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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

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)

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

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

Name of organization

PATHWAY TO HOPE INC

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

520 S HARRISON NO 206

City or town, state or country, and ZIP + 4

OLATHE, KS 66061

D Employer identification number

48-1240465

E Telephone number

(913) 397-8552

F Group Exemption Number

G Accounting method

Cash

Accrual

Other (specify)

I Website:

WWW.PATHWAYTOHOPE.ORG

J Tax-Exempt status (check only one)

501(c)(3)

501(c) () (insert no)

4947(a)(1) or

527

H Check

if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally more than \$50,000. A Form 990-EZ or Form 990 return is not required though 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. \$ 142,615

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	106,259
	2	Program service revenue including government fees and contracts	2	24,407
	3	Membership dues and assessments	3	
	4	Investment income	4	91
	5a	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	6d	-13,919
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ 35,760 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
Expenses	c	Less direct expenses from gaming and fundraising events	6c	24,808
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	-13,919
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	969
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	117,807
	10	Grants and similar amounts paid (list in Schedule O)	10	45
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	58,807
Net Assets	13	Professional fees and other payments to independent contractors	13	20,984
	14	Occupancy, rent, utilities, and maintenance	14	33,776
	15	Printing, publications, postage, and shipping	15	4,547
	16	Other expenses (describe in Schedule O)	16	33,163
	17	Total expenses. Add lines 10 through 16	17	151,322
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-33,515
	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	95,492
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	61,977

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

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(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	2,471	22	18,604
23	Land and buildings	166,381	23	162,918
24	Other assets (describe in Schedule O)	5,517	24	4,202
25	Total assets	174,369	25	185,724
26	Total liabilities (describe in Schedule O)	78,877	26	123,747
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	95,492	27	61,977

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

☒

What is the organization's primary exempt purpose?
EXISTS TO EDUCATE, EMPOWER, AND ADVOCATE FOR THOSE WHOSE LIVES ARE AFFECTED BY MENTAL ILLNESS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 THE PRIMARY EXEMPT PURPOSE OF PATHWAY TO HOPE (PTH) IS TO OPERATE AS A PUBLIC CHARITY. PTH EXISTS TO EDUCATE, EMPOWER, AND ADVOCATE FOR FAMILIES AND INDIVIDUALS LIVING WITH MENTAL ILLNESS. IN 2011, PTH ACHIEVED THE FOLLOWING -PRESENTED OUR COURSE, WITH HOPE IN MIND, 3 TIMES AT COLLEGE CHURCH OF THE NAZARENE (CCON) IN OLATHE, KS FOR FAMILY MEMBERS OF ADULTS LIVING WITH MENTAL ILLNESS -FACILITATED WEEKLY FAMILY SUPPORT GROUPS AT CCON -FACILITATED WEEKLY SURVIVOR (THOSE WITH THE ILLNESS) SUPPORT GROUPS AT CCON -PROVIDED ONE FACILITATOR TRAINING FOR SUPPORT GROUP FACILITATORS -ATTENDED FOUR RESOURCE FAIRS AT THE RESIDENTIAL CENTER IN GARDNER -PROVIDED TRANSPORTATION, MADE CALLS, LISTENED, WAS PRESENT AT A COURT PROCEDURE OR A SCHOOL MEETING OR THE MENTAL HEALTH CENTER, AND ACCOMPANIED CLIENTS TO THE ER/HOSPITAL WHEN NEEDED, WENT ON CRISIS CALLS AND DEALT WITH THE POLICE -VISITED CLIENTS IN JAIL, TALKED TO THEIR ATTORNEYS, TESTIFIED ON THEIR BEHALF -HELPED CLIENTS WITH SSI/SSDI AND SRS INFO AND WHERE TO GO TO GET THE INFORMATION NEEDED -PROVIDED COMMUNITY OUTREACH THROUGH A SPEAKER'S BUREAU -PROVIDED ACTIVITIES THROUGHOUT THE YEAR FOR SURVIVORS, SUCH AS POOL PARTIES AND POTLUCKS, AS WELL AS COMBINED ACTIVITIES WITH THE FAMILY GROUPS, INCLUDING A FLOAT TRIP, SUPER BOWL PARTY, CHRISTMAS PARTY AND NEW YEAR'S EVE PARTY -EVEN THOUGH WE PURCHASED THE BLAKE HOUSE IN MARCH, 2007, WE CONTINUE TO MAINTAIN IT WITH QUALITY RESIDENTS AND A PART-TIME STAFF -WE HAVE BUILT BRIDGES/CONTACTS WITH JOHNSON COUNTY MENTAL HEALTH, JAILS AND OTHER PROFESSIONAL AGENCIES, AS WELL AS INDEPENDENT PROFESSIONALS, DEVELOPING AN EXCELLENT REPUTATION. WE HAVE EXTENDED THOSE CONTACTS OUTSIDE OF OUR AREA TO LEAVENWORTH, TOPEKA, AND WYANDOTTE, TO NAME A FEW. THESE ARE PLACES WHERE THE ORGANIZATION CAN PICK UP THE PHONE AND TALK TO SPECIFIC PEOPLE ABOUT SERVICES OR SITUATIONS -SURVIVORS FORMED THEIR OWN COUNCIL IN THE SPRING OF 2008 AND HAVE TAKEN A VERY ACTIVE ROLE IN THE LEADERSHIP OF THEIR GROUP, WHICH CONTINUES TO GROW AND ACHIEVE NEW GOALS -WE HAD A VERY SUCCESSFUL 6TH ANNUAL NIGHT AT THE MOVIES EVENT -MOST IMPORTANTLY, WE PROVIDED HOPE TO FAMILIES AND SURVIVORS LIVING WITH MENTAL ILLNESS! (Grants \$ 0) If this amount includes foreign grants, check here ☐		28a	93,046
29 (Grants \$) If this amount includes foreign grants, check here ☐		29a	
30 (Grants \$) If this amount includes foreign grants, check here ☐		30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	93,046

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
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	No
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		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ☐ 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	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	No
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	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ☐ 0, section 4912 ☐ 0, section 4955 ☐ 0		
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	No
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 . . . ☐ 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ☐ 0		
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	No
41	List the states with which a copy of this return is filed ☐ _____		
42a	The organization's books are in care of ☐ JOYCE SMITH Telephone no ☐ (913) 397-8552 520 S HARRISON STE 206 Located at ☐ OLATHE, KS ZIP + 4 ☐ 66061		
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)? 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 .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ☐ _____	42c	No
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		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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 may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
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		No

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.

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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	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 each 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	***** Signature of officer	2012-11-12 Date			
	RON SHRUM, CURRENT CHAIRPERSON Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	GREGORY D OWENS	Date	Check if self-employed ☐	Preparer's taxpayer identification number (See instructions) P00048643
	Firm's name (or yours if self-employed), address, and ZIP + 4	KELLER & OWENS LLC 10955 LOWELL AVE STE 800 OVERLAND PARK, KS 66210			EIN 48-1195228
					Phone no (913) 338-3500

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization PATHWAY TO HOPE INC	Employer identification number 48-1240465
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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 **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 Se**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 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)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
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 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	120,262	132,848	89,660	130,247	106,259	579,276
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	120,262	132,848	89,660	130,247	106,259	579,276
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)						39,631
6 Public Support. Subtract line 5 from line 4						539,645

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	120,262	132,848	89,660	130,247	106,259	579,276
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	924	760	485	11	91	2,271
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets			413	1,751	969	3,133
11	Total support (Add lines 7 through 10)						584,680
12	Gross receipts from related activities, etc (See instructions)					12	116,605
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14 92 300 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15 84 410 %
16a	33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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.** Supplemental Information. Complete this part to provide the explanation 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).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:

Software Version:

EIN: 48-1240465

Name: PATHWAY TO HOPE INC

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SHARON LAWRENZ--NON VOTING 520 S HARRISON OLATHE,KS 66061	EXECUTIVE DIRECTOR 40 00	24,000	0	0
RON SHRUM 520 S HARRISON OLATHE,KS 66061	CHAIRMAN 3 00	0	0	0
BOB SLATTERY 520 S HARRISON OLATHE,KS 66061	VICE CHAIRMAN 1 00	0	0	0
DICK LAWRENZ--NON VOTING 520 S HARRISON OLATHE,KS 66061	SECRETARY 2 50	0	0	0
GREGG HERBERT 520 S HARRISON OLATHE,KS 66061	TREASURER 2 00	0	0	0
JENNY ZIMMERMAN 520 S HARRISON OLATHE,KS 66061	BOARD MEMBER 1 00	0	0	0
HECTOR SILVA 520 S HARRISON OLATHE,KS 66061	BOARD MEMBER 1 00	0	0	0
CLAY SCHNITTKER 520 S HARRISON OLATHE,KS 66061	BOARD MEMBER 1 00	0	0	0
LARRY DOWD 520 S HARRISON OLATHE,KS 66061	BOARD MEMBER 1 00	0	0	0

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
PATHWAY TO HOPE INC

Employer identification number
48-1240465

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐

Mail solicitations

b

☐

Internet and e-mail solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

2a

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

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

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

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

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>NIGHT AT THE MOVIES</u>	<u>GOLF TOURNAMENT</u>	<u>2</u>	(Add col (a) through col (c))	
			(event type)	(event type)	(total number)		
	1	Gross receipts	25,773	14,452	6,424	46,649	
	2	Less Charitable contributions	22,623	11,060	2,077	35,760	
3	Gross income (line 1 minus line 2)	3,150	3,392	4,347	10,889		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes		960		960	
	6	Rent/facility costs	5,108	4,440		9,548	
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	5,723	4,148	4,429	14,300	
	10	Direct expense summary Add lines 4 through 9 in column (d). ►					(24,808)
	11	Net income summary Combine lines 3 and 10 in column (d). ►					-13,919

Part III Gaming.

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

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
Direct Expenses	1	Gross revenue				
	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary Combine lines 1 and 7 in column (d)				

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

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

b If "No," Explain

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

b If "Yes," Explain

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

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

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?

Yes

No

b

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

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

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

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
PATHWAY TO HOPE INC**Employer identification number**

48-1240465

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 91
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION OTHER INCOME AMOUNT 969
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION ADVERTISING AMOUNT 773 DESCRIPTION OTHER EXPENSES AMOUNT 895 DESCRIPTION OFFICE EXPENSE AMOUNT 1,200 DESCRIPTION DEPRECIATION AMOUNT 1,109 DESCRIPTION CONFERENCES & MEETINGS AMOUNT 33 DESCRIPTION SUPPORT GROUP AMOUNT 581 DESCRIPTION INSURANCE AMOUNT 2,173 DESCRIPTION MEALS AND ENTERTAINMENT AMOUNT 170 DESCRIPTION PAYROLL TAXES AMOUNT 5,794 DESCRIPTION SUPPLIES AMOUNT 5,320 DESCRIPTION TRAVEL AMOUNT 3,677 DESCRIPTION TELEPHONE AMOUNT 3,557 DESCRIPTION INFORMATION TECHNOLOGY AMOUNT 7,881 TOTAL TO FORM 990-EZ, LINE 16 33,163
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION PREPAID EXPENSES AND DEFERRED CHARGES BEG OF YEAR AMOUNT 464 END OF YEAR AMOUNT 464 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 5,053 END OF YEAR AMOUNT 3,738
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 2,999 END OF YEAR AMOUNT 898 DESCRIPTION MORTGAGES PAYABLE BEG OF YEAR AMOUNT 74,449 END OF YEAR AMOUNT 121,671 DESCRIPTION PAYROLL LIABILITIES BEG OF YEAR AMOUNT 1,429 END OF YEAR AMOUNT 1,178

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: PATHWAY TO HOPE INC

EIN: 48-1240465

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.