

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

# 2022

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>DEVELOPMENTAL PATHWAYS, INC.</b>		<b>D</b> Employer identification number <b>84-0534643</b>
	Doing business as		<b>E</b> Telephone number <b>303-360-6600</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>14280 E JEWELL AVE.</b>		<b>G</b> Gross receipts \$ <b>53,812,247.</b>
City or town, state or province, country, and ZIP or foreign postal code <b>AURORA, CO 80012</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>MATTHEW VANAUKEN</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? Yes No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions	
<b>J</b> Website: <b>WWW.DEVELOPMENTALPATHWAYS.ORG</b>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		<b>L</b> Year of formation: <b>1964</b>	<b>M</b> State of legal domicile: <b>CO</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE SERVICES TO PERSONS WITH DEVELOPMENTAL DISABILITIES FOR ARAPAHOE AND DOUGLAS COUNTIES.</b>		
	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>428</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>27</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>315,942.</b>	<b>113,468.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>45,274,230.</b>	<b>50,414,179.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>2,919,837.</b>	<b>868,248.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0.</b>	<b>0.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>48,510,009.</b>	<b>51,395,895.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>2,439,971.</b>	<b>7,718,551.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>15,708,908.</b>	<b>26,842,122.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>94,514.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>26,533,715.</b>	<b>18,673,833.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>44,682,594.</b>	<b>53,234,506.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>3,827,415.</b>	<b>-1,838,611.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>46,115,173.</b>	<b>45,425,909.</b>
		<b>7,878,413.</b>	<b>7,904,806.</b>
		<b>38,236,760.</b>	<b>37,521,103.</b>

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>MATTHEW VANAUKEN, CHIEF EXECUTIVE OFFICER</b>		5/9/2024		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>KYLE FRITCH, CPA</b>	<b>KYLE FRITCH, CPA</b>	<b>04/30/24</b>	<input type="checkbox"/>	<b>P01313374</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>EIDE BAILLY LLP</b>	<b>45-0250958</b>		<b>970-223-8825</b>	
	Firm's address				
	<b>2950 E. HARMONY RD., STE. 290</b>				
	<b>FORT COLLINS, CO 80528-3429</b>				

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO ENRICH THE LIVES OF INDIVIDUALS WITH DISABILITIES/DELAYS BY PARTNERING TO PROVIDE EXPERTISE, SUPPORT, AND ADVOCACY IN THEIR PURSUIT OF A MEANINGFUL LIFE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 14,452,176. including grants of \$ ) (Revenue \$ 17,015,387.) EARLY INTERVENTION IS FOR CHILDREN FROM BIRTH UP TO AGE THREE WHICH OFFER INFANTS AND TODDLERS AND THEIR FAMILIES, SERVICES AND SUPPORTS TO ENHANCE CHILD DEVELOPMENT IN THE AREAS OF COGNITION, SPEECH, COMMUNICATION, PHYSICAL, MOTOR, VISION, HEARING, SOCIAL-EMOTIONAL DEVELOPMENT, AND SELF-HELP SKILLS; PARENT-CHILD OR FAMILY INTERACTION; AND EARLY IDENTIFICATION, SCREENING AND ASSESSMENT SERVICES.

4b (Code: ) (Expenses \$ 12,584,198. including grants of \$ ) (Revenue \$ 16,587,738.) CASE MANAGEMENT IS THE DETERMINATION OF ELIGIBILITY FOR SERVICES AND SUPPORTS, SERVICE AND SUPPORT COORDINATION, AND THE MONITORING OF ALL SERVICES AND SUPPORTS DELIVERED PURSUANT TO THE INDIVIDUALIZED PLAN, AND THE EVALUATION OF RESULTS IDENTIFIED IN THE INDIVIDUALIZED PLAN.

4c (Code: ) (Expenses \$ 9,459,085. including grants of \$ ) (Revenue \$ 9,678,735.) DEVELOPMENTAL DISABILITIES DISTRIBUTIONS IN COUNTY MILL LEVY FUNDS TO ORGANIZATIONS PROVIDING SERVICES AND SUPPORTS TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 9,319,228. including grants of \$ 7,718,551.) (Revenue \$ 7,132,319.)

4e Total program service expenses 45,814,687.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O .....

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	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 ..... <b>2a</b> 428		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .....		
<b>4a</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)? .....		X
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? .....		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? .....		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .....		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....		X
	If "Yes," complete Form 4720, Schedule O.		
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....		
	If "Yes," complete Form 6069.		

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 13		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 13		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?		X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed CO
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**MATTHEW VANAUKEN - 303-360-6600**  
**14280 E JEWELL AVE., STE. A, AURORA, CO 80012**

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

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATTHEW VANAUKEN CHIEF EXECUTIVE OFFICER	40.00			X			282,156.	0.	37,131.	
(2) KAREN FLORES CHIEF FINANCIAL OFFICER	40.00			X			200,752.	0.	16,465.	
(3) ERICA KITZMAN CHIEF OPERATING OFFICER	40.00			X			189,348.	0.	24,746.	
(4) DARCY TIBBLES VICE PRESIDENT OF COMMUNITY AFFAIRS	40.00					X	140,071.	0.	15,622.	
(5) AMY GROGAN VICE PRESIDENT OF CASE MANAGEMENT	40.00					X	140,313.	0.	12,575.	
(6) SANDRA BAUMAN VICE PRESIDENT OF CASE MANAGEMENT -	40.00					X	126,467.	0.	5,022.	
(7) NICOLE POLHAMUS DIRECTOR OF CASE MANAGEMENT	40.00					X	100,645.	0.	9,872.	
(8) KRISTIN HOOVER PRESIDENT	3.00	X		X			0.	0.	0.	
(9) DON TOUSSAINT VICE PRESIDENT	3.00	X		X			0.	0.	0.	
(10) TIM BATZ TREASURER (THRU 12/22)	2.50	X		X			0.	0.	0.	
(11) NANCY SHARPE TREASURER (FROM 1/23)	2.50	X		X			0.	0.	0.	
(12) MAYRE LYNN SCHMIT SECRETARY	2.50	X		X			0.	0.	0.	
(13) ABE LAYDON DIRECTOR	1.50	X					0.	0.	0.	
(14) JENN CONRAD DIRECTOR	1.50	X					0.	0.	0.	
(15) DANIEL SAMPSON DIRECTOR	1.50	X					0.	0.	0.	
(16) CARRIE WARREN-GULLY DIRECTOR (FROM 1/23)	1.50	X					0.	0.	0.	
(17) MICHAELA MCDONNELL DIRECTOR	1.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LOIS VAUGHAN DIRECTOR (THRU 10/22)	1.50	X						0.	0.	0.
(19) CHRIS ERICKSON DIRECTOR	1.50	X						0.	0.	0.
(20) MICHELLE KROEGER DIRECTOR	1.50	X						0.	0.	0.
(21) RICK NEWELL DIRECTOR	1.50	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,179,752.	0.	121,433.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,179,752.	0.	121,433.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONPROFIT MANAGEMENT SERVICES OF COLORADO, 14280 E. JEWELL AVENUE, SUITE A, AURORA, CONTINUUM OF COLORADO INC, 14280 E. JEWELL AVENUE, SUITE B, AURORA, CO 80012	MANAGEMENT SERVICES	2,923,747.
RTD-DENVER 1600 BLAKE STREET, DENVER, CO 80202	THERAPY & PROGRAM SERVICES	2,559,177.
EARLY START SPEECH & LANGUAGE SERVICES INC 110 ARCHER PL, DENVER, CO 80012	TRANSPORTATION SERVICES	517,988.
MILESTONE PEDIATRIC THERAPY SERVICES INC, 695 S COLORADO BLVD, STE 20, DENVER, CO	THERAPY AND PROGRAM SERVICES	468,847.
	THERAPY AND PROGRAM SERVICES	460,087.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 24



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	113,468.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		113,468.				
Program Service Revenue	<b>2 a</b>	EARLY INTERVENTION	Business Code					
			624100	17,015,387.	17015387.			
	<b>b</b>	CASE MANAGEMENT	624100	16,587,738.	16587738.			
	<b>c</b>	FAMILY SUPPORT AND COMMUNITY OUTR	624100	12,205,735.	12205735.			
	<b>d</b>	ADULT SUPPORTED LIVING	624100	882,658.	882,658.			
	<b>e</b>							
	<b>f</b>	All other program service revenue .....	624100	3,722,661.	3,722,661.			
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		50,414,179.					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		909,569.			909,569.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
				(ii) Other				
					2,365,220.	9,811.		
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	2,416,352.	0.			
<b>c</b>	Gain or (loss) .....	<b>7c</b>	-51,132.	9,811.				
<b>d</b>	Net gain or (loss) .....		-41,321.			-41,321.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....							
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>		Business Code					
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....						
<b>12</b>	<b>Total revenue.</b> See instructions .....			51,395,895.	50414179.	0.	868,248.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,718,551.	7,718,551.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	795,083.	407,874.	387,209.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	22,011,849.	17,293,788.	4,689,633.	28,428.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	2,404,209.	1,880,825.	523,384.	
<b>10</b> Payroll taxes .....	1,630,981.	1,268,278.	362,703.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	211,359.		211,359.	
<b>c</b> Accounting .....	53,238.		53,238.	
<b>d</b> Lobbying .....	25,000.		25,000.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	83,974.		83,974.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	9,300,905.	9,140,234.	160,671.	
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	71,921.	28,396.	43,525.	
<b>14</b> Information technology .....	1,095,129.	806,344.	282,126.	6,659.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	559,145.	468,434.	90,711.	
<b>17</b> Travel .....	180,650.	129,936.	50,571.	143.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	385,141.	320,590.	64,551.	
<b>23</b> Insurance .....	137,858.	12.	137,846.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> CLIENT CARE AND ASSISTANCE	6,095,776.	6,057,968.	249.	37,559.
<b>b</b> DUES AND SUBSCRIPTIONS	41,344.	33,921.	7,423.	
<b>c</b> MAINTENANCE	14,939.	2,279.	12,660.	
<b>d</b> _____				
<b>e</b> All other expenses _____	417,454.	257,257.	138,472.	21,725.
<b>25</b> Total functional expenses. Add lines 1 through 24e	53,234,506.	45,814,687.	7,325,305.	94,514.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	22,824,200.	<b>2</b>	20,057,602.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	5,794,867.	<b>4</b>	6,468,138.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	746,596.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	522,087.	<b>9</b>	501,333.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,652,287.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,487,588.	<b>10c</b>	1,164,699.
	<b>11</b> Investments - publicly traded securities .....	12,274,006.	<b>11</b>	14,229,256.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,194,186.	<b>12</b>	1,706,139.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	622,216.	<b>15</b>	1,298,742.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	46,115,173.	<b>16</b>	45,425,909.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,930,547.	<b>17</b>	3,190,019.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	4,492,197.	<b>19</b>	3,296,509.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	455,669.	<b>25</b>	1,418,278.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,878,413.	<b>26</b>	7,904,806.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	37,319,670.	<b>27</b>	36,530,425.
	<b>28</b> Net assets with donor restrictions .....	917,090.	<b>28</b>	990,678.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	38,236,760.	<b>32</b>	37,521,103.
	<b>33</b> Total liabilities and net assets/fund balances .....	46,115,173.	<b>33</b>	45,425,909.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	51,395,895.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	53,234,506.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,838,611.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	38,236,760.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,122,954.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	37,521,103.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	



**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	303,137.	53,805.	140,246.	315,942.	113,468.	926,598.
<b>2</b> 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 .....	42758766.	46796794.	43831674.	45274230.	50414179.	229075643
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	43061903.	46850599.	43971920.	45590172.	50527647.	230002241
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</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 .....	15044983.	17183837.	18070496.	18674192.	19263014.	88236522.
<b>c</b> Add lines 7a and 7b .....	15044983.	17183837.	18070496.	18674192.	19263014.	88236522.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						141765719

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....	43061903.	46850599.	43971920.	45590172.	50527647.	230002241
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	591,391.	387,660.	415,396.	551,250.	909,569.	2855266.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	591,391.	387,660.	415,396.	551,250.	909,569.	2855266.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	43653294.	47238259.	44387316.	46141422.	51437216.	232857507

**14 First 5 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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	15	60.88 %
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	16	61.28 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	17	1.23 %
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	18	1.09 %

**19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**DEVELOPMENTAL PATHWAYS, INC.**

Employer identification number

**84-0534643**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>DEVELOPMENTAL PATHWAYS, INC.</b>	Employer identification number  <b>84-0534643</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 8,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 70,489.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>DEVELOPMENTAL PATHWAYS, INC.</b>	Employer identification number  <b>84-0534643</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>DEVELOPMENTAL PATHWAYS, INC.</b>	Employer identification number  <b>84-0534643</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee



**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>DEVELOPMENTAL PATHWAYS, INC.</b>	Employer identification number <b>84-0534643</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	25,000.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	25,000.													
<b>d</b>	Other exempt purpose expenditures .....	53,125,532.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	53,150,532.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	33,687.	40,000.	16,667.	25,000.	115,354.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 4 columns: Question, (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) nondeductible lobbying, and aggregate amounts.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization DEVELOPMENTAL PATHWAYS, INC. Employer identification number 84-0534643

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding reporting of art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| 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, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	908,489.	1,098,307.	1,012,738.	1,051,905.	1,051,012.
b Contributions					
c Net investment earnings, gains, and losses	89,245.	-116,842.	284,329.	-2,697.	893.
d Grants or scholarships	-20,861.				
e Other expenditures for facilities and programs		72,976.	198,760.	36,470.	
f Administrative expenses					
g End of year balance	976,873.	908,489.	1,098,307.	1,012,738.	1,051,905.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
  - b Permanent endowment 92.9500 %
  - c Term endowment 7.0500 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,195,818.	594,426.	601,392.
d Equipment		1,456,469.	893,162.	563,307.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,164,699.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>LEASE PAYABLES</b>	<b>1,418,278.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	52,434,875.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,122,954.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,122,954.	
3	Subtract line 2e from line 1	3	51,311,921.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	83,974.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	83,974.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	51,395,895.	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	53,150,532.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	53,150,532.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	83,974.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	83,974.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	53,234,506.	

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

DEVELOPMENTAL PATHWAYS HAS A POLICY OF EXPENDING THE ENDOWMENT FOR THE HEALTH AND WELL-BEING, BROADLY DEFINED, FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND DELAYS. USE OF FUNDS WILL BE DETERMINED BY MANAGEMENT. TO THE EXTENT PRUDENT, IT IS EXPECTED THAT SPENDING FROM THE FUNDS WOULD BE MANAGED WITH A LONG-TERM PERSPECTIVE TO MAINTAIN THE LONG-TERM PURCHASING POWER OF THE FUNDS TO MEET LONGER TERM NEEDS OF PATHWAYS; BUT THAT SUCH LONG-TERM PERSPECTIVE WOULD NOT PREVENT THE ORGANIZATION FROM CONTINUING TO SPEND A PRUDENT AMOUNT FROM THE FUNDS DESPITE A FUND'S BALANCE FALLING BELOW TARGETED LEVELS. THIS IS CONSISTENT WITH PATHWAYS' OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF DONOR RESTRICTED ASSETS HELD IN PERPETUITY OR FOR A SPECIFIED TERM, AS WELL AS TO PROVIDE ADDITIONAL

**Part XIII** Supplemental Information (continued)

REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN.

PART X, LINE 2:

DEVELOPMENTAL PATHWAYS, INC. IS ORGANIZED AS A COLORADO NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE, QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION, AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION. THE ORGANIZATION ANNUALLY IS REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ORGANIZATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSES. THE ORGANIZATION HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990T) WITH THE IRS.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **DEVELOPMENTAL PATHWAYS, INC.** Employer identification number **84-0534643**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A BETTER LIFE HOME CARE 7405 S. UTICA STREET LITTLETON, CO 80128	88-1276336		8,560.	0.			PASA START UP SUPPORT
ABLELIGHT INC. 600 HOFFMANN DRIVE WATERTOWN, WI 53094	39-0806446		10,000.	0.			DSP STAFF RETENTION BONUSES AND INCENTIVES
ACTIV8 SPORTS, INC. DBA ALL-STARS CLUB - 8949 MINERS DR - HIGHLANDS RANCH, CO 80126	47-2053205		25,000.	0.			NEW CENTENNIAL ALL-STARS CLUB LOCATION, NEW HOLY LOVE LUTHERAN ALL-STARS CLUB LOCATION AND
ACTUALIZE BEHAVIOR ALTERNATIVES 9249 S. BROADWAY, SUITE 811 HIGHLANDS RANCH, CO 80129	81-5302225		24,500.	0.			EXPANSION EMPLOYEE CONVERSION & AGENCY RESTRUCTURING PROJECT
COLORADO INSTITUTE FOR DEVELOPMENTAL PEDIATRICS DBA ADAMS CAMP - 56 INVERNESS DR E, STE 250 - ENGLEWOOD, CO 80112	74-2432104	501(C)(3)	60,000.	0.			STAFF EXPANSION FOR SAFETY, BEHAVIOR HEALTH, COORDINATED SUPPORT AND 2023 STAFF RETENTION PLAN
AMY P. HILL DBA MENTAL HEALTH & INCLUSION MINISTRIES - 3729 S. DAYTON WAY, STE. 216 - AURORA, CO 80014	46-1336043		11,000.	0.			MENTAL HEALTH FIRST AID TRAINING PROJECT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **34.**

3 Enter total number of other organizations listed in the line 1 table **79.**

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

Schedule I (Form 990) 2022

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGELS SERVICE LLC 18224 E LAYTON PL AURORA, CO 80015	47-1634839		12,500.	0.			STABILITY AND ADVANCEMENT OF CURRENT WORKFORCE
ANOTHER WORLD LLC 8618 LAKEVIEW DRIVE PARKER, CO 80134	84-4321632		42,000.	0.			ANOTHER WORLD: TRAVEL MADE POSSIBLE
SCHERMERHORN, KELLY A. DBA ANSON'S PLACE LLC - 1410 S VAUGHN CIR - AURORA, CO 80012	87-1345668		17,514.	0.			EXPANSION OF ANSON'S PLACE STAFF AND REACH FOR CLIENTS
ARRAY CLINICAL AND THERAPEUTIC SERVICES INC - 451 21ST AVE, STE B - LONGMONT, CO 80501	83-4674101		40,000.	0.			ARRAY RURAL EXPANSION
AUTISM SOCIETY OF COLORADO PO BOX 848 BROOMFIELD, CO 80038	74-2432216	501(C)(3)	13,000.	0.			NEW SOCIAL AND SUPPORT GROUPS
AUTISM COMMUNITY STORE 14095 E. EXPOSITION AVE AURORA, CO 80012	27-3201143		8,000.	0.			EXPANDED SUMMER PROGRAMMING
BEHAVIORSPAN 14707 E 2ND AVE, GL100 AURORA, CO 80011	47-4043510		34,378.	0.			EXPANDING SERVICES VIA TELEHEALTH AND CO-TREATMENT, STAFF TRAINING AND PROVIDER
BREWABILITY LAB, LLC 3445 S BROADWAY ENGLEWOOD, CO 80113	47-4858674		30,000.	0.			OPERATIONS STABILITY AND STABILITY GRANT
BROKEN TREE COMMUNITY CENTER 4833 FRONT STREET, UNIT B-134 CASTLE ROCK, CO 80104	45-3736375		9,000.	0.			VAN PURCHASE

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CARING VOICES 794 MEMPHIS STREET AURORA, CO 80011-4543	47-4566797		16,000.	0.			ENRICHMENT OPPORTUNITY
CARING HOMES LLC 20448 E RADCLIFF AVENUE CENTENNIAL, CO 80015	32-0639818		7,500.	0.			STAFF CAPACITY/STABILITY
CARMEL COMMUNITY LIVING CORPORATION DBA OVERTURE - 451 21ST AVENUE, SUITE B - LONGMONT, CO 80501	84-1167248		375,000.	0.			HYBRID EMPLOYMENT/DAY PROGRAM SERVICES, CHRP AND FOSTER CARE PCA SERVICES
CENTREPOINT SUPPORT LIVING 6892 S YOSEMITE COURT, #1-101 A CENTENNIAL, CO 80112	47-3984212		7,000.	0.			JOB COACHES AND COMPUTERS
CENTREPOINT STEM ACADEMY 6892 S YOSEMITE COURT, #1-101 A CENTENNIAL, CO 80155	85-1598982		25,000.	0.			CAPACITY BUILDING
CHABAD JEWISH CENTER, INC DBA FRIENDSHIP CIRCLE OF COLORADO - 6100 E BELLEVIEW AVE - GREENWOOD VILLAGE, CO 80111	20-0285036	501(C)(3)	47,000.	0.			FRIENDSHIP CIRCLE NEW ADULT BRANCH AND EXPANSION FOR HOME HEALTH
THE CHILD AND FAMILY THERAPY CENTER OF DENVER LLC - 13466 W 60TH PL - ARVADA, CO 80004	83-4163190		35,500.	0.			HCBS WAIVERS TEAM EXPANSION AND RETENTION
COLORADO FUND FOR PEOPLE WITH DISABILITIES - 1355 S COLORADO BLVD, STE 920 - DENVER, CO 80222	84-1440363	501(C)(3)	30,000.	0.			CONNECTING PEOPLE WITH IDD EXPERIENCING HOMELESSNESS TO RESOURCES
IN COLORADO INITIATIVE FOR INCLUSIVE HIGHER EDUCATION - 7931 S BROADWAY #193 - CENTENNIAL, CO 80122	47-2441202		10,000.	0.			SUPPORTING AND EXPANDING INCLUSIVE HIGHER EDUCATION OUTREACH AND COMMUNITY ENGAGEMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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COLORADO FAMILY CAREGIVERS LLC 10475 ELIZABETH WAY COLORADO SPRINGS, CO 80908	84-5011760		38,750.	0.			NEW SOFTWARE AND RETENTION GIFTS
COLORADO NEURODIVERSITY CHAMBER OF COMMERCE - 2733 W 8TH AVE - DENVER, CO 80204	88-4066774	501C6	16,800.	0.			EMPLOYER NETWORKING EVENTS, WORKSHOPS, AND TRAININGS FOR STAFF CAPACITY AND GROWTH
COMMUNITY LIVING ALTERNATIVES INC 14252 E EVANS AVE AURORA, CO 80014	84-0838882		15,000.	0.			WHEELCHAIR ACCESSIBLE VAN
COMMUNITY SAILING OF COLORADO, LTD P.O. BOX 102613 DENVER, CO 80250	84-1284837	501(C)(3)	21,150.	0.			EXPANDING ADAPTIVE SAILING TO IMPACT INDIVIDUALS LIVING WITH I/DD
COMPLETE CARE COUNSELING 21699 QUINCY AVE, F-344 AURORA, CO 80015	83-0649160	501(C)(3)	30,000.	0.			STAFF CAPACITY
COMPASSION ADULT DAY CARE 1740 S BUCKLEY RD, #5 AURORA, CO 80017	83-1871920		45,000.	0.			TRANSPORTATION ASSISTANCE FOR PCA PROGRAM
CONNECT US 2121 S ONEIDA ST, UNIT #220 DENVER, CO 80224	26-4755254	501(C)(3)	28,000.	0.			SUMMER PROGRAM STAFF STABILITY AND SOCIAL-EMOTIONAL LEARNING & INCLUSION PROJECT
CONTINUUM OF COLORADO INC 14280 E. JEWELL AVE, SUITE B AURORA, CO 80012	45-5324193		3,618,624.	0.			DAY PROGRAMMING & HOUSING AND AGAVE HOUSE REMODEL
COTTONWOOD COMM. ALTERNATIVES P.O. BOX 946 ENGLEWOOD, CO 80151-0946	84-1170633	501(C)(3)	233,186.	0.			ADA ACCESSIBLE BATHROOMS, STAFFING STABILITY GRANT, VEHICLE REQUEST, AND HOUSING SUPPORTS

Schedule I (Form 990)

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ABILITY SPECIALISTS, INC 2200 S. MONACO PKWY, BUILD R DENVER, CO 80224	84-1489730		16,090.	0.			STAFF CAPACITY AND PROGRAM SUPPORT
DAVIS, KARLA DBA BREATHE MBS LLC 3190 SOUTH VAUGHN WAY AURORA, CO 80014	82-0915911		17,500.	0.			FACILITY EXPANSION
DEVELOPMENTAL FX - THE DEVELOPMENTAL & FRAGILE X RESOURCE CENTRE - 3615 MARTIN LUTHER KING BLVD - DENVER, CO 80205	02-0673474	501(C)(3)	9,590.	0.			SUPPORT FOR ONBOARDING NEW OCCUPATIONAL THERAPIST AND STABILITY SUPPORT FOR TRAINING DFX
EASTERSEALS COLORADO 393 S HARLAN ST, STE 250 LAKEWOOD, CO 80226	84-0412575	501(C)(3)	54,685.	0.			EXPANDING SERVICES COLORADOS EXPLORERS ADULT DAY PROGRAM AND EMPLOYEE RETENTION INITIATIVE
EZ CARE TRANSPORTATION LLC P.O. BOX 111443 AURORA, CO 80042	45-3235618		50,000.	0.			EZ CARE TRANSPORTATION STABILITY PROJECT
FAMILY VOICES COLORADO, INC. 6700 W. DORADO DRIVE, #16 LITTLETON, CO 80123	84-4273461	501(C)(3)	15,000.	0.			INTERVENER COMMUNITY PILOT
UANRERORO, OMON A DBA FAP TENDER CARE LLC - 13916 E ALABAMA PL - AURORA, CO 80012	88-1567242		16,000.	0.			TRANSPORTATION
JARI MAJEWSKI PRICE DBA FEEL THE BEAT CORP - 3330 S BROADWAY, #452 - ENGLEWOOD, CO 80113	81-3976702	501(C)(3)	11,500.	0.			STAFF CAPACITY
FINANCIAL HEALTH INSTITUTE, NPO 1200 CHEROKEE STREET, #206 DENVER, CO 80204	82-3447900		122,100.	0.			EDUCATION FOR INDEPENDENCE (EFI) FOR STUDENTS

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FARA-SCHEMBRI, PAULETTE DBA FLUIDSTRONG WELLNESS - 533 S DALE CT - DENVER, CO 80219	46-5675863		10,000.	0.			EQUIPMENT AND PROGRAM SUPPLIES TO INCREASE FITNESS ACCESSIBILITY
FOUNDATION FOR SUCCESSFUL LIVING, INC - 1879 AUSTIN BLUFFS PKWY - COLORADO SPRINGS, CO 80918	27-2902125		57,884.	0.			FSL EXPANSION
WORKU, ESKINDIR DBA FRIENDSHIP CARE HOME HEALTH - 16294 E. ALAMEDA PL, APT 101 - AURORA, CO 80017	88-0776965		12,000.	0.			EXPANSION FOR HOME HEALTH
GARDEN INC 4750 S SANTA FE CIR, UNIT 5 ENGLEWOOD, CO 80110	27-3730674	501(C)(3)	23,500.	0.			HEALTHY LIVING PROGRAM SUPPORT AND STAFFING CAPACITY
GIGI'S PLAYHOUSE, INC. DBA GIGI'S PLAYHOUSE - DENVER, LLC - 610 GARRISON ST, UNIT F - LAKEWOOD, CO 80215	85-3874604		33,600.	0.			STAFF RECOGNITION
GOLDSTAR LEARNING OPTIONS INC 7000 BROADWAY ST, UNIT 208 DENVER, CO 80221	45-4761056		88,000.	0.			BRIDGING EMPLOYMENT GOALS WITH COMMUNITY OPPORTUNITIES
GUIDED BY HUMANITY 3496 S. BROADWAY ENGLEWOOD, CO 80113	82-1456094	501(C)(3)	30,233.	0.			EXPANSION OF ACCESSIBLE MINDFULNESS RESPITE RETREAT PROGRAM AND STABILITY SUPPORT FOR
EMELDA CHIKA DURUEKE DBA HEART OF GOLD HOME CARE, LLC - 3033 S PARKER RD, UNIT 420 - AURORA, CO 80014-2910	82-5409205		15,800.	0.			STAFF CAPACITY GRANT
HOME CARE FOR CHILDREN INC. DBA MOUNTAIN HIGH HOME CARE - 1061 WHITE LEAF CIR - CASTLE ROCK, CO 80108	85-2900225		17,500.	0.			EXPANSION

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INFINITE COMPASSION 3819 S. QUINTERO CIRCLE AURORA, CO 80013	84-2728734		93,500.	0.			SPECIAL REHABILITATION SERVICES AND OPERATION STAFF CAPACITY
INTEGRATED LIFE CHOICES 6800 NORMAL BLVD LINCOLN, NE 68506	20-4187138		145,591.	0.			3 TRANSPORT VANS
INTEGRATING SUPPORTS COLORADO, INC 4294 GRAY FOX HEIGHTS COLORADO SPRINGS, CO 80922	84-3483168		20,000.	0.			INTEGRATING SUPPORTS COLORADO RESIDENTIAL EXPANSION
JEWISH FAMILY SERVICE OF COLORADO 3201 S TAMARAC DR DENVER, CO 80231	84-0402701	501(C)(3)	18,000.	0.			ACE STAFF CAPACITY TRAININGS
KAY HOME CARE AGENCY LLC 20084 E. 60TH PLACE AURORA, CO 80019	87-3531024		15,000.	0.			BUSINESS STABILITY
KORANTENG, EBENEZER DBA ZION CARE 23941 E. MINNOW DR. AURORA, CO 80016	86-1698992		25,800.	0.			CAPACITY EXPANSION AND VEHICLE PURCHASE
LARADON HALL SOCIETY FOR EXCEP. CHILDREN & ADULTS DBA LARADON - 5100 LINCOLN ST. - DENVER, CO 80216	84-0412621		10,600.	0.			RETENTION OF LARADON STAFF
LEAL-WALSH LLC DBA THE SENSORY CLUB DENVER - 4301 S FEDERAL BLVD, STE 102-103 - ENGLEWOOD, CO 80110	85-4360395		30,500.	0.			ACCESSIBILITY AND EXPANSION REQUEST, SUPPLIES AND EQUIPMENT
LIFELONG, INC 7175 W. JEFFERSON AVE., SUITE 4000 LAKEWOOD, CO 80235	47-5283373		26,427.	0.			STAFF STABILITY GRANT AND STAFF WELLNESS

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LIVING BETTER LLC 11453 E. 118TH PLACE HENDERSON, CO 80640	45-4351998		7,200.	0.			BUILD CAPACITY OF PROVIDERS AND IMPROVE RFP POSITIVE RESPONSES
LYON, JENNIFER DBA OUTLIVING 7333 S VANCE ST LITTLETON, CO 80128	83-4035993		50,000.	0.			NEW TRANSPORTATION VEHICLE
MARIA ROSA AMEZCUA MARTIN DBA MADISON'S GARDENS LLC - 3260 MONACO PKWY - DENVER, CO 80207	87-1185290		55,000.	0.			STAFF CAPACITY PROJECT/NEW ROLES, DAY PROGRAM EXPANSION PROJECT AND PCA EXPANSION
THE MANE MISSION 3658 N PERRY PARK ROAD SEDALIA, CO 80135	85-3711107	501(C)(3)	47,501.	0.			MANE MISSION I/DD SITE ENHANCEMENTS 2023
MILESTONE PEDIATRIC THERAPY SERVICES, INC. - 7720 E BELLEVIEW AVE, STE BG106 - GREENWOOD VILLAGE, CO 80111	45-4357374		25,500.	0.			STAFF CAPACITY TO INCREASE MILESTONE EARLY INTERVENTION CAPACITY AND CENTENNIAL CLINIC
MISSION PURSUIT LLC DBA HOWDY HOMEMADE ICE CREAM - 9130 S LOST HILL DRIVE - LONE TREE, CO 80124	88-1235615		55,000.	0.			HOWDY HOMEMADE ICE CREAM CATERING
MORE MAITRI, INC 720 W 84TH AVENUE, #224 THORNTON, CO 80260	47-1559690	501(C)(3)	13,440.	0.			EXPANSION
MOVED BY MUSIC, LLC 41664 REDS RD PAONIA, CO 81428	82-1139646		9,000.	0.			MUSIC THERAPISTS RETENTION SUPPORT
MOVE THROUGH YOGA INC 13611 E. 104TH AVE., STE 800/#83 COMMERCE CITY, CO 80022	46-3461963	501(C)(3)	50,000.	0.			PROGRAMMING TO EXPAND ACCESS TO ADAPTIVE PHYSICAL EDUCATION



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SNAPDRAGON CHILD DEVELOPMENT 8151 S YORK CT CENTENNIAL, CO 80122	82-1611307	S-CORPORATION	15,270.	0.			DEVELOPMENTAL INTERVENTIONIST TRAINING AND SUPPORT
OLIVER BEHAVIORAL CONSULTANTS 550 THORNTON PARKWAY, UNIT 234 THORNTON, CO 80229	27-2326030		16,500.	0.			EXPANDING AND STABILIZING BEHAVIORAL HEALTH SERVICES
MYERS, CARRIE DBA OPTIMUM GUIDANCE BEHAVIOR CONSULTING, LLC - 2 ADAMS STREET, #1406 - DENVER, CO 80206	83-3294874		6,800.	0.			EMPLOYEE RETENTION BONUS
PARKER PERSONAL CARE HOMES 1597 COLE BLVD., STE 250 LAKEWOOD, CO 80401	84-1582091		50,000.	0.			PHASE 2 OF 4WRD TOGETHER
PAZOS, HENRIETTA DBA NEW HORIZONS/ NUEVOS HORIZONTES PC - 2755 S LOCUST ST, STE 216 - DENVER, CO 80222	74-3048913		25,000.	0.			RESPONSIVE MENTAL HEALTH
POLLAK, DESIREE DBA C4C, LLC 7087 S MADISON WAY CENTENNIAL, CO 80122	46-5739953		9,500.	0.			DIRECT SERVICE PROFESSIONAL STABILITY SUPPORT
PRAYING HANDS RANCHES INC 11892 HILLTOP RD PARKER, CO 80134	74-2462291	501(C)(3)	15,000.	0.			EXPANSION OF ADAPTIVE RIDING LESSONS
PROMISE RANCH THERAPEUTIC RIDING DBA PROMISE RANCH THERAPIES&REC - 11892 HILLTOP RD - PARKER, CO 80134	26-2431767	501(C)(3)	72,938.	0.			PREVOCATIONAL SERVICES FOR DD/SLS MEMBERS AND MENTAL WELLNESS GROUPS
REHABILITATIVE RHYTHMS 2222 S FRASER ST, UNIT #2 AURORA, CO 80014	30-1199345	501(C)(3)	22,739.	0.			ORGANIZATIONAL STABILITY SUPPORT DURING RELOCATION AND STAFF RETENTION BONUSES

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REVEL 3501 BLAKE STREET #250 DENVER, CO 80205	81-2022482		18,000.	0.			HIRING AND STAFF RETENTION
RIGHT AT HOME 14221 E 4TH AVE, BLDG 2, STE 340 AURORA, CO 80011	84-4698393		32,700.	0.			HEALTH AND WELLNESS
GARY LEWIS DBA ROCKY MOUNTAIN DAY SERVICE, LTD - 10200 E GIRARD AVE, BLDG C-204 - DENVER, CO 80231	85-1584471		10,000.	0.			INCLUSIVE EMPLOYMENT WORKSHOPS
LEE, SUNAM DBA SC HELPING FOUNDATION - 1746 S. CHAMBERS ROAD - AURORA, CO 80017	88-1358162	501(C)(3)	14,450.	0.			JOB TRAINING
LEE, SUNAM DBA SEASONS CREATIONS LLC - 6364 S. IDER WAY - AURORA, CO 80016	80-0816866		24,180.	0.			HANDS-ON TRANSITION CENTER
KEITHAN HOLIDAY DBA SEB'S RECREATION CENTER - 1710 S BUCKLEY RD, UNIT 9 - AURORA, CO 80017	46-3565020	501(C)(3)	15,000.	0.			STABILITY SUPPORT
SHOW AND TELL CORPORATION DBA SHOW AND TELL - 3131 S VAUGHN WAY, #214 - AURORA, CO 80014	84-4013721	501(C)(3)	40,000.	0.			COMMUNITY LIAISON AND PROGRAM SUPPORTS
SKILLS ACADEMY VOCATIONAL CENTER 1575 GARDEN OF THE GODS RD, STE 250 COLORADO SPRINGS, CO 80907	83-1433179		60,000.	0.			EXPANSION OF BEHAVIORAL SERVICES, TRANSPORTATION, AND VOCATIONAL TRAINING FOR CHRP INDIVIDUALS
SKY CLIFF STROKE CENTER DBA SKY CLIFF CENTER - 4600 E HIGHWAY 86 - CASTLE ROCK, CO 80104	74-2342750	501(C)(3)	6,000.	0.			NEURO-DIVERSE HOUSING FEASIBILITY CONSULTATION

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SPECIAL OLYMPICS COLORADO 12450 E ARAPAHOE RD, STE C CENTENNIAL, CO 80112	84-0713739		55,000.	0.			SUPPORTING IDD PROGRAMMING
PERRY & DAVIS ENTERPRISE, LLC DBA STARS & STRIPES TRANSPORTATION - 13791 E RICE PL, STE 105 - AURORA, CO 80015	80-0679576		20,000.	0.			CAPACITY BUILDING
STEPPING STONE SUPPORT CENTER, INC 9032 W KEN CARYL AVE, STE A-1 LITTLETON, CO 80128	90-0927649		18,133.	0.			ROLLIN ' STONES - RECREATING BEYOND BARRIERS PROGRAM SUPPORT
STEVENS, CARLOS ELIAS 14328 E MONTANA CIRCLE A AURORA, CO 80012	10-1648014		10,000.	0.			GROUP FITNESS CLASSES FOR AUTISTIC CHILDREN AND ADULTS
SUPPORT MANAGEMENT DBA COMMUNITY INTERSECTIONS - 11059 E BETHANY DR, STE 150 - AURORA, CO 80014	27-2924359	501(C)(3)	9,800.	0.			EXPAND YOUR HORIZONS COMMUNITY INTEGRATION PROJECT
T&E SPEECH LLC DBA STRAKA SPEECH CASTLE ROCK - 815 S PERRY ST, STE 200 - CASTLE ROCK, CO 80104	46-4761427		50,000.	0.			STAFF CAPACITY/STABILITY SUPPORT FOR THE OCCUPATIONAL THERAPY PROGRAM
TACTKIDS INC 2960 S UMATILLA ST ENGLEWOOD, CO 80110	81-3015819	501(C)(3)	100,000.	0.			BUILDING RENOVATIONS AND EARLY EXPENSES
THERAPIES FOR HOPE, INC. 1624 MARKET ST., STE 226, PMB 85026 DENVER, CO 80202	86-3227408	501(C)(3)	8,000.	0.			ENROLLMENT, ONBOARDING, AND TRANSLATION SUPPORTS
TM&BS, INC. DBA OPEN HEART BEHAVIOR SERVICES - 7382 HALITE COURT - CASTLE ROCK, CO 80108	88-3764723		20,000.	0.			PROJECT OPEN HEART BEHAVIOR SERVICES

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PRK WILLIAMS INC. DBA TO THE RESCUE - 139 40TH ST NE - CEDAR RAPIDS, IA 52402	20-3238282		32,300.	0.			VEHICLE SUPPORT AND STABILITY SUPPORTS
TREELINE PASS 209 W HAMPDEN AVE ENGLEWOOD, CO 80110	82-5279131	501(C)(3)	38,717.	0.			TLP EXPANSION FOR COMMUNITY IMMERSION AND STAFF HIRING AND RETENTION SUPPORT FOR TLP
TRUMPET BEHAVIORAL HEALTH LLC 390 UNION BLVD, #300 LAKEWOOD, CO 80228	26-4753045		59,305.	0.			BEHAVIORAL HEALTHCARE FOR INDIVIDUALS IMPACTED BY SEVERE CHALLENGING BEHAVIOR
TUTTI MUSIC GROUP LLC 4178 S. CRYSTAL CT., APT 1421 AURORA, CO 80014	82-5141021		9,705.	0.			NEW STAFF MUSIC THERAPIST AND INTERN
ULTIMATE CARE 925 S NIAGARA ST, STE 390 DENVER, CO 80224	83-3060538	501(C)(3)	6,865.	0.			EXPANSION/STAFF CAPACITY BUILDING/INNOVATION
ACCESS GALLERY 909 SANTA FE DRIVE DENVER, CO 80204	74-2131682		10,000.	0.			ARTWORKS PROGRAM EXPANSION
WAYFINDER CLINIC, CO. 8509 E LOWRY BLVD., APT 203 DENVER, CO 80230	85-1144336		55,000.	0.			PROVIDER DATA & DIRECTORY PLATFORM
WEECYCLE 20 S. HAVANA ST., STE 210 AURORA, CO 80012	82-3096264	501(C)(3)	30,000.	0.			VOLUNTEER PROGRAM, ENGAGING VOLUNTEERS WITH DEVELOPMENTAL AND INTELLECTUAL DELAYS AS
WELLSPRING COMMUNITY 826 PARK ST, STE 200 CASTLE ROCK, CO 80109	77-0716253	501(C)(3)	116,596.	0.			RESIDENTIAL SERVICES DIRECTOR AND CASTLE ROCK ROUTE



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

UPON FUNDS BEING GRANTED TO A RECIPIENT ORGANIZATION, THE GRANTOR ORGANIZATION COLLECTS AND REVIEWS MID-TERM AND FINAL GRANT REPORTS TO DETERMINE FUNDS WERE USED IN ACCORDANCE WITH THE GRANT AGREEMENT. THE GRANT REPORTS INCLUDE DETAILS ON THE USE OF FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ACTIV8 SPORTS, INC. DBA ALL-STARS CLUB

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: NEW CENTENNIAL ALL-STARS CLUB  
LOCATION, NEW HOLY LOVE LUTHERAN ALL-STARS CLUB LOCATION AND REGIONAL  
PROGRAM MANAGER POSITION

NAME OF ORGANIZATION OR GOVERNMENT: BEHAVIORSPAN

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANDING SERVICES VIA TELEHEALTH  
AND CO-TREATMENT, STAFF TRAINING AND PROVIDER TRAINING PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

IN COLORADO INITIATIVE FOR INCLUSIVE HIGHER EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING AND EXPANDING INCLUSIVE  
HIGHER EDUCATION OUTREACH AND COMMUNITY ENGAGEMENT EFFORTS IN ADAMS ,  
ARAPAHOE , AND DOUGLAS COUNTIES

NAME OF ORGANIZATION OR GOVERNMENT:

DEVELOPMENTAL FX - THE DEVELOPMENTAL & FRAGILE X RESOURCE CENTRE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR ONBOARDING NEW  
OCCUPATIONAL THERAPIST AND STABILITY SUPPORT FOR TRAINING DFX DIRECT-CARE  
TEAM IN NEW HER

NAME OF ORGANIZATION OR GOVERNMENT: GUIDED BY HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANSION OF ACCESSIBLE MINDFULNESS  
RESPITE RETREAT PROGRAM AND STABILITY SUPPORT FOR GBH'S PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

MARIA ROSA AMEZCUA MARTIN DBA MADISON'S GARDENS LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF CAPACITY PROJECT/NEW ROLES ,  
DAY PROGRAM EXPANSION PROJECT AND PCA EXPANSION SERVICES

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

MILESTONE PEDIATRIC THERAPY SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF CAPACITY TO INCREASE MILESTONE EARLY INTERVENTION CAPACITY AND CENTENNIAL CLINIC EXPANSION

NAME OF ORGANIZATION OR GOVERNMENT: TREELINE PASS

(H) PURPOSE OF GRANT OR ASSISTANCE: TLP EXPANSION FOR COMMUNITY IMMERSION AND STAFF HIRING AND RETENTION SUPPORT FOR TLP EXPANSION FOR COMMUNITY IMMERSION

NAME OF ORGANIZATION OR GOVERNMENT: WEECYCLE

(H) PURPOSE OF GRANT OR ASSISTANCE: VOLUNTEER PROGRAM, ENGAGING VOLUNTEERS WITH DEVELOPMENTAL AND INTELLECTUAL DELAYS AS WELL AS SUPPORT STAFF APPRECIATION

NAME OF ORGANIZATION OR GOVERNMENT: WILLOW ABA SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: BRIDGING THE GAP FOR FAMILY INVOLVEMENT AND BREAKING BARRIERS TO ACCESSIBLE I/DD CARE IN OUR COMMUNITY



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**DEVELOPMENTAL PATHWAYS, INC.**

Employer identification number

**84-0534643**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence   |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** 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.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		<b>X</b>
<b>2</b>	<b>X</b>	
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MATTHEW VANAUKEN CHIEF EXECUTIVE OFFICER	(i)	273,903.	0.	8,253.	8,644.	28,487.	319,287.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KAREN FLORES CHIEF FINANCIAL OFFICER	(i)	191,572.	9,180.	0.	7,168.	9,297.	217,217.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ERICA KITZMAN CHIEF OPERATING OFFICER	(i)	180,168.	9,180.	0.	7,639.	17,107.	214,094.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DARCY TIBBLES VICE PRESIDENT OF COMMUNITY AFFAIRS	(i)	139,158.	913.	0.	5,734.	9,889.	155,694.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AMY GROGAN VICE PRESIDENT OF CASE MANAGEMENT	(i)	136,002.	4,311.	0.	5,495.	7,080.	152,888.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

## PART I, LINE 1A:

THE ORGANIZATION DOES DE MINIMIS GROSS UPS OF TAXES ON PERSONAL USE OF COMPANY VEHICLES.

## PART I, LINE 1B:

THE AVAILABILITY OF COMPANY VEHICLES WAS DETERMINED BY THE FINANCE COMMITTEE OF THE BOARD. THE GROSS-UP IS DE MINIMIS IN AMOUNT.

## PART I, LINE 3:

A PORTION OF THE COMPENSATION PAID TO THE CHIEF EXECUTIVE OFFICER (CEO), CHIEF FINANCIAL OFFICER (CFO), AND CHIEF OPERATING OFFICER (COO) WAS PAID FOR BY NONPROFIT MANAGEMENT SERVICES OF COLORADO (NMSC), AN UNRELATED TAX-EXEMPT ORGANIZATION. DEVELOPMENTAL PATHWAYS, INC. AND NMSC USE THE FORM 990 OF COMPARABLE ORGANIZATIONS, A COMPENSATION SURVEY, AND APPROVAL BY THE BOARD OF DIRECTORS TO ESTABLISH COMPENSATION AMOUNTS FOR THE CEO, AND APPROVAL BY THE CEO TO ESTABLISH COMPENSATION AMOUNTS FOR THE CFO AND COO.

## PART I, LINE 7:

**Part III Supplemental Information**

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

THE ORGANIZATION ANNUALLY REVIEWS THE PERFORMANCES OF THE EXECUTIVE STAFF  
AND OTHER STAFF TO DETERMINE IF ADDITIONAL COMPENSATION IN THE FORM OF  
BONUSES WILL BE PAID. DURING CALENDAR YEAR ENDING DECEMBER 31, 2022,  
BONUSES WERE AWARDED BASED ON REVIEW OF EACH INDIVIDUAL'S PERFORMANCE AND  
SERVICES TO THE ORGANIZATION.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

DEVELOPMENTAL PATHWAYS, INC.

Employer identification number

84-0534643

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FAMILY SUPPORT PROVIDES AN ARRAY OF SUPPORTIVE SERVICES TO THE PERSON WITH A DEVELOPMENTAL DISABILITY AND HIS/HER FAMILY WHEN THE PERSON REMAINS WITHIN THE FAMILY HOME, THEREBY PREVENTING OR DELAYING THE NEED FOR OUT-OF-HOME PLACEMENT, WHICH IS UNWANTED BY THE PERSON OR THE FAMILY.

EXPENSES \$ 9,319,228. INCL GRANTS OF \$ 7,718,551. REVENUE \$ 7,132,319.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE TAX ACCOUNTANT PREPARES A DRAFT OF THE FORM 990 WHICH IS REVIEWED BY KEY FINANCE LEADERSHIP, INCLUDING THE CHIEF FINANCIAL OFFICER. ONCE ALL REVIEW COMMENTS AND QUESTIONS ARE CLEARED, THE FORM IS PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR APPROVAL. A COPY OF THE TAX RETURN IS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH MEMBER OF THE BOARD OF DIRECTORS AND OFFICERS OF THE ORGANIZATION ARE ASKED TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. THE BOARD MEMBERS ARE ASKED TO DISCLOSE NEW CONFLICTS OF INTEREST AT EACH BOARD MEETING. POTENTIAL CONFLICTS ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER. ANY DIRECTORS WITH A CONFLICT OF INTEREST SHALL NOT VOTE OR PROVIDE ANY

Name of the organization

DEVELOPMENTAL PATHWAYS, INC.

Employer identification number

84-0534643

INFLUENCE ON THE CONFLICTING MATTER.

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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

ASSISTIVE TECHNOLOGY SERVICES:

PROGRAM SERVICE EXPENSES	53,189.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	53,189.

AUDIOLOGY SERVICES:

PROGRAM SERVICE EXPENSES	141,688.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	141,688.

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES	214,863.
MANAGEMENT AND GENERAL EXPENSES	44,603.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	259,466.

DENTIST SERVICES:

PROGRAM SERVICE EXPENSES	2,645.
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Name of the organization DEVELOPMENTAL PATHWAYS, INC.	Employer identification number 84-0534643
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MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,645.

## DEVELOPMENTAL INTERVENTION SERVICES:

PROGRAM SERVICE EXPENSES	2,229,007.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,229,007.

## ENVIRONMENTAL ENGINEERING SERVICES:

PROGRAM SERVICE EXPENSES	122,519.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	122,519.

## LANGUAGE SERVICES:

PROGRAM SERVICE EXPENSES	70,790.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	70,790.

## NUTRITION SERVICES:

PROGRAM SERVICE EXPENSES	31,597.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	31,597.

Name of the organization DEVELOPMENTAL PATHWAYS, INC.	Employer identification number 84-0534643
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**OCCUPATIONAL THERAPY SERVICES:**


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PROGRAM SERVICE EXPENSES	776,837.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	776,837.

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**PERSONAL ASSISTANCE HOMEMAKER:**


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PROGRAM SERVICE EXPENSES	27,800.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	27,800.

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**PERSONAL CARE:**


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PROGRAM SERVICE EXPENSES	183,351.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	183,351.

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**PHYSICAL THERAPY SERVICES:**


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PROGRAM SERVICE EXPENSES	984,966.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	984,966.

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**RESPIRE SERVICES:**


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PROGRAM SERVICE EXPENSES	192,724.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

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Name of the organization DEVELOPMENTAL PATHWAYS, INC.	Employer identification number 84-0534643
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TOTAL EXPENSES	192,724.
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SPEECH LANGUAGE PATHOLOGY SERVICES:

PROGRAM SERVICE EXPENSES	2,241,284.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	2,241,284.
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SOCIAL AND EMOTIONAL SERVICES:

PROGRAM SERVICE EXPENSES	292,251.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	292,251.
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SUPPORTED EMPLOYMENT SERVICES:

PROGRAM SERVICE EXPENSES	25,736.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	25,736.
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THERAPIST SERVICES:

PROGRAM SERVICE EXPENSES	12,989.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	12,989.
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TRANSPORTATION SERVICES:

PROGRAM SERVICE EXPENSES	33,843.
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Name of the organization DEVELOPMENTAL PATHWAYS, INC.	Employer identification number 84-0534643
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MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	33,843.

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VEHICLE MAINTENANCE SERVICES:

PROGRAM SERVICE EXPENSES	22,005.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	22,005.

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SPECIALIZED MEDICAL EQUIPMENT SERVICES:

PROGRAM SERVICE EXPENSES	319,692.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	319,692.

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VISION SERVICES:

PROGRAM SERVICE EXPENSES	293,852.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	293,852.

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OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	866,606.
MANAGEMENT AND GENERAL EXPENSES	116,068.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	982,674.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	9,300,905.
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