOR SERVICES UNTIL AGE 3, AT WHICH TIME PARENTS MUST REAPPLY FOR PRESCHOOL HEAD START SERVICES FOR THE UPCOMING PROGRAM YEAR IF THE CHILD'S BIRTHDAY FALLS ON OR BEFORE AUGUST 31ST PREGNANT MOTHERS ARE ALSO ENROLLED FOR SERVICES WHEN ELIGIBLE THE CHILD NUTRITION PROGRAM IS A FEDERAL PASS-THROUGH GRANT THAT SERVES NUTRITIOUS MEALS TO ALL CHILDREN ATTENDING THE HEAD START/EARLY HEAD START PROGRAM APPROXIMATELY 404,267 MEALS WERE SERVED TO HEAD START/EARLY HEAD START CHILDREN IN 2015 THE NUTRITION SERVICE AREA PROVIDES EACH CHILD WITH 1/2 TO 2/3 OF THEIR DAILY NUTRITIONAL NEEDS AND CONTRIBUTES TO EACH CHILD'S PHYSICAL, EMOTIONAL, AND SOCIAL DEVELOPMENT A REGISTERED DIETICIAN IS AVAILABLE TO REVIEW MENUS TO ENSURE ALL DIETARY REQUIREMENTS ARE MET THE NUTRITION COORDINATOR PRESENTS MENUS TO THE HEALTH/NUTRITION ADVISORY COMMITTEE FOR INPUT AND APPROVAL CHILDREN WITH ALLERGIES ARE PROVIDED INDIVIDUALIZED SERVICE FOR EACH AND EVERY MEAL MEALS ARE NOT ONLY NUTRITIOUS, THEY ALSO REFLECT VARIETY AND CULTURAL DIVERSITY CLASSROOM ACTIVITIES RELATING TO NUTRITION ARE PROVIDED AS WELL AS THE INVOLVEMENT OF PARENTS IN NUTRITION TRAININGS PARENTS ARE ALSO REFERRED TO THE LOCAL WIC PROGRAM AND PROVIDED INFORMATION ON THE FOOD STAMP PROGRAMS AS WELL AS REFERRAL TO THE FOOD BANK OPERATED UNDER ACTION PATHWAYS, INC ACTION PATHWAYS, INC 'S HEAD START DUALLY ENROLLED AND SERVED 292 NC PRE-K CHILDREN IN 2015 NC PRE-K IS A STATE-FUNDED, COMMUNITY BASED PRE-KINDERGARTEN PROGRAM DESIGNED TO PROVIDE 4 YEAR OLD CHILDREN, WHO MAY NOT OTHERWISE BE SERVED WITH A VALUABLE EDUCATIONAL EXPERIENCE THIS FULL DAY PROGRAM PROVIDES YOUNG CHILDREN WITH ACCESS TO AN EARLY CHILDHOOD CURRICULUM AND PRESCHOOL EXPERIENCE TO ENHANCE THEIR SCHOOL READINESS THE PRE-KINDERGARTEN STANDARDS ARE BUILT ON THE PREMISE THAT IN ORDER TO BE SUCCESSFUL ACADEMICALLY IN SCHOOL, CHILDREN NEED TO BE PREPARED IN ALL FIVE MAJOR DOMAINS OF DEVELOPMENT SCHOOL READINESS GOALS HAVE BEEN DEVELOPED FOR EHS AND PRESCHOOL HEAD START CHILDREN FAMILIES ARE ENCOURAGED TO DEVELOP FAMILY PARTNERSHIP AGREEMENTS THAT INCLUDE GOALS SPECIFIC TO THE NEEDS AND DESIRES OF EACH FAMILY SUCH AS THE PURSUIT OF EDUCATION, PURCHASE OF A HOME, OBTAINING A DRIVER'S LICENSE, ETC IN 2015 ALL ENROLLED FAMILIES HAD DEVELOPED FAMILY PARTNERSHIP AGREEMENTS FAMILY ADVOCATES ARE AVAILABLE AT THE HEAD START CENTERS FOR ALL FAMILIES ALSO IN 2015, ACTION PATHWAYS, INC WAS AWARDED AN EARLY HEAD START CHILD CARE PARTNERSHIP GRANT TO SERVE AN ADDITIONAL 96 INFANTS/TODDLERS IN CONJUNCTION WITH 6 PRIVATE CHILD CARE CENTERS IN CUMBERLAND COUNTY

Return Reference	Explanation
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS	THE COMMUNITY SERVICE BLOCK GRANT (CSBG) ASPIRE SELF-SUFFICIENCY PROGRAM PROVIDES COMPREHENSIVE SERVICES DESIGNED TO ASSIST LOW INCOME INDIVIDUALS AND FAMILIES BECOME SELF-SUFFICIENT AND RISE OUT OF POVERTY IN 2015, CSBG SERVED AND POSITIVELY IMPACTED A TOTAL OF 185 INDIVIDUALS AND THEIR FAMILIES THE CSBG ASPIRE SELF-SUFFICIENCY PROGRAM SERVED 144 INDIVIUDALS IN CUMBERLAND COUNTY AND 41 INDIVIDUALS IN SAMPSON COUNTY THE NUMBER OF FAMILIES WHO ROSE ABOVE THE POVERTY LEVEL AND MAINTAINED INCOME ABOVE THE POVERTY LEVEL FOR 90 DAYS WHILE IN THE PROGRAM WAS 18 THE NUMBER OF PARTICIPANTS THAT ACHIEVED EITHER ACADEMIC OR VOCATIONAL EDUCATION GOALS WAS 24 THE NUMBER OF PARTICIPANTS OBTAINING EMPLOYMENT WAS 25 AND THE OF THOSE 6 RECEIVED JOBS WITH MEDICAL BENEFITS THE AVERAGE WAGE RATE WAS $8 90, WHICH IS $1 65 ABOVE MINIMUM WAGE IN NORTH CAROLINA THE SECOND HARVEST FOOD BANK OF SOUTHEAST NORTH CAROLINA DISTRIBUTES FOOD TO 1 4 MILLION INDIVIDUALS ANNUALLY THROUGHOUT OUR SEVEN COUNTY SERVICE AREA WHICH INCLUDES BLADEN, CUMBERLAND, DUPLIN, HARNETT, HOKE, ROBESON AND SAMPSON COUNTIES THE MISSION OF SECOND HARVEST IS TO FEED THE HUNGRY IN SOUTHEAST NORTH CAROLINA BY SOLICITING AND JUDICIOUSLY DISTRIBUTING HEALTHY FOOD AND GROCERY PRODUCTS THROUGH A NETWORK OF NONPROFIT PARTNERS AND TO BE AN ADVOCATE THAT EDUCATES THE COMMUNITY ON THE PROBLEMS OF DOMESTIC HUNGER SECOND HARVEST FOOD BANK HAS OVER 253 MEMBER AGENCIES CONSISTING OF FAITH-BASED ORGANIZATIONS SERVING AS SOUP KITCHENS, PANTRIES, AND OTHER NON-PROFIT HELPING AGENCIES DIRECT SERVICE PROGRAMS OPERATED BY SECOND HARVEST FOOD BANK INCLUDE THE MOBILE PANTRY PROGRAM, THE BACKPACK PROGRAM, THE MOBILE FRESH MARKET PROGRAM, THE VOLUNTEER PROGRAM, AND THE COMMUNITY GARDEN DURING 2015, SECOND HARVEST FOOD BANK DISTRIBUTED 9 8 MILLION POUNDS OF NUTRITIOUS FOOD AND NON-FOOD ITEMS SERVING 194,800 UNDUPLICATED HOUSEHOLDS THE BACKPACK PROGRAM PROVIDED OVER 40,062 PACKAGES OF CHILD-FRIENDLY FOOD PRODUCTS FOR 1,899 CHILDREN IN APPROXIMATELY 46 ELEMENTARY SCHOOLS ACROSS OUR SERVICE AREA MORE THAN 160,248 POUNDS OF FOOD WERE DISTRIBUTED TO STUDENTS AT RISK OF HUNGER BACKPACKS PROVIDE A 2-DAY MEAL PACKAGE WITH WHOLE GRAIN CEREALS, SHELF STABLE LOW FAT MILK, ENTREES, 100% FRUIT JUICES, AND HEALTHY SNACK CHOICES THE MOBILE PANTRY HELD 82 DISTRIBUTIONS, SERVING MORE THAN 5,698 HOUSEHOLDS, OR ROUGHLY 14,902 INDIVIDUALS BY DISTRIBUTING OVER 228,980 POUNDS OF FOOD WITH THE ASSISTANCE OF 1,162 VOLUNTEERS THAT DONATED OVER 4,137 HOURS OF VOLUNTEER SERVICE IN 2015, VOLUNTEERS DONATED 18,930 TOTAL HOURS BY ASSISTING WITH SECOND HARVEST FOOD BANK ACTIVITIES THE SECOND HARVEST FOOD BANK COLLECTED OVER 237,250 POUNDS OF FOOD FROM LOCAL BUSINESSES, ORGANIZATIONS, AND INDIVIDUALS MAJOR COMMUNITY FOOD DRIVES INCLUDE THE NATIONAL ASSOCIATION OF LETTER CARRIERS FOOD DRIVE, STUDENTS AGAINST HUNGER, NEXTFEST 2015, AND THE HEART OF CAROLINAS FOOD DRIVE IN ADDITION TO FOOD DRIVES, SECOND HARVEST FOOD BANK HOSTED EVENTS AIMED AT BRINGING AWARENESS TO THE COMMUNITY AND RAISING FINANCIAL SUPPORT MAJOR EVENTS HELD DURING 2015 INCLUDED THE 7TH ANNUAL DRIVING OUT HUNGER INVITATIONAL GOLF TOURNAMENT AND 5TH ANNUAL STRIKE OUT HUNGER BOWL-A-THON

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS	LOW INCOME HOUSING - THIS PROGRAM PROVIDES AFFORDABLE HOME OWNERSHIP AND RENTAL ASSISTED LIVING FOR ELIGIBLE PARTICIPANTS THE WEATHERIZATION ASSISTANCE PROGRAM IS A FEDERAL PASS THROUGH GRANT THAT PROVIDES ENERGY SAVING MEASURES AND IMPROVEMENTS TO FAMILIES WHO ARE AT OR BELOW 200% OF THE POVERTY GUIDELINES THE SERVICES PROVIDED REDUCED AIR INFILTRATION INTO HOMES IN ORDER TO REDUCE ENERGY CONSUMPTION IN 2015, THE WEATHERIZATION PROGRAM EXPANDED BY ADDING 7 ADDITIONAL COUNTIES 206 HOMES WERE WEATHERIZED IN BLADEN, BRUNSWICK, COLUMBUS, CUMBERLAND, HOKE, MONTGOMERY, MOORE, PENDER, ROBESON, SAMPSON, AND SCOTLAND COUNTIES THE HEATING APPLIANCE REPAIR REPLACEMENT PROGRAM REPAIRED OR REPLACED 165 HEATING AND/OR COOLING UNITS

Return Reference	Explanation
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES	THE ACTION PATHWAYS, INC COMMUNITY HOUSING DEVELOPMENT PROGRAM HAS BEEN ESTABLISHED TO PROVIDE AFFORDABLE HOUSING IN CUMBERLAND COUNTY THROUGH THE ACQUISITION, REHABILITATION, OR CONSTRUCTION OF HOMES THERE ARE 11 HOUSING UNITS IN ACTION PATHWAY INC 'S COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM ALL CHDO PROPERTIES ARE MANAGED BY A PROPERTY MANAGEMENT COMPANY, WHO ENSURES ALL PROPERTIES ARE CONTINUOUSLY RENTED TO LOW-INCOME FAMILIES CONSUMER CREDIT COUNSELING SERVICES OF FAYETTEVILLE (CCCS), PROVIDES COMPREHENSIVE HOUSING EDUCATION AND HOUSING COUNSELING, FINANCIAL LITERACY EDUCATION, CREDIT AND MONEY MANAGEMENT COUNSELING, FINANCIAL WORKSHOPS AND OUTREACH, AS WELL AS FREE TAX PREPARATION SERVICES THROUGH ITS NETWORK OF 5 BRANCH LOCATIONS SERVING EASTERN AND SOUTH EASTERN NORTH CAROLINA CCCS OF FAYETTEVILLE IS A MEMBER OF THE NATIONAL FOUNDATION FOR CREDIT COUNSELING (NFCC) AND IN MANY CASES EXCEEDS THE QUALITY STANDARDS REQUIRED OF A MEMBER THE PROGRAM MAINTAINS HIGH STANDARDS FOR COUNSELORS IN TERMS OF ACQUIRING CERTIFICATIONS AND COMPLETING ONGOING TRAINING AND EDUCATION EACH COUNSELOR MUST EARN THEIR HOUSING COUNSELING CERTIFICATION THROUGH THE ASSOCIATION OF HOUSING COUNSELORS (TAHC), OR THROUGH THE NATIONAL FOUNDATION FOR CREDIT COUNSELING (NFCC) THOUGH THE QUALITY STANDARDS CALL FOR A COUNSELOR TO BE CREDIT CERTIFIED WITHIN ONE YEAR, THE CCCS OF FAYETTEVILLE PROGRAM AVERAGES 4 MONTHS TO GET A NEW COUNSELOR CERTIFIED IN ADDITION, AS CERTIFICATION CLASSES BECOME AVAILABLE, THE PROGRAM SENDS COUNSELORS FOR THEIR REVERSE MORTGAGE (HECM) CERTIFICATION THROUGH THE NORTH CAROLINA HOUSING FINANCE AGENCY (NCHFA), AND LOSS MITIGATION TRAINING THROUGH THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD), NCHFA, AND NEIGHBOR WORKS THE PROGRAM HAS DEMONSTRATED WITH EACH HUD GRANT (FUNDED OVER 28 YEARS), THAT IT HAS THE ABILITY TO DELIVER SUCCESSFUL COMPLETION OF GRANT GOALS, AS EVIDENCED BY EARLY DEPLETION OF GRANT FUNDS AND TIMELY REPORTING ADDITIONALLY, IN 2015 CCCS OF FAYETTEVILLE RECEIVED 3 MORTGAGE DEFAULT COUNSELING CONTRACTS FROM THE NORTH CAROLINA HOUSING AGENCY THE FIRST CONTRACT WAS UNDER THE NATIONAL FORECLOSURE MITIGATION COUNSELING (NFMC) PROGRAM, FOR ROUNDS 9 THE SECOND CONTRACT WAS TO PROVIDE INTEREST FREE LOANS TO FAMILIES WHO WERE AT RISK OF LOSING THEIR HOME DUE TO LOSS OF INCOME (NC HARDEST HIT FUNDING-MPP) THE THIRD CONTRACT WITH THE NORTH CAROLINA HOUSING FINANCE AGENCY WAS TO PROVIDE COUNSELING SERVICE TO NORTH CAROLINA FAMILIES IN FORECLOSURE CCCS OF FAYETTEVILLE COMPLETED THE GRANT AND CONTRACT GOALS SUCCESSFULLY FOR THE YEAR OF 2015 THE PROGRAM MAINTAINS A STRONG AND COMMITTED PRESENCE IN THE COMMUNITIES WE SERVE AND HAS THE EXPERIENCE AND KNOWLEDGE TO GET HELP TO THE PEOPLE WHO NEED IT MOST THE PROGRAM HAS EXPANDED ITS WAY OF COUNSELING BY OFFERING NOT ONLY FACE TO FACE COUNSELING SESSIONS, BUT COUNSELING SESSIONS VIA INTERNET AND TELEPHONE THE PROGRAM ALSO DELIVERS FINANCIAL LITERACY BY WAY OF ONE-ON-ONE COUNSELING SESSIONS AND BY RENDERING WORKSHOPS AND PARTICIPATING IN OUTREACH PROGRAMS WITH THE PRIMARY FOCUS ON THE MOST NEEDED COMMUNITIES THE PROGRAM'S SUCCESS HAS BEEN BECAUSE OF THE KNOWLEDGE AND EFFICIENCY OF THE STAFF, THE PROGRAM'S OPERATING PROCEDURES IN WHICH THE EXISTENCE OF OPERATING PROCEDURES CREATES UNIFORMITY, EMPLOYEE POLICIES, AND EMPLOYEE TRAINING ALSO THE PROGRAM USES WEB BASED DEBT MANAGEMENT SOFTWARE (FROM CPR) WHICH ALLOWS MANAGEMENT TO CONTINUOUSLY MONITOR PROGRESS AND MAKE NECESSARY ADJUSTMENTS WHEN WARRANTED IN "REAL TIME" THE SOFTWARE ALSO ALLOWS THE PROGRAM TO MANAGE BRANCH ACTIVITY LEVELS BY WAY OF REPORTS, AND REVIEWING FILES TRENDS AND NEEDS CAN BE EASILY DETECTED AND EVALUATED WITH THE USE OF INFORMATION RETRIEVED FROM THE SYSTEM THIS HAS ALLOWED THE PROGRAM TO PRODUCE HIGH PRODUCTIVITY AND ACCURATE REPORTING THE RESULTS OF OUR EDUCATION AND COUNSELING PROGRAM IN 2015 WERE AS FOLLOWS TOTAL NUMBER OF EDUCATION AND COUNSELING PROGRAMS RENDERED 3,723 NUMBER OF CLIENTS WHO RECEIVED FINANICAL COUNSELING ONLY 254 NUMBER OF CLIENTS PLACED ON DEBT MANAGEMENT PROGRAM 22 NUMBER OF CLIENTS WHO RECEIVED BANKRUPTCY COUNSELING 10 NUMBER OF SENIORS WHO RECEIVED REVERSE MORTGAGE COUNSELING 285 NUMBER OF CLIENTS WHO RECEIVED PRE-PURCHASE COUNSELING 92 NUMBER OF CASE REVIEWS CONDUCTED 885 NUMBER OF CLIENTS WHO RECEIVED MORTGAGE DEFAULT/FORECLOSURE PREVENTION COUNSELING 682 (85% OF THE CLIENTS ASSISTED HOMES WERE SAVED) NUMBER OF WORKSHOPS PROVIDED 88 NUMBER OF WORKSHOP ATTENDEES 800 VITA PROGRAM - NUMBER OF FEDERAL AND STATE TAX RETURNS FILED 1,029 NUMBER OF VITA VOLUNTEERS 19 NUMBER OF VITA VOLUNTEER HOURS 877 THE AGENCY DEVELOPMENT DEPARTMENT OF ACTION PATHWAYS, INC IS DEDICATED TO HELPING THE ORGANIZATION PERFORM THE WORK THAT CARRIES OUR MISSION FORWARD THE DEPARTMENTAL RESPONSIBILITY IS FOUR-FOLD, TO COMMUNICATE VITAL, TIMELY INFORMATION TO THE STAKEHOLDERS OF THE AGENCY, TO ENSURE MAXIMUM VISIBILITY FOR THE AGENCY, TO ENCOURAGE GENEROSITY IN GIVING TO THE AGENCY, AND TO DEMONSTRATE APPRECIATION TO THOSE WHO SUPPORT OUR MISSION AND VISION DURING 2015, THE ADVANCEMENT TEAM SUCCESSFULLY INCREASED OUR MEDIA AND ONLINE EXPOSURE, MORE THAN DOUBLING THE PREVIOUS YEAR'S EXPOSURE DURING 2015, A TOTAL OF 115 PRESS RELEASES AND MEDIA ALERTS WERE DISTRIBUTED, NEARLY 300 REQUESTS FOR COLLATERAL MATERIAL WAS DESIGNED AND ORDERED FOR ALL PROGRAMS, AND OUR SOCIAL MEDIA NETWORK CONTINUED ITS GROWTH TREND BY 30% THE AGENCY EXPERIENCED AN INCREASE IN ACTIVE SOCIAL MEDIA USERS BY 46%, INCREASED UNIQUE WEBSITE TRAFFIC BY OVER 60% WITH MORE THAN 340,000 UNIQUE PAGE VIEWS OUR DEVELOPMENT SIDE ALSO BENCHMARKED A RECORD YEAR WITH AN UNPRECEDENTED 83% GRANT AWARD RATIO WE CONTINUED TO INCREASE OUR GRANT WRITING EFFORTS, NETTING SEVERAL NEW FOUNDATION GRANTS AND CONTINUALLY SEEKING OUT NEW FUNDING STREAMS UNRESTRICTED INDIVIDUAL GIVING RESULTED IN SOME 2,431 GIFTS WITH AN AVERAGE GIFT OF $135

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION HAS A POLICY COUNCIL FOR ITS HEAD START PROGRAM, WHICH IS MOSTLY COMPRISED OF PARENTS FROM THE HEAD START CENTERS THAT THE PROGRAM BENEFITS THE POLICY COUNCIL HAS THE POWER TO APPOINT ONE OF THE MEMBERS OF THE ORGANZIATION'S GOVERNING BODY

Return Reference	Explanation
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 COUNCIL MAY BE SUBJECT TO DISPUTE RESOLUTION THROUGH THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES, WHICH FUNDS THE HEAD START PROGRAM

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS PRESENTED AT A QUARTERLY BOARD MEETING AND REVIEWED BY THE FINANCE OFFICER A COPY OF THE 990 WILL BE PROVIDED TO THE ENTIRE BOARD FOR REVIEW AND APPROVAL PRIOR TO FILING

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE HUMAN RESOURCE DIRECTOR DOES A SALARY AND WAGE STUDY EVERY 3 YEARS IN ORDER TO DETERMINE REASONABLE COMPENSATION FOR THE CEO AND ANY KEY EMPLOYEE. THE BOARD OF DIRECTORS APPROVES THE STUDY AND THE RESULTING COMPENSATION PACKAGES THE DECISION IS DOCUMENTED IN THE BOARD MINUTES

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST