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DLN: 93493133025020

# Form **990**

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

A Fo	rthe 2	.008 ca	lendar yea	ır, or tax year beginning 07	-01-2008 and e	nding 06-30-200	9		
<b>B</b> Che	eck if ap	plicable	Please	C Name of organization DEVELOPMENTAL PATHWAYS	INC			D Employer	identification number
— Add	Iress cha	ange	use IRS		LIVC			84-0534	
— Nar	ne chan	nge	label or print or	Doing Business As				E Telephone	number
— <sub>Initi</sub>	ıal returi	n	type. See Specific	Number and street (or P O b	ov if mail is not dolive	ared to street addre	oss) Doom/si	(303) 36	0-6600
— Ten	mınatıor	n	Instruc- tions.	325 INVERNESS DRIVE SOUTH		ered to street addre	ess) Room/si	G Gross reco	eipts \$ 53,066,109
Am	ended re	eturn		City or town, state or country	, and ZIP + 4				
— App	lication	pending		ENGLEWOOD, CO 80112					
			F Nar	ne and address of Principal	l Officer		H(a) Is	this a group reti	ırn for
				MEEKER				filiates?	⊤Yes <b>▽</b> No
				IVERNESS DRIVE SOUTH :WOOD,CO 80112					
r Tax	x-exem <sub>l</sub>	pt status		) ( 3 ) <b>◄</b> (insert no )	(a)(1) or			e all affiliates incl	uded? Yes No ist See instructions )
1 \\	ah cita	•• <b>•</b> • \\/\\	/W DEVEL	OPMENTALPATHWAYS OI	26		7	roup Exemption	
, ,,	en site	3. F VV VV	W DEVEL	OFMENTALFATHWATS OF	λ'G		"(c)		
<b>К</b> Туре	e of orga	anızatıon	Corporat	tion trust association of	her ►		<b>L</b> Year o	f Formation 1964	M State of legal domicile CO
		S							
Pal	1 I	Sum Briefly (	-	e organization's mission or	most significant	activities			
		•		L PATHWAYS WAS INCO	•		OFPROV	IDING A COMM	IINITY CENTED BOADD
Governance		то со	ORDINAT	E PROGRAMS THROUGH 1	NTERAGENCY C	OOPERATION	AND LOC	AL AGENCIES T	TO PROVIDE SERVICES
₽				TH DEVELOPMENTAL DIS WHICH IS IN THE CITY (		RAPAHOE COL	JNTY, DO	JGLAS COUNTY	, AND THAT PART OF
₹				if the organization disconti		ns or disposed o	of more tha	n 25% of its ass	ets
			,	members of the governing b					12
<b>ර</b> ර			_	ndent voting members of th					0
ĕ				nployees (Part V, line 2a)		724			
Activities &				olunteers (estimate if neces	6	0			
4				ted business revenue from				7:	230,068
		_		iness taxable income from	•			7	<u> </u>
						Prior Year	Current Year		
	8	Contri	butions and	d grants (Part VIII, line 1h		699,378			
횰	9 Program service revenue (Part VIII, line 2g)							49,238,302	-
Ravenue	10	Invest	ment incor	me (Part VIII, column (A),	lines 3, 4, and 7d		168,726		
걆	11	Other	revenue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10		10,822	· ·	
	12	Total	revenue—a	dd lines 8 through 11 (mus	t equal Part VIII	, column (A), lın	e		
		12)						50,117,228	52,833,956
	13			ar amounts paid (Part IX, c	` ''	. – 3)			0
	14		•	or for members (Part IX, co					0
88	15	Salarıe 10)	es, other co	ompensation, employee ber	5-	20,665,151	22,492,259		
Expenses	16a	•	sional fund	iraising fees (Part IX, colur	nn (A), line 11e)		· · · ·	0	
÷	ь			penses, Part IX, column (D), line		,			
Ω	17			(Part IX, column (A), lines		/ 4 f)		29,219,586	30,482,292
	18		•	-add lines 13–17 (must eq	•	-		49,884,737	<del>                                     </del>
	19			penses Subtract line 18 fro			232,491		
ው ያ							Beg	inning of Year	End of Year
ည်း မြို့ရှိ	20	Total a	assets (Pa	rt X, line 16)				21,688,790	
8.55 E.B.	21							8,229,857	
Net Assets or Fund Balances	22							, , , , , , , , , , , , , , , , , , ,	
	t II		ature Bl		. I nom mie ZU			13,458,933	13,318,338
		Under p	enalties of pe	erjury, I declare that I have exam					
				correct, and complete Declaration					
Plea Sign		****		or.	010-05-13				
sıgn Here		Signature of officer Date							
			N MEEKER EX	KECUTIVE DIRECTOR					
	Ī	<b>F</b> 'ype	or print nan	ie and tide		Г			TN (0 0 7 1)
		Preparer signature			Date		Check If self-	'	IN (See Gen Inst )
Paid	.	Jignatult	<b>"</b>				empolyed 🕨	<u> </u>	
•	arer's		ame (or your	s EDWARD B MILLER CPA				EIN Þ	
Use (	וחכ		and ZIP + 4	410 17TH STREET SUITE 13	355			_	

DENVER, CO 80202 May the IRS discuss this return with the preparer shown above? (See instructions) .

Briefly describe the organization's mission

### Part III Statement of Program Service Accomplishments (See the instructions.)

Total program service ex					
Other program services (Expenses \$	•	dule O ) ding grants of		) (Revenue \$	)
(Code	) (Expenses \$	8,551,462	including grants of \$	) (Revenue \$	6,748,065 )
(Code CASE MANAGEMENT - DETERI PURSUANT TO THE INDIVIDUA					3,097,584 ) ERVICES AND SUPPORTS DELIVERED
(Code ADULT SUPPORTED LIVING SE ARRANGEMENTS IN THE COM		7,598,120 DIVIDUALIZED LI	including grants of \$ VING SERVICES FOR PERSOI	) (Revenue \$ NS WHO ARE RESPONSIBLE FOR	7,226,973 ) THEIR OWN LIVING
•					22,582,667 ) AY OF TRAINING, LEARNING AND
escribe the exempt purp	oose achievements ) organizations and	for each of th 4947 (a)(1) t	rusts are required to re	argest program services b port the amount of grants d	
ervices? f "Yes," describe these c	hanges on Schedule	 e O			ΓYes ▼ No
f "Yes," describe these n Old the organization ceas			changes in how it cond	lucts any program	
old the organization unde he prior Form 990 or 990		nt program se	rvices during the year v	which were not listed on	┌ Yes ┌ No
		T WILL RESULT I	N THE INTEGRATION AND PA	ARTICIPATION OF PEOPLE WITH	DEVELOPMENTAL DISABILITIES AND
IEI	R FAMILIES IN THE COMMU	R FAMILIES IN THE COMMUNITY	R FAMILIES IN THE COMMUNITY	R FAMILIES IN THE COMMUNITY	TAD IN THE DEVELOPMENT OF PARTNERSHIPS THAT WILL RESULT IN THE INTEGRATION AND PARTICIPATION OF PEOPLE WITH REAMILIES IN THE COMMUNITY  the organization undertake any significant program services during the year which were not listed on

art IV	Checklist of	Required	Schedules
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			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? 🕏	2	Yes	
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? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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? <i>If</i> "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as 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 U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 🕏	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	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) and 501(c)(4) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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		Νο
37	Did the organization conduct more than 5 percent 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

Pai	t V Statements Regarding Other IRS Filings and Tax Complianc	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	377			
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 t	o ven	dors and reportable	4-	V	
<b>3</b> -	gaming (gambling) winnings to prize winners?	 i		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	724			
h	If at least one is reported in 2a, did the organization file all required federal employing					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	g the	year covered by this	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule (	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?	_	•	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Refinancial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
b	$\label{eq:definition} \mbox{Did any taxable party notify the organization that it was or is a party to a prohibited}$	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Tax Shelter Transaction?	t Entit	y Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	. <b>.</b>		6a		N o
ь	If "Yes," did the organization include with every solicitation an express statement th					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more $^{\circ}$	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services $\boldsymbol{p}$	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	7c		NI -
الم	file Form 8282?	7d		/6		N o
u	If res, indicate the number of forms 6262 med during the year	_ <b>/</b> u				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as	_		
_	required?	• •		7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
9	year?					
	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facilities					
11	Section 501(c)(12) organizations Enter	I	1			
	Gross income from members or shareholders	11a				
Ь	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	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing	Body and	l Management	

			165	140			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body 1a 12						
Ь	Enter the number of voting members that are independent 1b 0						
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		Νο			
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?						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a material diversion of the organization's assets?						
6	Does the organization have members or stockholders?						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?						
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	the governing body?	8a	Yes				
ь	each committee with authority to act on behalf of the governing body?	8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?	9a		o N			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b					
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		Νο			
11	Is there any officer, director or 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	11		Νο			

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
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	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CO
- 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 make these available. Check all that apply own website. value website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

THE ORGANIZATION
325 INVERNESS DRIVE SOUTH
ENGLEWOOD, CO 80112
(303) 360-6600

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's current officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0 - in columns (D), (E), and (F) if no compensation was paid
- \* 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

		Posit	(C tion ( hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
LESA STELLKE, SECRETARY	1 00	Х		Х				0	0	0
LLOYD SWEET, PRESIDENT	1 00	Х		Х				0	0	0
CICCHINELLI DAVE , TREASURER	1 00	Х		Х				0	0	0
LYNN JOHNSON , VICE PRESIDENT	1 00	Х		Х				0	0	0
FRANK WEDDIG , DIRECTOR	1 00	Х						0	0	0
PAT COLLIP , ASST SECRETARY	1 00	Х						0	0	0
TOM ASHLEY , DIRECTOR	1 00	Х						0	0	0
JACK HILBERT , DIRECTOR	1 00	Х						0	0	0
ROBERT OLISLAGERS , DIRECTOR	1 00	Х						0	0	0
FRANCES OWENS , DIRECTOR	1 00	X						0	0	0
MARILYN SAMPSON , DIRECTOR	1 00	X						0	0	0
VACANT , DIRECTOR	1 00	Х						0	0	0
JOHN MEEKER , EXECUTIVE DIRECTOR	40 00				Х			225,254	0	0
DANIEL COHRS , ASSOC EXEC DIRECTOR/CF	40 00					Х		144,282	0	0
CYNTHIA LICHTI, ASSOC EXECUTIVE DIRECTO	40 00					Х		135,254	0	0
BOBBI LIPS , DIRECTOR OF FINANCE	40 00					Х		110,217	0	0

#### Part VII Continued

		1	(ition that a	•		all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total			٠.				<b>-</b>	615,007	' C	C

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►4

	_		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed online 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	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services	-		
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

#### **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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
COTTONWOOD COMMUNITY ALTERNATIVES 3255 SOUTH ACOMA STREET ENGLEWOOD, CO 80110	PROGRAM SERVICES	3,644,751
SMITH AGENCY INC 7169 SOUTH LIVERPOOL STREET CENTENNIAL, CO 80016	PROGRAM SERVICES	2,226,299
SUPPORT INC 15591 EAST CENTRETECH PARKWAY AURORA, CO 80011	PROGRAM SERVICES	1,300,895
NEW DAY IN-HOME SUPPORT 19025 EAST PLAZA DRIVE PARKER, CO 80134	PROGRAM SERVICES	748,298
COMMUNITY SUPPORT SERVICES INC 15200 EAST GIRARD AVENUE AURORA, CO 80014	PROGRAM SERVICES	667,690
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		

### Statement of Revenue

## Federated campage					(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Description		1a	Federated campaigns 1a					,,,
### 100   10	nts nts	ь						
### Open Company of the Company of t	<u>g a</u>		1b					
### 100   10	is, ç am	С	_					
### 100   10	gऑ lar	d	Related organizations1d					
## Total (Add lines 1s-11)	% <u>`</u> [≣	e	Government grants (contributions) <b>1e</b>	58,852				
## Total (Add lines 1s-11)	er s	f		116,480		į		
## Total (Add lines 1s-11)	看養							
## Total (Add lines 1s-11)	Ęž	g						
Business Code   December   Dec	ठॅल	h	· · · · · · · · · · · · · · · · · · ·		175,332			
2006   22,500   22,500   22,500   22,500   22,500   22,500   22,500   65   20   20   20   20   20   20   20   2				<b>▶</b>				
100   100	an	2a	COMPREHENSIVE		22 582 667	22,582,667		
3 Investment mome (including dividends, interest other similar amounts)	ren Ken			· ·				
1	<u>æ</u>							
1	956			· ·				
1	Ž			,				
1	E			,	·		230 068	
1	uDo				10,302,193	10,2/2,12/	230,008	
### Total Add lines   11a-11d   1.00	<u>~</u>		<b>&gt;</b> \$ 52,687,199					
1		3		· · · · · · · · · · · · · · · · · · ·	50.267			50,267
S   Royalities				<b>►</b>	- 5,251			
10,023		4	income from investment of tax-exempt be	ona proceeds				
Sa		5						
Description		_		(II) Personal				
Remail income								
Total Add lines   Total Add			expenses					
Comparison   Com		С						
Ta Gross amount from sales of assets other than inventory b Less cost or other has and siles expenses c Gain or (loss)  Net gain or (loss)  Net gain or (loss)  A Sa Gross income from fundraising events (not including \$ 45,425 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule 6 if total exceeds \$15,000 of contributions reported on line 1c) See Part IV, line 19 Complete Schedule 6 if total exceeds \$15,000 of contributions of of con		d	Net rental income or (loss)		-165,151			-165,151
other basis and sales expenses c Gain or (loss) d Net gain or (loss) -6,930  8a Gross income from fundraising events (not including \$ 45,425 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000			Gross amount from sales of assets other than inventory	5,600				
d Net gain or (loss)			other basis and sales expenses					
8a Gross income from fundraising events (not including \$ 45,425 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule Gif total exceeds \$15,000				0,330	-6,930	-6,930		
events (not including \$ 45,425 of contributions reported on line ic) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000				. ▶	·	,		
9a Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000  a  b Less direct expensesb  c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances .  a  b Less cost of goods soldb  c Net income or (loss) from sales of inventory!  Miscellaneous Revenue Business Code  11a MISCELLANEO US INCOME 624,100 92,263 92,263  b  c   d All other revenue   e Total. Add lines 11a-11d	er Revenue		events (not including  \$ 45,425 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds  \$15,000	44 449				
9a Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000  a  b Less direct expensesb  c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances .  a  b Less cost of goods soldb  c Net income or (loss) from sales of inventory!  Miscellaneous Revenue Business Code  11a MISCELLANEO US INCOME 624,100 92,263 92,263  b  c   d All other revenue   e Total. Add lines 11a-11d	Ě		·	· · · · · · · · · · · · · · · · · · ·	976	976		
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 P  Miscellaneous Revenue Business Code  11a MISCELLANEOUS INCOME 624,100 92,263 92,263  b  c  d All other revenue e Total. Add lines 11a-11d	,	9a	activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	<u> </u>				
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 INCOME 624,100 92,263 92,263  b c d All other revenue e Total. Add lines 11a-11d		 						
Total. Add lines 11a-11d				activities				
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 INCOME  624,100  92,263  92,263  All other revenue  e Total. Add lines 11a-11d				<b>*</b>				
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code  11a MISCELLANEOUS INCOME 624,100 92,263 92,263  b C C C C C C C C C C C C C C C C C C		10a	returns and allowances .					
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code  11a MISCELLANEOUS INCOME 624,100 92,263 92,263  b C C C C C C C C C C C C C C C C C C		ь						
11a       MISCELLANEOUS INCOME       624,100       92,263       92,263         b       C <th></th> <th></th> <th></th> <th>inventory</th> <th></th> <th></th> <th></th> <th></th>				inventory				
b c d All other revenue e Total. Add lines 11a-11d			Miscellaneous Revenue					
c		11a	MISCELLANEOUS INCOME	624,100	92,263	92,263		
d All other revenue e Total. Add lines 11a-11d		b						
e Total. Add lines 11a-11d		С						
e Total. Add lines 11a-11d		d	All other revenue					
1.1.4 Total Revenue, Add lines 1 h 2 d 3 4 5 6 d 7 d   32,033,730  32,343,440  230,008  -1		-			E2 922 0E4	53 543 440	220.060	-114.004
8c, 9c, 10c, and 11e		12	8c,		52,833,956	52,543,440	230,068	-114,884

### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(4) organizations must complete column (A) but are not reference in the section of the se				) <b>.</b>
	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 governments and organizations in the U S See Part IV, line 21		·		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	648,013	625,980	14,689	7,344
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	18,133,749	15,908,342		43,393
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)				
9	Other employee benefits	2,041,281	1,733,145	301,729	6,407
10	Payroll taxes	1,669,216	1,417,104	246,870	5,242
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	9,107,509	8,591,943	515,566	
12	Advertising and promotion				
13	Office expenses	248,893	181,360	64,237	3,296
14	Information technology				
15	Royalties				
16	Occupancy	1,219,947	1,117,190	102,757	
17	Travel	301,915	297,254	4,661	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	109,423	81,720	27,703	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	502,016	442,945	59,071	
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PURCHASED SERVICES	13,106,834	13,106,834		
ь	OTHER	3,372,307	2,055,527	1,304,569	12,211
c	SUPPLIES	786,275	539,638	242,305	4,332
d	VEHICLES	449,553	403,840	45,713	
e	FOOD	328,344	328,060	240	44
f	All other expenses	949,276	675,107	274,169	
25	Total functional expenses. Add lines 1 through 24f	52,974,551	47,505,989	5,386,293	82,269
26	Joint Costs. Check Tif following SOP 98-2 Complete this	32,571,331	,555,505	3,330,233	32,207
	line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (3.00g)

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			6,139,206	1	3,060,104
	2	Savings and temporary cash investments				2	, ,
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	· · ·		7,432,148	4	9,730,775
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of 3	ction 4			6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			254,271	8	16,042
ø	9	Prepaid expenses and deferred charges			124,497	9	99,659
Assets	10a	Land, buildings, and equipment cost basis	11	44 000 000			
⋖	_		10a	11,682,633			
	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	4,298,024	7,738,668	10c	7,384,609
	11	Investments—publicly traded securities			, ,	11	
	12	Investments—other securities See Part IV, line 11 Complete Pa				12	
	13	Investments—program-related See Part IV, line 11 Complete Part IV and I complete Part IV.	art VIII			13	
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			21,688,790	16	20,291,189
	17	Accounts payable and accrued expenses .			3,869,892	17	4,389,392
	18	Grants payable			18		
	19	Deferred revenue			2,388,062	19	693,697
	20	Tax-exempt bond liabilities				20	
eS.	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties	1,971,903	23	1,889,762		
	24	Unsecured notes and loans payable		24			
	25	Other liabilities Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25			8,229,857	26	6,972,851
		Organizations that follow SFAS 117, check here ▶   and comp through 29, and lines 33 and 34.	lete line	es 27			
Balance	27	Unrestricted net assets			13,458,933	27	13,318,338
8	28	Temporarily restricted net assets				28	
Ξ	29	Permanently restricted net assets				29	
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.	d compl	ete			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ą	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			13,458,933	33	13,318,338
_	34	Total liabilities and net assets/fund balances			21,688,790	34	20,291,189
Pa	rt XI	Financial Statements and Reporting					

Dart YT	Financial	Statements	and Reporting

			V	NI.	
			Yes	No	
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo	
b	b Were the organization's financial statements audited by an independent accountant?		Yes		
С	If "Yes" to lines 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		
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?	3b	Yes		

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As Filed Data -

DLN: 93493133025020

**Employer identification number** 

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

DEVEL		TAL PATHWAYS	INC						pioyei ide			
								84	-053464	3		
	rt I			<b>harity Status</b> (to be co					Instruct	ions)		
The	organı		-	ation because it is (Please		-						
1		A church, convention of churches, or association of churches described in <b>Section 170(b)(1)(A)(i).</b>										
2	Γ	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E )										
3	Г	A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H)										
4	Г	A medical i	research organi	zation operated in conjuncti	on with a l	hospital d	escribed ii	n <b>Section</b>	170(b)(1)	(A)(iii). E	nter the	
		hospital's name, city, and state										
5	Г	Anorganiza	atıon operated 1	for the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II )								
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fron	n the gene	eral public	
		described i	n Section 170(I	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	<b>▽</b>	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ıs, membe	rship fees	s, and gross	
		receipts fro	m activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	′3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	x) from bu	sınesses	
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509(	( <b>a)(4).</b> (Se	ee instruc	tions )	
11	Γ	_	=	and operated exclusively fo					•	•		
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>Section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h										
		a T					nes lle t nally Intec		n <b>d</b>	□ Type	III - Other	
e	Г		• •	rtify that the organization is			, -	•				
_	,	•		agers and other than one or						-	•	
		section 50	9(a)(2)									
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,	
g		check this		as the organization accepted	dany dift	or contrib	ution from	any of the			ı	
9		following pe		as the organization decepte	a any gne	01 001111111111111111111111111111111111	acion nom	uni, or the				
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (111) bel	low, the govern	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(	(ii)	
		(iii) a 35%	controlled enti	ty of a person described in (	(ı) or (ıı) al	bove?				11g(	iii)	
h		Provide the	following infor	mation about the organizatio	ns the org	janızatıon	supports			·		
			<b>.</b>	T	1				ı			
		ame of	(ii) EIN	(iii) Type of organization		s the	1	ou notify		sthe	(vii) A mount of	
		oorted nization		(described on lines 1-9 above or IRC section	_	ation in listed in		inization i) of your		ation in organized	support?	
	Organ	iizatioii		(See Instructions))		verning	supr	• '		US?		
						ment?						
					Yes	No	Yes	No	Yes	No		

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
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							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

#### Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you check						
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	913,405	486,693	282,739	699,378	175,332	2,557,547
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	39,588,932	42,139,956	44,119,925	49,238,302	52,687,199	227,774,314
3	Gross receipts from activities that are not an unrelated trade or business under						
4	section 513  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						
	Total Add lines 1-5 A mounts included on lines 1, 2, and 3 received from disqualified persons	40,502,337	42,626,649	44,402,664	49,937,680	52,862,531	230,331,861
_	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						230,331,861
	line 6)						
T	dal Cummant						
	otal Support		(1) 2222	( ) 222	( D 2 2 2 2 1	(),,,,,,	
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	ndar year (or fiscal year beginning in) A mounts from line 6	(a) 2004 40,502,337	<b>(b)</b> 2005 42,626,649	(c) 2006 44,402,664	<b>(d)</b> 2007 49,937,680	(e) 2008 52,862,531	<b>(f)</b> Total 230,331,861
Cale 9	ndar year (or fiscal year beginning in)	<u> </u>				<del>`</del>	
Cale	ndar year (or fiscal year beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	40,502,337 38,219	42,626,649 111,552	44,402,664 210,355	49,937,680 168,726	52,862,531 43,337	230,331,861 572,189
Cale 9 LOa	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	40,502,337	42,626,649	44,402,664	49,937,680	52,862,531	230,331,861
Cale 9 lOa b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	40,502,337 38,219	42,626,649 111,552	44,402,664 210,355	49,937,680 168,726	52,862,531 43,337	230,331,861 572,189
Cale 9 lOa b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	40,502,337 38,219	42,626,649 111,552	44,402,664 210,355	49,937,680 168,726	52,862,531 43,337	230,331,861 572,189
Cale 9 100a b c 111	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12)	38,219 38,219 178,099	42,626,649 111,552 111,552 275,649	210,355 210,355 538,291	168,726 168,726 168,726	52,862,531 43,337 43,337 -71,912	230,331,861 572,189 572,189 1,026,918 231,930,968
Cale 9 100a b c 111 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	40,502,337 38,219 38,219 178,099 rganization's fire	42,626,649 111,552 111,552 275,649	210,355 210,355 538,291	168,726 168,726 168,726	52,862,531 43,337 43,337 -71,912	230,331,861 572,189 572,189 1,026,918 231,930,968
Cale 9 1.00a b c 111 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	40,502,337 38,219 38,219 178,099 rganization's fire	42,626,649 111,552 111,552 275,649 st, second, third	44,402,664 210,355 210,355 538,291 , fourth, or fifth t	168,726 168,726 168,726	52,862,531 43,337 43,337 -71,912	230,331,861 572,189 572,189 1,026,918 231,930,968
Cale 9 100a b c 111 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	40,502,337 38,219 38,219 178,099 rganization's first	42,626,649 111,552 111,552 275,649 st, second, third	44,402,664 210,355 210,355 538,291 , fourth, or fifth t	168,726 168,726 168,726	52,862,531 43,337 43,337 -71,912	230,331,861 572,189 572,189 1,026,918 231,930,968
Cale 9 1.0a b c 1.11 1.2 1.3 1.4 Cc	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	40,502,337 38,219 38,219 178,099 rganization's first	42,626,649 111,552 111,552 275,649 st, second, third	44,402,664 210,355 210,355 538,291 , fourth, or fifth t	168,726 168,726 168,726	52,862,531 43,337 43,337 -71,912	230,331,861 572,189 572,189 1,026,918 231,930,968
Cale 9 1.0a  b  c 11  12  13  14  Cc 15  16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here  Imputation of Public Support Perceipublic Support Schedo	40,502,337 38,219 38,219 178,099 rganization's fire entage column (f) dividule A , Part IV - A	42,626,649 111,552 111,552 275,649 st, second, third ed by line 13 co	44,402,664 210,355 210,355 538,291 , fourth, or fifth t	168,726 168,726 168,726	52,862,531 43,337 43,337 -71,912	230,331,861 572,189 572,189 1,026,918 231,930,968 ation, 99 310 %
Cale 9 1.0a  b  c 11  12  13  14  Cc 15  16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here  Imputation of Public Support Perceivaled on 2007 Schedies  Public Support Percentage for 2008 (line 8)	40,502,337 38,219 38,219 178,099 rganization's fire entage column (f) dividule A , Part IV - A	42,626,649 111,552 111,552 275,649 st, second, third ed by line 13 co	44,402,664 210,355 210,355 538,291 , fourth, or fifth t	168,726 168,726 168,726	52,862,531 43,337 43,337 -71,912	230,331,861 572,189 572,189  1,026,918 231,930,968 ation,  99 310 %

19a 33 1/3% Tests - 2008. 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 33 1/3% Tests - 2007. 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 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions



▶▽

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

#### **Additional Data**

Software ID: Software Version:

**EIN:** 84-0534643

Name: DEVELOPMENTAL PATHWAYS INC

### Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a COMPREHENSIVE	624,100	22,582,667	22,582,667		
<b>b</b> ADULT SUPPORTED LIVING	624,100	7,226,973	7,226,973		
c EARLY INTERVENTION	624,100	3,326,620	3,326,620		
d CHILDREN'S EXTENSIVE S	624,100	2,144,084	2,144,084		
e FAMILY SUPPORT	624,100	904,660	904,660		

OMB No 1545-0047

Open to Public

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

Inspection Name of the organization **Employer identification number** DEVELOPMENTAL PATHWAYS INC 84-0534643 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99	0, Part IV, line 6.			
		(a) Donor advised funds	(b) Funds and	other accou	nts
1	Total number at end of year				
2	Aggregate Contributions to (during year)				
3	Aggregate Grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the		oradvised	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		may be	☐ Yes	┌ No
Pa	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	o Form 990, Part i	IV, line 7.	
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat  Preservation of open space	on or pleasure)	historically importa rtified historic struc	•	a
_					
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	fied conservation contribution in the form	of a conservation ea	asement	
			Held a	t the End of	the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easement	s	2b		
С	Number of conservation easements on a certified hi	2c			
d	Number of conservation easements included in (c) a		2d		
3	Number of conservation easements modified, transfe	•	d by the organizatio	n durina	
_	the taxable year 🕨		a 2, o.ga		
4	Number of states where property subject to conserva				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, and	☐ Yes	┌ No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►		
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$		
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	(d) above satisfy the requirements of sec	tion	☐ Yes	┌ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial			
Par	Complete if the organization answered '		or Other Similaı	r Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	h in furtherance of p		<b>,</b>
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ii		•	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>F</b> \$		
	(ii) Assets included in Form 990, Part X		<b>►</b> \$		
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or financial gain, prov	ıde the	
а	Revenues included in Form 990, Part VIII, line 1		<b>-</b> \$		

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Collections of	Art, His	tori	<u>cal Treasu</u>	ires, or Othe	<u>r Similar Ass</u>	ets (c	ontinued)
3	Using the organization's accession and other records, check items (check all that apply)	any of th	ne foll	owing that ar	e a sıgnıfıcant u	se of its collection	n	
а	Public exhibition	d	Γ	Loan or excl	hange programs			
b	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's collections and ex Part XIV	xplaın hov	w the	y further the c	organization's ex	empt purpose in		
5	During the year, did the organization solicit or receive donat assets to be sold to raise funds rather than to be maintained		,			ular	Yes	┌ No
Par	Trust, Escrow and Custodial Arrangemen Part IV, line 9, or reported an amount on Form				ınızatıon answ	ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other inte included on Form 990, Part X?	ermediary	for c	ontributions o	or other assets 1		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following	table						
						A mo	unt	
С.	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X	, line 21?					Yes	│ No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organiza	_					1= 1	
_	(a)Current Yea	Г (В	Prior `	rear   (c) iw	o Years Back (d)	Three Years Back (	e)Four Y	ears back
1a	Beginning of year balance							
b	Contributions							
C	Investment earnings or 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 year end balance he	eld as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
c	Term endowment ▶							
3a	Are there endowment funds not in the possession of the orga	anızatıon	thata	are held and a	idministered for	the		
	organization by					<u> </u>	Yes	No
	(i) unrelated organizations		•			3a(i)		<del>                                     </del>
L	(ii) related organizations					3a(ii)	<u> </u>	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's					3b		
	t VI Investments—Land, Buildings, and Equip				art V ling 10			
FŒ	Threstments—Land, buildings, and Equip	illelit. 3		•	ĺ			
	Description of investment			Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciation	( <b>d)</b> Bo	ook value
1a	Land		+		1,958,031			1,958,031
	Buildings				7,527,597	3,241,686		4,285,911
	Leasehold improvements				1,321,391	3,241,000		1,203,311
	Equipment				2,197,005	1 056 220		1 1/10 557
	• •		-		2,197,005	1,056,338		1,140,667
			1		l			
	Other	olumn (P	) line	10(c)		▶		7,384,609

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12 ) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
			]	
			]	
			]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25 ) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	52,833,950
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	52,974,55
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-140,59
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	-
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-140,59
	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1	53,250,48
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
c C	· / ·	1	
d	Other (Describe in Part XIV)	] 2e	416,52
е 3	Subtract line 2e from line 1	3	52,833,950
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	-	52,633,930
a	Investment expenses not included on Form 990, Part VIII, line 7b. 4a		
a b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	1
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	52,833,95
_	Reconciliation of Expenses per Audited Financial Statements With Expenses	_	
1	Total expenses and losses per audited financial statements	1	53,512,15
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		· · · · · · · · · · · · · · · · · · ·
а	Donated services and use of facilities		
Ь	Prior year adjustments	1	
c	Losses reported on Form 990, Part IX, line 25	1	
d	Other (Describe in Part XIV) 2d 537,607	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	537,60
3	Subtract line <b>2e</b> from line <b>1</b>	3	52,974,55
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	]	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	52,974,55
5 Par			5

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XII, Line 2d - Other Adjustments		RENTAL EXPENSE OFFSET TO RENTAL INCOME 175174 REVENUE OF CONSOLIDATED AFFILIATES 184374 SPECIAL EVENTS EXPENSES OFFSET TO FUNDRAISING REVENUE 44449 COST BASIS OF ASSETS SOLD 12530
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSE OFFSET TO RENTAL INCOME 175174 EXPENSES OF CONSOLIDATED AFFILIATES 305454 SPECIAL EVENTS EXPENSES OFFSET TO FUNDRAISING REVENUE 44449 COST BASIS OF ASSETS SOLD 12530

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DLN: 93493133025020

**SCHEDULE G** (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

3

licensing

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

	ne of the organization					Employer ide	ntification number								
DEV	ELOPMENTAL PATHWAYS	SINC				84-0534643	•								
Da	TI Fundraising Ac	tivities Complet	a if the or	raanizat	non answered "Yes"										
-	<del>_</del>	· · · · · · · · · · · · · · · · · · ·				·	, iiiic 17.								
a b c d	Indicate whether the orga  Mail solicitations  Email solicitations  Phone solicitations  In-person solicitations		tnrough ar	ny of the	e   Solicitation of r	non-government grants government grants									
2a b	Did the organization have or key employees listed in If "Yes," list the ten higher to be compensated at leas	n Form 990, Part VII st paid individuals oi	i) or entity r entities (f	ın conne undraise	ction with professional f rs) pursuant to agreeme	undraising activities? ents under which the fu									
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No											
Tota	1	1		<u> </u>											
1012				-	<u> </u>	l	l								

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

CO

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					repor	ted
			(a) Event #1  AWARDS BANQUET	(b) Event #2	(c) O ther Events	(Add col	otal Eve ( <b>a)</b> th	
dì	_		(event type)	(event type)	(total number)			F 42F
Ĭ	1	Gross receipts	45,425				4	5,425
Revenue	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)	45,425				4	5,425
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs	23,734					3,734
ற த	7	Other direct expenses	20,715					0,715
Direct	8	Direct expense summary Add lin	es 4 through 7 ın column	(d)	•		4	4,449
	9	Net income summary Combine li						976
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted moi	e thar	า
Revenue		φ20/000 0.1. (δ.1.1. ) 300 <u>22</u> /	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th		
	1	Gross revenue						
မှာ မွှေ	2	Cash prizes						
Expenses	3	Non-cash prizes						
<u>ភ</u>	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	│ Yes	┌────────────────────────────────────			
	7	Direct expense summary Add line	s 2 through 5 ın column (	d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🛌			
•							Yes	No
9 a		er the state(s) in which the organiza he organization licensed to operate		·		. 9a		
b	If"	No," Explain						
10a b		re any of the organization's gaming   Yes," Explain	ıcenses revoked, suspen	ded or terminated during	g the tax year?	10a		_
		Tes, Explain						
11		os the organization energies somers	activities with nonmarch	rc ?		-		
11 12		es the organization operate gaming a the organization a grantor, beneficia				11	+	<del>                                     </del>
	forn	ned to administer charitable gaming	?	· · · · · · · · ·		. 12		

			Yes	NO
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
14	Provide 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?	L5a		
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$			
c	If "Yes," enter name and address			
	Name ►			
	Address ►			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided 🟲			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	L7a		
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	-, -		

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DLN: 93493133025020

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ın Part III

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization
DEVELOPMENTAL PATHWAYS INC

Employer identification number

84-0534643 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Νo

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JOHN MEEKER (I)					14,611	239,865	
(ii)							
(i)							
(iii)							
(i)							
(ii)	)						
(i)							
(ii)	)						
(i)							
(ii)	)						
(i)							
(ii)	)						
(i)							
(ii)	)						
(i)							
(ii)							

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
-		
	•	

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### **SCHEDULE 0**

(Form 990)

Department of the Treasury
Internal Revenue Service

### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

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Name of the organization DEVELOPMENTAL PATHWAYS INC Employer identification number

84-0534643

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	HOMECARE CENTER - PROVIDES INDIVIDUALS WITH DISABILITIES AND THEIR FAMILIES A RESPECTFUL AND APPROPRIATE SHOPPING OPPORTUNITY THAT INCLUDES PREOWNED AND NEW DISCOUNT MEDICAL EQUIPMENT IT PROMOTES FULL INCLUSION AND PARTICIPATION IN COMMUNITY LIFE BY MATCHING AN INDIVIDUAL'S UNIQUE NEEDS WITH THE MOST APPROPRIATE HOME HEALTHCARE PRODUCTS AVAILABLE, AND PROPERLY FITTING INDIVIDUALS WITH APPROPRIATE MOBILITY EQUIPMENT SUCH WHEELCHAIRS AND SCOOTERS Expenses \$ 1257021 including grants of \$ 0 Revenue \$ 372701

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	EARLY INTERVENTION Expenses \$ 3372279 including grants of \$ 0 Revenue \$ 3326620

ldentifier	Return Reference	Explanation					
Form 990, Part III, line 4d	_	CHILDREN'S EXTENSIVE SUPPORT Expenses \$ 2113513 including grants of \$ 0 Revenue \$ 2144084					

ldentifier	Return Reference	Explanation				
Form 990, Part III, line 4d	Other Program Services	FAMILY SUPPORT Expenses \$ 1808649 including grants of \$ 0 Revenue \$ 904660				

ldentifier	Return Reference	Explanation							
Form 990, Part VI, Section A, line 4		THE BY LAWS WERE CHANGED SEPTEMBER 30, 2008 TO REINSTATE EX-OFFICIO DIRECTORS							

Identifier	Return Reference	Explanation			
		THE TAX ACCOUNTANT PREPARES A DRAFT OF THE FORMS 990 AND 990-T WHICH IS REVIEWED BY THE CHIEF			
		FINANCIAL OFFICER AND EXECUTIVE DIRECTOR ONCE ALL REVIEW COMMENTS AND QUESTIONS ARE			
		CLEARED, THE FORMS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL BEFORE FILING WITH			
Form 990,		THE INTERNAL REVENUE SERVICE THE BOARD WILL BE UNABLE TO PERFORM ITS REVIEW AND APPROVAL OF			
Part VI,		THE 2008 FORMS 990 AND 990-T BECAUSE THE FORMS COULD NOT BE COMPLETED PRIOR TO THE BOARD'S			
Section A,		LAST REGULAR MEETING BEFORE THE MAY 17, 2010 EXTENDED DUE DATE THIS IS A RESULT OF THE			
line 10		ORGANIZATION'S AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2009 NOT BEING			
		FINALIZED UNTIL APRIL 29, 2010 THE BOARD'S NEXT REGULARLY SCHEDULED MEETING IS MAY 25, 2010 AT			
		WHICH TIME THE BOARD WILL REVIEW AND APPROVE THE FORMS IF THERE ARE ANY CHAINGES WHICH MUST			
		BE MADE AS A RESULT OF THEIR REVIEW, SUCH CHANGES WILL BE REFLECTED ON AMENDED RETURNS			

ldentifier	Return Reference	Explanation								
Form 990, Part VI, Section B, line 12c		EACH MEMBER OF THE BOARD OF DIRECTORS IS ASKED TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY								

ldentifier	Return Reference	Explanation				
Form 990, Part VI, Section B, line 15		THE FINANCE COMMITTEE CONDUCTS A SURVEY OF CEO/EXECUTIVE DIRECTOR SALARY DATA FOR COMPARABLE ORGANIZATIONS AND MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS BASED ON THEIR REVIEW				

ldentifier	Return Reference	Explanation				
Form 990, Part Section C, line	' I	FORMS 990, 990-T AND 1023 ARE AVAILABLE FROM THE ORGANIZATION UPON REQUEST FORMS 990 AND 990-T ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE, WWW DEVELOPMENTALPATHWAYS ORG				

ldentifier	Return Reference	Explanation		
Form 990, Part VI, Section C, line 19		THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON REQUEST		

	ldentifier	Return Reference	Explanation
ı	PART XI, LINE	AUDIT AND INDEPENDENT ACCOUNTANT	THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS HOWEVER, THE STATE OF COLORADO, DEPARTMENT OF HUMAN SERVICES, DIVISION FOR DEVELOPMENTAL DISABILITIES, IS RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT ACCOUNTANT

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

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493133025020

2008

Open to Public Inspection

# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

Name of the organization
DEVELOPMENTAL PATHWAYS INC

Employer identification number

84-0534643

Part I Identification of Disregarded Entities					
<b>(A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Deal TT Triangliffication of Deleted Text Forward Opension	•	•			

#### Part II Identification of Related Tax-Exempt Organizations

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	<b>(F)</b> Direct controlling entity
DEVELOPMENTAL PATHWAYS HOUSING CORP I  325 INVERNESS DRIVE SOUTH ENGLEWOOD, CO80112 31-7148624	OPERATION OF A RESIDENTIAL FACILITY FOR DEVELOPMENTALLY DISABLED	СО	501(C)(3)	509(A)(2)	
DEVELOPMENTAL PATHWAYS HOUSING CORP II  325 INVERNESS DRIVE SOUTH ENGLEWOOD, CO80112 31-1706977	OPERATION OF A RESIDENTIAL FACILITY FOR DEVELOPMENTALLY DISABLED	СО	501(C)(3)	509(A)(2)	
DEVELOPMENTAL PATHWAYS HOUSING CORP III  325 INVERNESS DRIVE SOUTH ENGLEWOOD, CO80112 20-4236443	OPERATION OF A RESIDENTIAL FACILITY FOR DEVELOPMENTALLY DISABLED	СО	501(C)(3)	509(A)(2)	
For Demonstrate Reduction Act Notice and the Instructions for Form 000		Cat No E012EV		·	Cahadula D / Farm 000\ 2000

<b>(A)</b> Name, address, and EIN of related organization	Prim	<b>(B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	( <b>H)</b> Percentage r ownership		

Part V	Transactions v	with Related	<b>Organizations</b>
--------	----------------	--------------	----------------------

N	ote. Complete line 1 if any entity is listed in Parts II, III or IV			T	Yes	No		
<b>1</b> Dur	ng the tax year, did the orgranization engage in any of the following transactions with or	ne or more related organizations listed in Parts II-IV	7	$\top$				
a F	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		12	а		No		
<b>b</b> (	ift, grant, or capital contribution to other organization(s)		11	ь		No		
<b>c</b> (	c Gift, grant, or capital contribution from other organization(s)							
d L	d Loans or loan guarantees to or for other organization(s)							
e l	oans or loan guarantees by other organization(s)		16	e		No		
f S	ale of assets to other organization(s)			f		No		
g F	urchase of assets from other organization(s)		19	g		No		
h E	xchange of assets		11	h		No		
i L	ease of facilities, equipment, or other assets to other organization(s)		11	.i		No		
j L	ease of facilities, equipment, or other assets from other organization(s)		1j	j		No		
k F	erformance of services or membership or fundraising solicitations for other organization	n(s)	11	k		No		
I P	erformance of services or membership or fundraising solicitations by other organization	(s)	11	.ī		No		
<b>m</b> 9	haring of facilities, equipment, mailing lists, or other assets		1r	m		No		
n S	haring of paid employees		1r	n		No		
o F	eimbursement paid to other organization for expenses		10	•		No		
p F	eimbursement paid by other organization for expenses		1;	р		No		
q (	ther transfer of cash or property to other organization(s)		10	q		No		
r C	ther transfer of cash or property from other organization(s)		11	.r		No		
<b>2</b> I	the answer to any of the above is "Yes," see the instructions for information on who mu	ist complete this line, including covered relationships	and transaction thresholds	—				
	(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved					

	(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)	DEVELOPMENTAL PATHWAYS HOUSING CORP I	D	43,523
(2)	DEVELOPMENTAL PATHWAYS HOUSING CORP II	D	31,087
(3)	DEVELOPMENTAL PATHWAYS HOUSING CORP III	D	45,400
(4)			
(5)			
(6)			

#### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_			
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Cabadul	. D (Farm	9907 2008		