



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

A For the 2010 calendar year, or tax year beginning , **2010**, and ending , **20**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	C Name of organization PATHWAYS TO CHILDREN FOUNDATION Number and street (or P O box, if mail is not delivered to street address) Room/suite 100 2ND STREET SE #1201 City or town, state or country, and ZIP + 4 MINNEAPOLIS, MN 55414	D Employer identification number 26-2736147 E Telephone number (612) 623-4345 F Group Exemption Number ►
--	--	--

G Accounting method ☒ Cash ☐ Accrual Other (specify) ► **H** Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I Website:** ► WWW.PATHWAYSTOCHILDREN.ORG**J** Tax-exempt status (check only one) ☒ 501(c)(3) ☐ 501(c)() ◀ (insert no) 4947(a)(1) or 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 105,182.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I. ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	76,827.
	2 Program service revenue including government fees and contracts	2	21,615.
	3 Membership dues and assessments	3	
	4 Investment income	4	128.
	5 a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ 27,336. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	332.	
c Less direct expenses gaming and fundraising events	6c	999.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-667.	
7 a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b	250.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	6,000.	
8 Other revenue (describe in Schedule O)	8	30.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	103,933.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	43,250.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	0.
	13 Professional fees and other payments to independent contractors	13	5,820.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	338.
	16 Other expenses (describe in Schedule O)	16	34,288.
	17 Total expenses. Add lines 10 through 16	17	83,696.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	20,237.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	91,697.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	111,934.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

Part V Other Information (Note the statement requirements in the instructions for Part V)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T	ATTACH 11	
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ▶ MN,		
42 a The organization's books are in care of ▶ ROBERT T YORK Telephone no ▶ 612-375-1138		
Located at ▶ 90 S 7TH ST, SUITE 5500 MINNEAPOLIS, MN ZIP + 4 ▶ 55402		
b 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)?	42b	X
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	X
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

Form 990-EZ (2010)

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a 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," Form 990 and Schedule R must be completed instead of Form 990-EZ		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

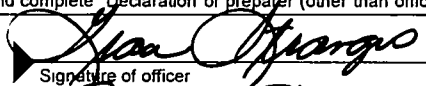
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

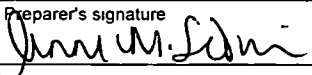
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ Yes ☐ No

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  **5-12-2011**
 Signature of officer Date
Braze Strangis Executive Director
 Type or print name and title

Paid Preparer Use Only
 Preparer's name: Anne M. Ledwein Preparer's signature:  Date: 5/11/2011
 Check ☐ if self-employed PTIN: P00448677
 Firm's name: CBIZ MHM, LLC Firm's EIN: 34-1873282
 Firm's address: 222 S 9TH ST, #1000 MINNEAPOLIS, MN 55402 Phone no: 612-339-7811

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

PATHWAYS TO CHILDREN FOUNDATION

Employer identification number

26-2736147

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.)
- 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			25,600.	132,215	76,827	234,642
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			25,600	132,215	76,827	234,642
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						234,642

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4			25,600	132,215	76,827	234,642
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					128	128
9 Net income from unrelated business activities, whether or not the business is regularly carried on					6,000	6,000
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)				50	30	80
11 Total support. Add lines 7 through 10						240,850
12 Gross receipts from related activities, etc. (see instructions)					12	70,558
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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test - 2010. 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 - 2009. 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 - 2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
b 10%-facts-and-circumstances test - 2009. 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 IV 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV)						
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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests - 2010. 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 - 2009. 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Also complete this part for any additional information. (See instructions)

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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

PATHWAYS TO CHILDREN FOUNDATION

Employer identification number

26-2736147

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION

OTHER INVESTMENTS

AMOUNT

128.

TOTAL

128.

ATTACHMENT 2

FORM 990EZ, PART I - EXCLUDED CONTRIBUTIONS

DESCRIPTION

GHANDI MAHAL

AMOUNT

27,336.

TOTAL

27,336.

ATTACHMENT 3

FORM 990EZ, PART I - FUNDRAISING EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
GHANDI MAHAL		372.	-372.
COLORADO SILENT AUCTION	332.	627.	-295.
TOTALS	<u>332.</u>	<u>999.</u>	<u>-667.</u>

ATTACHMENT 4

FORM 990EZ, PART I - COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR	
PURCHASES	
SALARIES AND WAGES	
OTHER COSTS	250.
SUBTOTAL	<u>250.</u>
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	<u>250.</u>

Name of the organization	Employer identification number
PATHWAYS TO CHILDREN FOUNDATION	26-2736147

ATTACHMENT 5

FORM 990EZ, PART I - OTHER REVENUE

MISC. INCOME	30.
TOTALS	30.

ATTACHMENT 6

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	470.
TRAVEL	32,751.
WEBSITE EXPENSE	729.
OFFICE EXPENSES	141.
MISC.	172.
MN REGISTRATION FEE	25.
TOTAL	34,288.

ATTACHMENT 7

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	91,697.	111,934.
TOTALS	91,697.	111,934.

ATTACHMENT 8

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE ESSENTIAL SKILLS, EXPERTISE AND SUPPLIES TO ORPHANAGES, SCHOOLS AND MEDICAL FACILITIES THAT WORK WITH CHILDREN IN IMPOVERISHED AREAS IN THE UNITED STATES AND IN DEVELOPING COUNTRIES.

ATTACHMENT 9

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT 1

VOLUNTEER MISSIONS - PATHWAYS TO CHILDREN FOUNDATION COORDINATES MISSION TRIPS TO IMPOVERISHED AREAS IN THE UNITED STATES AND

Name of the organization

PATHWAYS TO CHILDREN FOUNDATION

Employer identification number

26-2736147

ATTACHMENT 9 (CONT'D)

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DEVELOPING COUNTRIES. DURING 2010, THE ORGANIZATION FACILITATED A TRIP TO CALCUTTA, INDIA. FIVE VOLUNTEERS PARTICIPATED IN THIS TRIP. OVER 40 HOURS OF VOLUNTEER TIME WAS SPENT AT AREA HOSPITALS, SCHOOLS AND ORPHANAGES. THE VOLUNTEERS SPENT THEIR TIME CARING FOR CHILDREN GETTING FITTED FOR HEARING AIDS AT A SCHOOL FOR THE BLIND, COACHING AND TUTORING CHILDREN AT THE SERAMPORE SLUM SCHOOL AND CARING FOR HANDICAPPED CHILDREN AT MOTHER TERESA'S ORPHANAGE.

ATTACHMENT 10

PROGRAM SERVICE ACCOMPLISHMENT 2

GRANT MAKING - PATHWAYS TO CHILDREN FOUNDATION PARTNERS WITH U.S. BASED ORGANIZATIONS TO PROVIDE FUNDING FOR VARIOUS PROJECTS THAT IMPROVE THE LIVES OF CHILDREN. DURING 2010, THE ORGANIZATION MADE GRANTS TO PROVIDE MEDICAL CARE TO CHILDREN IN CALCUTTA, INDIA AND TO SUPPORT A SCHOOL IN CALCUTTA. PATHWAYS TO CHILDREN FOUNDATION ALSO DONATED A MODEST AMOUNT OF SUPPLIES TO ORGANIZATIONS DURING THE YEAR TO BE USED IN INDIA DURING THE YEAR. THE ORGANIZATION SPENT TIME CONSULTING ON FUTURE PROJECTS WITH ST. JUDE'S CHARITABLE TRUST, COME LET'S DANCE, AND CALCUTTA MERCY MINISTRIES. APPROXIMATELY 20 HOURS PER MONTH WAS SPENT CONSULTING.

ATTACHMENT 11

FORM 990EZ, PART V - EXPLANATION FOR BUSINESS INCOME NOT REPORTED ON FORM 990-T

LINE 6A - SILENT AUCTION SALE - NOT REGULARLY CARRIED ON
LINE 7A - SALE OF GREETING CARDS - NOT REGULARLY CARRIED ON
LINE 8 - MISC. INCOME - NOT REGULARLY CARRIED ON

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS

ATTACHMENT 12

IN EXCESS OF \$5000

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>
-----------------------------------	---

<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
---	---------------

GRANTS PAID

CALCUTTA MERCY MINISTRIES
3267 EAST 3300 SOUTH, SUITE 131
SALT LAKE CITY, UT 84109

NONE
PUBLIC CHARITY

IMPROVING THE LIVES OF CHILDREN THROUGH MEDICAL
CARE AND EDUCATION

25,000

ST JUDE'S CHILDCARE CENTERS USA
925 14TH ST APT 1
SANTA MONICA, CA 90403

NONE
PUBLIC CHARITY

PLAYGROUND EQUIPMENT - HOME OF GRACE

12,000

TOTAL CONTRIBUTIONS PAID

37,000

PATHWAYS TO CHILDREN FOUNDATION

26-2736147

ATTACHMENT 13FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
GRACE STRANGIS 100 2ND STREET SE #1201 MINNEAPOLIS, MN 55414	FOUNDER, EXECUTIVE DIRECTOR 5.00	0.	0.	0.
ROBERT YORK 100 2ND STREET SE #1201 MINNEAPOLIS, MN 55414	SECRETARY 1.00	0.	0.	0.
LISA OLSON 100 2ND STREET SE #1201 MINNEAPOLIS, MN 55414	FINANCE DIRECTOR 2.00	0.	0.	0.
JENNIFER ARENDS 100 2ND STREET SE #1201 MINNEAPOLIS, MN 55414	ADMINISTRATIVE COORDINATOR 2.00	0.	0.	0.
GOPAL KHANNA 100 2ND STREET SE #1201 MINNEAPOLIS, MN 55414	ADVISOR 1.00	0.	0.	0.
SARA NEWHALL 100 2ND STREET SE #1201 MINNEAPOLIS, MN 55414	DEVELOPMENT DIRECTOR 1.00	0.	0.	0.
MARGARET LECLAIR 100 2ND STREET SE #1201	ADVISOR 1.00	0.	0.	0.

PATHWAYS TO CHILDREN FOUNDATION

26-2736147

ATTACHMENT 13 (CONT'D)

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES

MINNEAPOLIS, MN 55414

GRAND TOTALS

0.	0.	0.
----	----	----