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**Developmental Pathways, Inc.
2013 Exempt Organization Tax Return
Public Disclosure Copy**



**STATEMENT THAT THIS IS A TAX RETURN
NOT A FINANCIAL STATEMENT**

The accompanying federal income tax return does **NOT** constitute a financial statement. We have not audited, reviewed or compiled the accompanying income tax return and, accordingly, do not express an opinion or any other form of assurance on it.

An income tax return is not intended to constitute financial statements prepared in accordance with generally accepted accounting principles. Accordingly, it does not necessarily include all financial information or disclosures required by generally accepted accounting principles. If the omitted financial information or disclosures were included with the tax return, they might influence the users' conclusions about the taxpayer's financial position, results of operations and cash flows. Accordingly, this income tax return is not designed to be used in lieu of financial statements.

RECORD RETENTION

Our policy is to dispose of our copies of tax returns and workpapers, and other tax information that is more than eight years old.

Your responsibility for retention of your own tax records varies, depending upon the type of tax return or other information involved. We suggest that you keep your tax information and supporting documents for a minimum of eight years. We also recommend that you keep all records that pertain to a carryover amount, such as net operating loss carryovers and charitable contribution carryovers as well as capital loss carryovers, until eight years after the carryover has been consumed.

Also, we suggest that you maintain, indefinitely, copies of income tax returns, records supporting your tax basis in your personal, investment, and business assets, and documentation pertaining to gifts that you make. Your copies of the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

**ADDITIONAL TAX RETURN REQUESTS FOR PARTNERSHIPS,
S CORPORATIONS, TRUSTS AND ESTATES**

In compliance with tax law [Section 6103(3) (10)], if additional copies of a tax return are requested, the requestor must complete a release form before Eide Bailly LLP can fulfill the request (including returns not listed above). In addition, the law states that the duplicate copy shall only include the requestor's personal information. Personal information (including supporting schedules, attachments or lists that include taxpayer identity information) for other partners, shareholders or beneficiaries of the taxpayer entity will be excluded from the duplicate copy. The law regarding personal information disclosure applies to not only tax preparers, but to your tax matters person and others who are responsible for the preparation of the return.



CPAs & BUSINESS ADVISORS

May 12, 2015

Developmental Pathways, Inc.
325 Inverness Drive South
Englewood, CO 80112
Attention: Lloyd F. Sweet Jr.

Dear Lloyd;

Enclosed are the original and one copy of the 2013 Exempt Organization return, as follows...

2013 Form 990

2013 IRS E-File Signature Authorization for an Exempt Organization (Form 8879-EO)

Please review the return for completeness and accuracy.

In addition, we have provided you a PDF public disclosure copy and a PDF client copy of the Form 990. An exempt organization is required to have a copy of its current year Form 990 and two prior year returns available for public inspection. If the return includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return as this information is not open to public inspection. You should sign this copy of the return and keep it available at your primary office location.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

According to the Colorado Charitable Solicitation Act the state of Colorado requires every charitable organization that solicits contributions, has contributions solicited on its behalf in Colorado, or participates in a charitable sales promotion to register annually with the Secretary of State. Colorado also requires charitable organizations to file a financial report annually. This report must be filed electronically on or before the 15th day of the fifth calendar month after the close of each fiscal year in which the charitable organization solicited in this state. A

failure to comply with the provisions of the Colorado Charitable Solicitations Act will result in remedies or penalties, or both. Many states require legal entities to register with them in order to do business in their state. Please remember to keep your registration active and current for each state that you have business activities.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Kyle Fritch, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2014

Prepared for	Developmental Pathways, Inc. 325 Inverness Drive South Englewood, CO 80112
Prepared by	EIDE BAILLY LLP 440 INDIANA ST., STE 200 GOLDEN, CO 80401-5021
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 15, 2015.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DEVELOPMENTAL PATHWAYS, INC.		D Employer identification number 84-0534643
	Doing Business As		E Telephone number 303-360-6600
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 325 INVERNESS DRIVE SOUTH	G Gross receipts \$ 30,515,569.	
	City or town, state or province, country, and ZIP or foreign postal code ENGLEWOOD, CO 80112		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.DEVELOPMENTALPATHWAYS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1964 M State of legal domicile: CO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE SERVICES TO PERSONS WITH DEVELOPMENTAL DISABILITIES FOR ARAPAHOE AND DOUGLAS COUNTIES
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 12
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 425
	6 Total number of volunteers (estimate if necessary) 6 80
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 8	1,427,213.	33,296.
9 Program service revenue (Part VIII, line 2g) 9	37,646,223.	28,176,569.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10	211,877.	<90,659.>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11	13,435.	1,960,041.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12	39,298,748.	30,079,247.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13	2,981,950.	9,886,301.
14 Benefits paid to or for members (Part IX, column (A), line 4) 14	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15	14,250,595.	6,664,218.
16a Professional fundraising fees (Part IX, column (A), line 11e) 16a	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17	19,801,184.	14,803,130.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18	37,033,729.	31,353,649.
19 Revenue less expenses. Subtract line 18 from line 12 19	2,265,019.	<1,274,402.>

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) 20	31,104,936.	30,628,540.
21 Total liabilities (Part X, line 26) 21	7,177,796.	7,113,394.
22 Net assets or fund balances. Subtract line 21 from line 20 22	23,927,140.	23,515,146.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	LLOYD F. SWEET, JR., CHIEF FINANCIAL OFFICER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KYLE FRITCH, CPA	KYLE FRITCH, CPA	05/12/15		P01313374
Firm's name ▶ EIDE BAILLY LLP			Firm's EIN ▶ 45-0250958		
Firm's address ▶ 440 INDIANA ST., STE 200 GOLDEN, CO 80401-5021			Phone no. (303) 986-2454		

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: ENRICH THE LIVES OF INDIVIDUALS WITH INTELLECTUAL DISABILITIES BY PROVIDING OPPORTUNITIES TO LEAD 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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 8,466,789. including grants of \$) (Revenue \$ 8,369,088.) 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 \$ 7,191,301. including grants of \$ 7,191,301.) (Revenue \$ 7,191,301.) DEVELOPMENTAL DISABILITIES GRANT DISTRIBUTIONS IN COUNTY MILL LEVY FUNDS TO ORGANIZATIONS PROVIDING SERVICES AND SUPPORTS TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.

4c (Code:) (Expenses \$ 3,608,141. including grants of \$) (Revenue \$ 3,608,141.) 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.

4d Other program services (Describe in Schedule O.) (Expenses \$ 8,860,319. including grants of \$ 2,695,000.) (Revenue \$ 10,968,080.)

4e Total program service expenses 28,126,550.

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> ?		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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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>		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?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	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
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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>	X	
36	Section 501(c)(3) organizations. 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
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	12		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **LLOYD F. SWEET, JR. - 303-360-6600**
325 INVERNESS DRIVE SOUTH, ENGLEWOOD, CO 80112

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) TIMOTHY MOORE PRESIDENT	2.50 1.50	X		X				0.	0.	0.
(2) LYNN MYERS VICE PRESIDENT	2.50 1.50	X		X				0.	0.	0.
(3) BETH KLEIN SECRETARY	2.50 1.50	X		X				0.	0.	0.
(4) CHRIS BECZE TREASURER	2.50 1.50	X		X				0.	0.	0.
(5) PAT COLIP DIRECTOR	1.00 0.80	X						0.	0.	0.
(6) NANCY JACKSON DIRECTOR	1.00 0.80	X						0.	0.	0.
(7) LESA STELKE DIRECTOR	1.00 0.80	X						0.	0.	0.
(8) JACK HILBERT DIRECTOR	1.00 0.80	X						0.	0.	0.
(9) ROBERT OLISLAGERS DIRECTOR	1.00 0.80	X						0.	0.	0.
(10) TIM BATZ DIRECTOR	1.00 0.80	X						0.	0.	0.
(11) JOANNE ZBOYAN DIRECTOR	1.00 0.80	X						0.	0.	0.
(12) WAYNE GUSTAFSON DIRECTOR	1.00 0.80	X						0.	0.	0.
(13) MELANIE WORLEY CHIEF EXECUTIVE OFFICER	24.00 16.00			X				89,453.	87,254.	9,693.
(14) LLOYD F. SWEET JR. CHIEF FINANCIAL OFFICER	8.00 32.00			X				90,454.	79,734.	11,411.
(15) MATTHEW VANAUKEN CHIEF OPERATING OFFICER	9.00 31.00				X			70,985.	76,560.	13,164.
(16) CYNTHIA L. LICHTI VICE PRES. OF PROGRAMS	40.00 0.00				X			67,259.	58,500.	21,437.
(17) KAREN R. FLORES VICE PRESIDENT TO INTERNAL SERVICES	0.00 40.00				X			57,591.	50,445.	9,355.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
1b Sub-total							375,742.	352,493.	65,060.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							375,742.	352,493.	65,060.	

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 **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 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, 325 INVERNESS DRIVE S., ENGLEWOOD, CO 80112	MANAGEMENT SERVICES	1,040,716.
CONTINUUM OF COLORADO INC 325 INVERNESS DRIVE S., ENGLEWOOD, CO 80012	PROGRAM SERVICES	367,158.
PEDIATRIC SPEECH THERAPY ASSOCIATES, 6851 S. HOLLY CIRCLE SUITE 140, CENTENNIAL, CO	PROGRAM SERVICES	364,389.
COMMUNITY CHOICES DAY SERVICES, 10691 E BETHANY DR STE 400, AURORA, CO 80014	PROGRAM SERVICES	347,246.
ALLIANCE OF THERAPY SPECIALISTS, 6091 S QUEBEC ST STE 170, CENTENNIAL, CO 80111	PROGRAM SERVICES	231,084.

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 **15**

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	33,296.				
	g Noncash contributions included in lines 1a-1f: \$		10,000.				
	h Total. Add lines 1a-1f		33,296.				
	Program Service Revenue	Business Code					
2 a EARLY INTERVENTION		624100	8,369,088.	8,369,088.			
b CASE MANAGEMENT		624100	3,608,141.	3,608,141.			
c FAMILY SUPPORT & COMMUNITY OUTREA		624100	2,423,773.	2,423,773.			
d ADULT SUPPORTIVE LIVING		624100	1,755,871.	1,755,871.			
e PROGRAM APPROVED SERVICE PROVIDER		624100	1,251,304.	1,251,304.			
f All other program service revenue		624100	10,768,392.	10,768,392.			
g Total. Add lines 2a-2f			28,176,569.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		36,813.			36,813.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	1,960,041.				
		(ii) Personal	0.				
		b Less: rental expenses					
		c Rental income or (loss)	1,960,041.				
	d Net rental income or (loss)		1,960,041.	1,960,041.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		308,850.			
		b Less: cost or other basis and sales expenses		436,322.			
		c Gain or (loss)		<127,472.>			
	d Net gain or (loss)		<127,472.>			<127,472.>	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			30,079,247.	30,136,610.	0.	<90,659.>	

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
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	9,886,301.	9,886,301.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,511,207.	5,511,207.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	691,807.	691,807.		
10 Payroll taxes	461,204.	461,204.		
11 Fees for services (non-employees):				
a Management	2,112,924.		2,112,924.	
b Legal				
c Accounting	10,550.		10,550.	
d Lobbying	35,000.		35,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	9,495,737.	9,458,056.	37,681.	
12 Advertising and promotion				
13 Office expenses	336,293.	331,196.	5,097.	
14 Information technology				
15 Royalties				
16 Occupancy	706,499.	630,654.	75,845.	
17 Travel	236,106.	148,017.	88,089.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	57,891.		57,891.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	722,655.		722,655.	
23 Insurance	30,247.		30,247.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLIENT ASSISTANCE	990,803.	990,803.		
b DUES & SUBSCRIPTIONS	3,422.		3,422.	
c				
d				
e All other expenses	65,003.	17,305.	47,698.	
25 Total functional expenses. Add lines 1 through 24e	31,353,649.	28,126,550.	3,227,099.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	18,332,041.	2	17,759,600.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	2,595,075.	4	2,152,079.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	22,024.	8	29,993.	
	9 Prepaid expenses and deferred charges	302,893.	9	65,065.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,796,075.			
	b Less: accumulated depreciation	10b 5,533,131.	7,915,657.	10c	8,262,944.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	1,937,246.	15	2,358,859.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	31,104,936.	16	30,628,540.		
Liabilities	17 Accounts payable and accrued expenses	2,883,855.	17	1,865,239.	
	18 Grants payable		18		
	19 Deferred revenue	2,825,212.	19	3,613,918.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	1,468,729.	23	1,360,042.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	274,195.	
	26 Total liabilities. Add lines 17 through 25	7,177,796.	26	7,113,394.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	23,927,140.	27	22,587,307.	
	28 Temporarily restricted net assets		28	65,431.	
	29 Permanently restricted net assets		29	862,408.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	23,927,140.	33	23,515,146.		
34 Total liabilities and net assets/fund balances	31,104,936.	34	30,628,540.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,079,247.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,353,649.
3	Revenue less expenses. Subtract line 2 from line 1	3	<1,274,402.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,927,140.
5	Net unrealized gains (losses) on investments	5	862,408.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	23,515,146.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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 in Schedule O.		
2a	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
2b	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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
2c	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 in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public Inspection

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

Name of the organization DEVELOPMENTAL PATHWAYS, INC.	Employer identification number 84-0534643
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	256,639.	231,688.	295,413.	1427213.	33,296.	2244249.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	49335228.	45381267.	40882019.	37711874.	28176569.	201486957
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	49591867.	45612955.	41177432.	39139087.	28209865.	203731206
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				1289584.		1289584.
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	11282077.	11227920.	10803764.	10495097.	12274654.	56083512.
c Add lines 7a and 7b	11282077.	11227920.	10803764.	11784681.	12274654.	57373096.
8 Public support (Subtract line 7c from line 6.)						146358110

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	49591867.	45612955.	41177432.	39139087.	28209865.	203731206
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	38,573.	31,964.	26,010.	28,281.	1996854.	2121682.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	38,573.	31,964.	26,010.	28,281.	1996854.	2121682.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	330,063.					330,063.
13 Total support. (Add lines 9, 10c, 11, and 12.)	49960503.	45644919.	41203442.	39167368.	30206719.	206182951
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	70.98 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	75.41 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	1.03 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.07 %

19a **33 1/3% support tests - 2013.** 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 - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

Lined area for providing explanations for other income.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

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

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 expenditures ▶ \$ _____
- 3 Volunteer hours _____

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 or 990-EZ) 2013

LHA

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		35,000.	
c Total lobbying expenditures (add lines 1a and 1b)		35,000.	
d Other exempt purpose expenditures		28,623,649.	
e Total exempt purpose expenditures (add lines 1c and 1d)		28,658,649.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		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.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount			1,000,000.	1,000,000.	2,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000.
c Total lobbying expenditures			5,250.	35,000.	40,250.
d Grassroots nontaxable amount			250,000.	250,000.	500,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					750,000.
f 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)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions	862,408.				
c Net investment earnings, gains, and losses	65,431.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	927,839.				

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 92.95 %
- c Temporarily restricted endowment 7.05 %

The percentages in 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,724,617.		1,724,617.
b Buildings		7,912,637.	4,032,962.	3,879,675.
c Leasehold improvements		200,868.	200,868.	0.
d Equipment		3,393,396.	1,299,301.	2,094,095.
e Other		564,557.		564,557.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,262,944.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM RELATED ORGANIZATIONS	1,431,020.
(2) INTEREST IN NET ASSETS OF RELATED PARTY	927,839.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,358,859.

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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) RELATED PARTY PAYABLE	150,038.
(3) CAPITAL LEASE OBLIGATION -	
(4) VEHICLES	124,157.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	274,195.

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 FIN 48 (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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	30,941,655.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	862,408.	
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	862,408.	
3	Subtract line 2e from line 1		3	30,079,247.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	30,079,247.

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

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

1	Total expenses and losses per audited financial statements		1	28,658,649.
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	28,658,649.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	2,695,000.	
c	Add lines 4a and 4b	4c	2,695,000.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	31,353,649.

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:

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 THE LONGER TERM NEEDS OF PATHWAYS; BUT THAT SUCH LONG-TERM PERSPECTIVE WOULD NOT PREVENT THE FUNDS 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 REAL

Part XIII Supplemental Information (continued)

GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN.

PART X, LINE 2:

PATHWAYS IS OPERATED AS A NONPROFIT ORGANIZATION EXEMPT FROM
 FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.
 PATHWAYS RECOGNIZES TAX LIABILITIES WHEN, DESPITE PATHWAYS' BELIEF THAT
 ITS TAX RETURN POSITIONS ARE SUPPORTABLE, PATHWAYS BELIEVES THAT CERTAIN
 POSITIONS MAY NOT BE FULLY SUSTAINED UPON REVIEW BY TAX AUTHORITIES.
 BENEFITS FROM TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT
 THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON
 SETTLEMENT. PATHWAYS HAS CONCLUDED THERE IS NO TAX LIABILITY OR BENEFIT
 REQUIRED TO BE RECORDED AS OF JUNE 30, 2014. PATHWAYS IS SUBJECT TO
 ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO
 AUDITS IN PROGRESS FOR ANY TAX PERIODS. PATHWAYS BELIEVES IT IS NO LONGER
 SUBJECT TO INCOME TAX EXAMINATIONS FOR THE YEARS PRIOR TO THE YEAR ENDED
 JUNE 30, 2011.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS SEPARATELY STATED AS CHANGES IN NET ASSETS ON	
AUDITED FINANCIALS	2,695,000.

**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" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONTINUUM OF COLORADO, INC 325 INVERNESS DRIVE SOUTH ENGLEWOOD, CO 80112	45-5324193	501(C)(3)	8,691,301.	0.			PROGRAM & GENERAL SUPPORT
NONPROFIT MANAGEMENT SERVICES, INC. - 325 INVERNESS DRIVE SOUTH - ENGLEWOOD, CO 80112	46-2921607	501(C)(3)	900,000.	0.			PROGRAM & GENERAL SUPPORT
SUN FOUNDATION 325 INVERNESS DRIVE SOUTH ENGLEWOOD, CO 80112	46-2917158	501(C)(3)	295,000.	0.			PROGRAM & GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **3.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) (2013)

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

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

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:

DEVELOPMENTAL PATHWAYS PROVIDES GRANT ASSISTANCE TO PROVIDE
SUPPORTS AND SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES. THE
SERVICES INCLUDE RESIDENTIAL, DAY PROGRAM, TRANSPORTATION, RESPITE AND
THERAPY. CURRENT GOVERNMENTAL FUNDING SOURCES ARE NOT SUFFICIENT TO COVER
THE COSTS TO PROVIDE THESE TYPES OF SERVICES TO THE CLIENTS SERVED BY
DEVELOPMENTAL PATHWAYS. DEVELOPMENTAL PATHWAYS PROVIDES ADDITIONAL FUNDING
TO CONTINUUM OF COLORADO TO SUPPLEMENT THESE COSTS. DEVELOPMENTAL PATHWAYS
PROVIDES GRANT ASSISTANCE BASED ON ACTUAL UNFUNDED COSTS INCURRED TO

Part IV Supplemental Information

PROVIDE SERVICES ON A REIMBURSEMENT BASIS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

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

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <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 (e.g., maid, chauffeur, chef) </p>		
<p>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</p>	1b	X
<p>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 in line 1a?</p>	2	X
<p>3 Indicate which, if any, of the following the filing 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.</p> <p> <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 </p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X
	4b	X
	4c	X
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	X
	5b	X
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	X
	6b	X
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X
<p>8 Were any amounts reported in 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</p>	8	X
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

Note. The sum of columns (B)(i)-(iii) 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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MELANIE WORLEY CHIEF EXECUTIVE OFFICER	(i)	89,453.	0.	0.	3,634.	1,400.	94,487.	0.
	(ii)	85,473.	0.	1,781.	3,459.	1,200.	91,913.	0.
(2) LLOYD F. SWEET JR. CHIEF FINANCIAL OFFICER	(i)	90,454.	0.	0.	3,622.	2,706.	96,782.	0.
	(ii)	78,491.	0.	1,243.	3,138.	1,945.	84,817.	0.
(3) MATTHEW VANAUKEN CHIEF OPERATING OFFICER	(i)	70,985.	0.	0.	0.	7,290.	78,275.	0.
	(ii)	70,490.	0.	6,070.	0.	5,874.	82,434.	0.
	(i)							
	(ii)							
	(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:

COMPENSATION PAID TO THE CHIEF EXECUTIVE OFFICER, CHIEF
FINANCIAL OFFICER, AND CHIEF OPERATING OFFICER WAS PAID A PORTION OF THE
YEAR BY NONPROFIT MANAGEMENT SERVICES OF COLORADO, A RELATED TAX EXEMPT
ORGANIZATION. BOTH ENTITIES USE THE FORM 990 OF OTHER ORGANIZATIONS,
COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION
COMMITTEE TO ESTABLISH COMPENSATION AMOUNTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

DEVELOPMENTAL PATHWAYS, INC.

Employer identification number

84-0534643

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND THE CITY OF AURORA.

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.

COMMUNITY OUTREACH PROVIDES A VARIETY OF SUPPORTS TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES WHO ARE ON THE WAIT LIST FOR BUT RECEIVING NO SERVICES THROUGH FEDERAL OR STATE FUNDED PROGRAMS ADMINISTERED BY PATHWAYS. MILL LEVY FUNDS ARE PROVIDED ACCORDING TO EACH INDIVIDUAL'S IDENTIFIED NEED FOR RESPITE, BEHAVIORAL SUPPORT, TECHNICAL OR ADAPTIVE SUPPORT, SKILL BUILDING, ETC., WHILE CONNECTING THE INDIVIDUAL AND FAMILY TO THEIR COMMUNITY.

OTHER SERVICES PROVIDING RESIDENTIAL, DAY PROGRAM, TRANSPORTATION, DENTAL, VISION, BEHAVIORAL THERAPY SERVICES, INDIVIDUALIZED LIVING SERVICES, PERSONAL ASSISTANCE, HOUSEHOLD MODIFICATION, SPECIALIZED MEDICAL EQUIPMENT AND OTHER SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES. THESE SERVICES ARE PROVIDED BY APPROVED SERVICE PROVIDERS AND PUBLIC VENDORS. PATHWAYS ACTS AS A BILLING AGENT FOR THESE PROVIDERS.

EXPENSES \$ 8,860,319. INCL GRANTS OF \$ 2,695,000. REVENUE \$ 10,968,080.

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

FORM 990, PART VI, SECTION A, LINE 2:

THE BOARD MEMBERS HAVE A BUSINESS RELATIONSHIP WITH MELANIE WORLEY, LLOYD SWEET, AND MATT VANAUKEN WHO ARE OFFICERS OF A RELATED TAX-EXEMPT ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 3:

NONPROFIT MANAGEMENT SERVICES OF COLORADO, A RELATED EXEMPT ORGANIZATION, PERFORMED MANAGEMENT DUTIES INCLUDING HUMAN RESOURCES, FINANCE, IT, TRAINING, FACILITIES MANAGEMENT AND COMMUNICATION SERVICES. SEE FORM 990, PART VII FOR COMPENSATION PAID BY THE RELATED MANAGEMENT COMPANY.

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 11:

THE TAX ACCOUNTANT PREPARES A DRAFT OF THE FORM 990, WHICH IS REVIEWED BY THE VP OF INTERNAL SERVICES AND 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.

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

POTENTIAL CONFLICTS ARE REVIEWED BY THE CFO. ANY DIRECTORS WITH A CONFLICT OF INTEREST SHALL NOT VOTE OR PROVIDE ANY INFLUENCE ON THE CONFLICTING MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

FOR THE FISCAL YEAR ENDED JUNE 30, 2014 COMPENSATION PAID TO THE TOP MANAGEMENT OFFICIALS AND OTHER KEY EMPLOYEES WAS PAID FOR BY DEVELOPMENTAL PATHWAYS, INC. AND NONPROFIT MANAGEMENT SERVICES OF COLORADO, A RELATED TAX-EXEMPT ORGANIZATION. BOTH ORGANIZATIONS USE THE FORM 990 OF COMPARABLE ORGANIZATIONS, COMPENSATION SURVEYS OR STUDIES, AND APPROVAL OF THE RESPECTIVE BOARD OF DIRECTORS OR COMPENSATION COMMITTEE(S) TO ESTABLISH COMPENSATION AMOUNTS.

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:

PHYSICIANS:

PROGRAM SERVICE EXPENSES	484,510.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	484,510.

MEDICAL PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	6,218,173.
MANAGEMENT AND GENERAL EXPENSES	0.

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

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 6,218,173.

ASSISTIVE TECHNOLOGY:

PROGRAM SERVICE EXPENSES 88,646.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 88,646.

OCCUPATIONAL AND PHYSICAL THERAPISTS:

PROGRAM SERVICE EXPENSES 99,382.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 99,382.

PROFESSIONAL ENVIRONMENTAL SERVICES:

PROGRAM SERVICE EXPENSES 343,876.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 343,876.

PERSONAL ASSISTANCE SERVICES:

PROGRAM SERVICE EXPENSES 433,923.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 433,923.

SUPPORTED EMPLOYMENT SERVICES:

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

PROGRAM SERVICE EXPENSES	166,009.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	166,009.

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES	127,348.
MANAGEMENT AND GENERAL EXPENSES	37,681.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	165,029.

OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	1,496,189.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,496,189.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	9,495,737.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

DEVELOPMENTAL PATHWAYS, INC.

Employer identification number

84-0534643

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DEVELOPMENTAL PATHWAYS HOUSING CORP. I - 31-7148624, 325 INVERNESS DRIVE SOUTH, ENGLEWOOD, CO 80112	OPERATION OF A RESIDENTIAL FACILITY FOR DEVELOPMENTALLY DISABLED	COLORADO	501(C)(3)	LINE 9	DEVELOPMENTAL PATHWAYS, INC.	X	
DEVELOPMENTAL PATHWAYS HOUSING CORP. II - 31-1706977, 325 INVERNESS DRIVE SOUTH, ENGLEWOOD, CO 80112	OPERATION OF A RESIDENTIAL FACILITY FOR DEVELOPMENTALLY DISABLED	COLORADO	501(C)(3)	LINE 9	DEVELOPMENTAL PATHWAYS, INC.	X	
DEVELOPMENTAL PATHWAYS HOUSING CORP. III - 20-4236443, 325 INVERNESS DRIVE SOUTH, ENGLEWOOD, CO 80112	OPERATION OF A RESIDENTIAL FACILITY FOR DEVELOPMENTALLY DISABLED	COLORADO	501(C)(3)	LINE 9	DEVELOPMENTAL PATHWAYS, INC.	X	
CONTINUUM OF COLORADO, INC - 45-5324193 325 INVERNESS DRIVE SOUTH ENGLEWOOD, CO 80112	PROVIDE SERVICE AND SUPPORTS FOR DEVELOPMENTALLY DISABLED	COLORADO	501(C)(3)	LINE 9	DEVELOPMENTAL PATHWAYS, INC.	X	

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

Schedule R (Form 990) 2013

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
NONPROFIT MANAGEMENT SERVICES OF COLORADO - 46-2921607, 325 INVERNESS DRIVE SOUTH, ENGLEWOOD, CO 80112	SUPPORT ACTIVITIES OF DEVELOPMENTAL PATHWAYS, INC	COLORADO	501(C)(3)	LINE 11A, I	DEVELOPMENTAL PATHWAYS, INC.	X	
SUN FOUNDATION - 46-2917158 325 INVERNESS DRIVE SOUTH ENGLEWOOD, CO 80112	FUNDRAISING AND COMMUNITY OUTREACH FOR DEVELOPMENTALLY DISABLED	COLORADO	501(C)(3)	LINE 7	DEVELOPMENTAL PATHWAYS, INC.	X	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CONTINUUM OF COLORADO, INC.	B	8,691,301.	FAIR MARKET VALUE
(2) NONPROFIT MANAGEMENT SERVICES OF COLORADO	B	900,000.	FAIR MARKET VALUE
(3) SUN FOUNDATION	B	295,000.	FAIR MARKET VALUE
(4) DEVELOPMENTAL PATHWAYS HOUSING CORP I	D	192,472.	FAIR MARKET VALUE
(5) DEVELOPMENTAL PATHWAYS HOUSING CORP II	D	362,563.	FAIR MARKET VALUE
(6) DEVELOPMENTAL PATHWAYS HOUSING CORP III	D	688,660.	FAIR MARKET VALUE

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)CONTINUUM OF COLORADO, INC.	D	187,325.	FAIR MARKET VALUE
(8)NONPROFIT MANAGEMENT SERVICES OF COLORADO	E	111,340.	FAIR MARKET VALUE
(9)CONTINUUM OF COLORADO, INC.	J	671,896.	FAIR MARKET VALUE
(10)NONPROFIT MANAGEMENT SERVICES OF COLORADO	J	72,342.	FAIR MARKET VALUE
(11)CONTINUUM OF COLORADO, INC.	Q	664,555.	FAIR MARKET VALUE
(12)NONPROFIT MANAGEMENT SERVICES OF COLORADO	Q	551,246.	FAIR MARKET VALUE
(13)NONPROFIT MANAGEMENT SERVICES OF COLORADO	M	2,112,924.	FAIR MARKET VALUE
(14)CONTINUUM OF COLORADO, INC.	M	442,137.	FAIR MARKET VALUE
(15)SUN FOUNDATION	R	862,408.	FAIR MARKET VALUE
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Lined area for providing supplemental information, consisting of multiple horizontal lines.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. DEVELOPMENTAL PATHWAYS, INC.	Employer identification number (EIN) or 84-0534643
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 325 INVERNESS DRIVE SOUTH	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ENGLEWOOD, CO 80112	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LLOYD F. SWEET, JR.

- The books are in the care of ▶ **325 INVERNESS DRIVE SOUTH - ENGLEWOOD, CO 80112**
Telephone No. ▶ **303-360-6600** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. DEVELOPMENTAL PATHWAYS, INC.	Employer identification number (EIN) or 84-0534643
	Number, street, and room or suite no. If a P.O. box, see instructions. 325 INVERNESS DRIVE SOUTH	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ENGLEWOOD, CO 80112	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (Individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

LLOYD F. SWEET, JR.

• The books are in the care of **325 INVERNESS DRIVE SOUTH - ENGLEWOOD, CO 80112**
 Telephone No. **303-360-6600** Fax No. _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2015**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**.

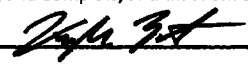
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO PRODUCE A COMPLETE AND ACCURATE RETURN

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **2/11/15**