

Developmental Pathways, Inc.

2021 Return of Organization Exempt from Tax (Form 990)

Year-End 6/30/2022

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

Copies of your tax returns are enclosed for your files. It is your responsibility to retain copies of your tax information. We recommend the following guidelines:

- Tax returns – keep indefinitely.
- Supporting documentation – keep for 8 years.
- Records supporting your tax basis in personal, investment and business assets and gift documentation – keep indefinitely.

Please note: Eide Bailly retains copies of tax returns, workpapers and other tax information for a period of eight years. After that, we dispose of all records. If you have questions regarding retention of tax records, please contact us.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/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	
	14280 E JEWELL AVE.		G Gross receipts \$ 53,201,325.
	City or town, state or province, country, and ZIP or foreign postal code AURORA, CO 80012		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 ▶
F Name and address of principal officer: MATTHEW VANAUKEN SAME AS C ABOVE		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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	306
	6 Total number of volunteers (estimate if necessary)	6	30
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 140,246.	Current Year 315,942.
	9 Program service revenue (Part VIII, line 2g)	43,831,674.	45,274,230.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	566,644.	2,919,837.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,538,564.	48,510,009.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	646,528.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15,374,418.	15,708,908.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 147,966.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		25,279,981.	26,533,715.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		41,300,927.	44,682,594.
19 Revenue less expenses. Subtract line 18 from line 12	3,237,637.	3,827,415.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 42,520,791.	End of Year 46,115,173.
	21 Total liabilities (Part X, line 26)	6,538,062.	7,878,413.
	22 Net assets or fund balances. Subtract line 21 from line 20	35,982,729.	38,236,760.

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			
	MATTHEW VANAUKEN, CHIEF EXECUTIVE OFFICER Type or print name and title	5/15/2023			
Paid Preparer Use Only	Print/Type preparer's name KYLE FRITCH, CPA	Preparer's signature KYLE FRITCH, CPA	Date 05/15/23	Check if self-employed <input type="checkbox"/>	PTIN P01313374
	Firm's name ▶ EIDE BAILLY LLP	Firm's EIN ▶ 45-0250958	Phone no. 970-223-8825		
Firm's address ▶ 2950 E. HARMONY RD., STE. 290 FORT COLLINS, CO 80528-3429					

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? [X] Yes [] 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 \$ 11,499,758. including grants of \$) (Revenue \$ 13,394,831.) 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 \$ 10,285,284. including grants of \$) (Revenue \$ 13,179,605.) CASE MANAGEMENT IS THE DETERMINATION OF ELIGIBILITY FOR SERVICES AND SUPPORTS, SERVICE AND SUPPORT COORDINATION, AND THE MONITORING OF ALL SERVICES AND SUPPORTS DELIVERED PURSUANT TO THE INDIVIDUALIZED PLAN, AND THE EVALUATION OF RESULTS IDENTIFIED IN THE INDIVIDUALIZED PLAN.

4c (Code:) (Expenses \$ 6,088,762. including grants of \$) (Revenue \$ 7,066,401.) DEVELOPMENTAL DISABILITIES DISTRIBUTIONS IN COUNTY MILL LEVY FUNDS TO ORGANIZATIONS PROVIDING SERVICES AND SUPPORTS TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 10,292,017. including grants of \$ 2,439,971.) (Revenue \$ 11,633,393.)

4e Total program service expenses 38,165,821.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	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>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	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>	6	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>	7	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>	8	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>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 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>	11a 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>	11b	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>	11c	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>	11d	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>	11e 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>	11f 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>	12a	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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	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>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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), 501(c)(4), and 501(c)(29) 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
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 on Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
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 on Schedule O.		
	1a 13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 13		
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, 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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	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 on 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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
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?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATTHEW VANAUKEN CHIEF EXECUTIVE OFFICER	25.65 0.05			X			412,483.	0.	33,969.	
(2) KAREN FLORES CHIEF FINANCIAL OFFICER	15.00 0.05			X			233,152.	0.	20,219.	
(3) ERICA KITZMAN CHIEF OPERATING OFFICER	24.90 0.00			X			215,956.	0.	27,389.	
(4) BOB WARD CHIEF STRATEGY OFFICER (THRU 1/22)	39.90 0.00				X		161,012.	0.	16,714.	
(5) DARCY TIBBLES SENIOR DIRECTOR COMMUNITY	40.00 0.00					X	116,105.	0.	13,983.	
(6) AMY GROGAN VICE PRESIDENT OF CASE MANAGEMENT AG	40.00 0.00					X	108,903.	0.	11,046.	
(7) SANDRA BAUMAN SENIOR DIRECTOR- STRATEGIC BUSINESS	40.00 0.00					X	101,905.	0.	3,453.	
(8) KRISTIN HOOVER PRESIDENT	3.00 0.05	X		X			0.	0.	0.	
(9) BETH KLEIN VICE PRESIDENT (THRU 12/21)	3.00 0.05	X		X			0.	0.	0.	
(10) TIM BATZ DIRECTOR/TREASURER (FROM 4/22)	1.90 0.05	X		X			0.	0.	0.	
(11) DIANE HOLBERT TREASURER (THRU 4/22)	3.00 0.05	X		X			0.	0.	0.	
(12) MAYRE LYNN SCHMIT SECRETARY	3.00 0.05	X		X			0.	0.	0.	
(13) ADAM HORNEY DIRECTOR	1.90 0.05	X					0.	0.	0.	
(14) ABE LAYDON DIRECTOR	1.90 0.05	X					0.	0.	0.	
(15) MICHAELA MCDONNELL DIRECTOR	1.90 0.05	X					0.	0.	0.	
(16) MONIQUE PEYTON DIRECTOR	1.90 0.05	X					0.	0.	0.	
(17) DANIEL SAMPSON DIRECTOR	1.90 0.05	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NANCY SHARPE DIRECTOR	1.90 0.05	X						0.	0.	0.
(19) DON TOUSSAINT DIRECTOR	1.90 0.05	X						0.	0.	0.
(20) LOIS VAUGHAN DIRECTOR	1.90 0.05	X						0.	0.	0.
(21) MICHAEL BROWN DIRECTOR	1.90 0.05	X						0.	0.	0.
(22) JENN CONRAD DIRECTOR	1.90 0.05	X						0.	0.	0.
1b Subtotal							1,349,516.	0.	126,773.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,349,516.	0.	126,773.	

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

	Yes	No
3 Did the organization list any former officer, director, 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
CONTINUUM OF COLORADO INC, 14280 E. JEWELL AVENUE, SUITE B, AURORA, CO 80012	THERAPY & PROGRAM SERVICES	7,994,837.
NONPROFIT MANAGEMENT SERVICES OF COLORADO, 14280 E. JEWELL AVENUE, SUITE A, AURORA, RTD-DENVER	MANAGEMENT SERVICES	5,168,676.
1600 BLAKE STREET, DENVER, CO 80202	TRANSPORTATION SERVICES	513,744.
EARLY START SPEECH & LANGUAGE SERVICES INC 110 ARCHER PL, DENVER, CO 80012	THERAPY	376,366.
DENVER BEHAVIOR CONSULTANTS LLC 7091 BOREAS ROAD, LARKSPUR, CO 80118	THERAPY	336,304.

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 **18**

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	315,942.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 182,780.				
	h	Total. Add lines 1a-1f		315,942.				
Program Service Revenue	2 a	EARLY INTERVENTION	Business Code	624100	13,394,831.	13394831.		
	b	CASE MANAGEMENT	Business Code	624100	13,179,605.	13179605.		
	c	FAMILY SUPPORT AND COMMUNITY OUTR	Business Code	624100	7,066,401.	7,066,401.		
	d							
	e							
	f	All other program service revenue	Business Code	624100	11,633,393.	11633393.		
	g	Total. Add lines 2a-2f			45,274,230.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			551,250.		551,250.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
				700,991.	6358912.			
	b	Less: cost or other basis and sales expenses	7b	470,620.	4220696.			
c	Gain or (loss)	7c	230,371.	2138216.				
d	Net gain or (loss)			2,368,587.		2368587.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			48,510,009.	45274230.	0.	2919837.	

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 domestic organizations and domestic governments. See Part IV, line 21 ...	2,439,971.	2,439,971.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	111,222.	100,100.	11,122.	
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	13,057,142.	12,974,239.	82,634.	269.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,521,338.	1,511,250.	10,057.	31.
10 Payroll taxes	1,019,206.	1,011,982.	7,203.	21.
11 Fees for services (nonemployees):				
a Management	5,091,393.		5,091,393.	
b Legal	65,381.		65,381.	
c Accounting	175,191.		175,191.	
d Lobbying	16,667.		16,667.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	86,911.		86,911.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	7,878,119.	7,795,150.	67,534.	15,435.
12 Advertising and promotion				
13 Office expenses	312,981.	292,522.	16,098.	4,361.
14 Information technology	260,290.	241,626.	18,664.	
15 Royalties				
16 Occupancy	689,865.	446,019.	243,846.	
17 Travel	54,153.	52,620.	1,508.	25.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	1,076.	411.	665.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	659,492.	373,044.	286,448.	
23 Insurance	123,835.	738.	123,097.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CLIENT CARE AND ASSISTANCE	10,454,809.	10,454,768.	41.	
b DUES AND SUBSCRIPTIONS	51,851.	10,019.	41,832.	
c MAINTENANCE	13,726.	6,397.	7,329.	
d _____				
e All other expenses _____	597,975.	454,965.	15,186.	127,824.
25 Total functional expenses. Add lines 1 through 24e	44,682,594.	38,165,821.	6,368,807.	147,966.
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	14,261,414.	2	22,824,200.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,917,832.	4	5,794,867.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	768,987.	7	746,596.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	188,736.	9	522,087.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,359,870.		
	b Less: accumulated depreciation	10b 1,222,855.		
		5,125,550.	10c	1,137,015.
	11 Investments - publicly traded securities	13,968,746.	11	12,274,006.
	12 Investments - other securities. See Part IV, line 11	2,167,280.	12	2,194,186.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	122,246.	15	622,216.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	42,520,791.	16	46,115,173.	
Liabilities	17 Accounts payable and accrued expenses	2,190,729.	17	2,930,547.
	18 Grants payable		18	
	19 Deferred revenue	3,801,901.	19	4,492,197.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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	545,432.	25	455,669.
	26 Total liabilities. Add lines 17 through 25	6,538,062.	26	7,878,413.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	34,872,100.	27	37,319,670.
	28 Net assets with donor restrictions	1,110,629.	28	917,090.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	35,982,729.	32	38,236,760.
	33 Total liabilities and net assets/fund balances	42,520,791.	33	46,115,173.

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	48,510,009.
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,682,594.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,827,415.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35,982,729.
5	Net unrealized gains (losses) on investments	5	-2,131,879.
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 on Schedule O)	9	558,495.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	38,236,760.

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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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 checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
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 on Schedule O and describe any steps taken to undergo such audits	X	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 VI 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 - 2020. 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 VI 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	451,140.	303,137.	53,805.	140,246.	315,942.	1264270.
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	39816297.	42758766.	46796794.	43831674.	45274230.	218477761
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	40267437.	43061903.	46850599.	43971920.	45590172.	219742031
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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	14615204.	15044983.	17183837.	18070496.	18674192.	83588712.
c Add lines 7a and 7b	14615204.	15044983.	17183837.	18070496.	18674192.	83588712.
8 Public support. (Subtract line 7c from line 6.)						136153319

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	40267437.	43061903.	46850599.	43971920.	45590172.	219742031
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	486,373.	591,391.	387,660.	415,396.	551,250.	2432070.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	486,373.	591,391.	387,660.	415,396.	551,250.	2432070.
11 Net income from unrelated business activities not included on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	40753810.	43653294.	47238259.	44387316.	46141422.	222174101

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	61.28 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	62.11 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	1.09 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	1.03 %

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

DEVELOPMENTAL PATHWAYS, INC.

Employer identification number

84-0534643

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 5,155.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 8,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 182,780.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>4</u>	COMPUTER EQUIPMENT _____ _____ _____	\$ <u>182,780.</u>	<u>02/23/22</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization 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 campaign activity expenditures ► \$ _____
- 3 Volunteer hours for political campaign activities _____

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

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

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

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

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

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

Schedule C (Form 990) 2021

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												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	16,667.													
c	Total lobbying expenditures (add lines 1a and 1b)	16,667.													
d	Other exempt purpose expenditures	44,579,016.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	44,595,683.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	63,305.	33,687.	40,000.	16,667.	153,659.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
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)).

	(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 campaign activity 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, lines 1 and 2 (See instructions); 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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of 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?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?, 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" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB 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. 1b If the organization elected, as permitted under FASB 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) Revenue included on 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 FASB ASC 958 relating to these items: a Revenue included on 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 make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,098,307.	1,012,738.	1,051,905.	1,051,012.	1,029,578.
b Contributions					
c Net investment earnings, gains, and losses	-116,842.	284,329.	-2,697.	893.	21,434.
d Grants or scholarships					
e Other expenditures for facilities and programs	72,976.	198,760.	36,470.		
f Administrative expenses					
g End of year balance	908,489.	1,098,307.	1,012,738.	1,051,905.	1,051,012.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 99.9400 %
 - c Term endowment 0.0600 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,195,818.	442,214.	753,604.
d Equipment		1,164,052.	780,641.	383,411.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,137,015.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED LEASE ARRANGEMENT	455,669.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	455,669.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
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
3	Subtract line 2e from line 1		3
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
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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

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

1	Total expenses and losses per audited financial statements		1
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
3	Subtract line 2e from line 1		3
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	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

Part XIII Supplemental Information *(continued)*

REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN.

PART X, LINE 2:

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABILITY SPECIALISTS 2200 S. MONACO PKWY, BUILD R DENVER, CO 80224	84-1489730	N/A	15,000.	0.			STAFF CAPACITY
ABLELIGHT, INC. 600 HOFFMANN DRIVE, WATERTOWN WATERTOWN, WI 53094	39-0806446	501(C)(3)	125,000.	0.			ENSURING STAFF RETENTION AND TALENT ACQUISITION FOR DIRECT CARE STAFF
ANCHOR CENTER FOR BLIND CHILDREN 2550 ROSLYN STREET DENVER, CO 80238	84-0893509	501(C)(3)	15,000.	0.			PRESCHOOL PROGRAM PILOT PROGRAM EXPANSION CAPACITY
AURORA COMPREHENSIVE COMMUNITY MENTAL CENTER, INC - 1290 CHAMBERS ROAD - AURORA, CO 80011	84-0683346	501(C)(3)	5,759.	0.			BUILDING/EXPANDING WORKFORCE TO SERVE INDIVIDUALS WITH IDD
BEHAVIORSPAN 14707 E 2ND AVE., GL100 AURORA, CO 80011	47-4043510		12,575.	0.			STAFF CAPACITY
BREATHE MBS LLC 3190 SOUTH VAUGHN WAY AURORA, CO 80014	82-0915911		7,360.	0.			PROGRAM SUPPLIES AND SOFTWARE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **21.**

3 Enter total number of other organizations listed in the line 1 table **23.**

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREWABILITY LAB, LLC 3445 S BROADWAY ENGLEWOOD, CO 80113	47-4858674		88,417.	0.			FULLY ACCESSIBLE COMMUNITY ENTRANCE
CARING HOMES LLC 20448 E RADCLIFF AVENUE CENTENNIAL, CO 80015	32-0639818		5,500.	0.			STAFF CAPACITY REQUEST
CARING VOICES 794 MEMPHIS STREET AURORA, CO 80011	47-4566797	501(C)(3)	8,140.	0.			ADDITIONAL ROOM EXPANSION
CENTREPOINT STEM ACADEMY 6892 S. YOSEMITE COURT, SUITE #1-10 CENTENNIAL, CO 80155	85-1598982		41,000.	0.			STEM TRANSITION PROGRAM AGES 18 TO 24
CENTREPOINT SUPPORT LIVING, LLC 6892 S. YOSEMITE COURT, #1-101 A CENTENNIAL, CO 80012	47-3984212		5,500.	0.			INCREASED GROWTH AND IMPACT FOR IDD COMMUNITY
COLORADO INSTITUTE OF DEVELOPMENTAL PEDIATRICS INC, DBA ADAM'S CAMP - 56 INVERNESS DRIVE EAST ST. SUITE 250 - ENGLEWOOD, CO	74-2432104	501(C)(3)	90,735.	0.			EARLY START FOR EVERYONE, STAFF RETENTION, MOUNTAIN THERAPY CAMP THERAPISTS AND SIBLINGS CAMP
CONNECT US 2121 S. ONEIDA STREET, UNIT #220 DENVER, CO 80224	26-4755254	501(C)(3)	21,500.	0.			SOCIAL INCLUSION PROJECT
CONTINUUM OF COLORADO 14280 E JEWELL AVE STE B AURORA, CO 80012	45-5324193	501(C)(3)	286,690.	0.			AGAVE HOUSE DOWN PAYMENT
COTTONWOOD COMMUNITY ALTERNATIVES PO BOX 946 ENGLEWOOD, CO 80151	84-1170633	501(C)(3)	221,000.	0.			COTTONWOOD STAFF STABILITY GRANT, HOUSING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEVELOPMENTAL FX: THE DEVELOPMENTAL & FRAGILE X RESOURCE CENTRE - 7770 E ILIFF AVE, SUITE C - DENVER, CO 80231	02-0673474	501(C)(3)	15,000.	0.			ENHANCED CAPACITY BUILDING PROGRAMS: WRAPAROUND SUPPORT FOR ARAPAHOE AND DOUGLAS
DOUGLAS COUNTY 100 THIRD STREET, SUITE 130 CASTLE ROCK, CO 80104	84-6000761	STATE OF COLORAD	250,000.	0.			DDML FY22
EZ CARE TRANSPORTATION P.O. BOX 11443 AURORA, CO 80042	45-3235618		40,000.	0.			EZ CARE TRANSPORTATION STABILITY PROJECT
FEEL THE BEAT CORP. 3330 S. BROADWAY, STE #452 ENGLEWOOD, CO 80113	81-3976702	501(C)(3)	20,000.	0.			FEEL THE BEAT'S SOUND ACCESSIBLE ENVIRONMENTS AND STUDIOS
FESTIVE CUP COFFEE AND BOUTIQUE 50 SPRINGER DRIVE HIGHLANDS RANCH, CO 80129	86-2049761		32,500.	0.			STAFF CAPACITYAND EQUIPMENT
GARDEN INC 4750 S. SANTA FE CIRCLE, UNIT 5 ENGLEWOOD, CO 80110	27-3730674	501(C)(3)	85,000.	0.			VEHICLE SUPPORT, STAFF CAPACITY, SUMMER CAMP PROGRAM SUPPORT
GUIDED BY HUMANITY 3496 S. BROADWAY ENGLEWOOD, CO 80113	82-1456094	501(C)(3)	7,600.	0.			PEER TO PEER ALL ABILITIES YOGA TRAINING
INTEGRATED LIFE CHOICES 6800 NORMAL BLVD LINCOLN, NE 68506	20-4187138		100,000.	0.			STAFF CAPACITY
LEAL-WALSH, LLC (DBA; THE SENSORY CLUB DENVER) - 4301 SOUTH FEDERAL BLVD, STE 102/103 - ENGLEWOOD, CO 80110	85-4360395		23,523.	0.			SENSORY GYM EQUIPMENT AND PROGRAM SUPPLIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITTLE MONKEY BIZNESS 369 SHOREHAM CIRCLE CASTLE PINES , CO 80108	81-2224786		7,000.	0.			SENSORY SAND TABLE
MEGAN'S PLACE, LLC 6175 W. 38TH AVE. WHEAT RIDGE, CO 80033	46-5152794		6,389.	0.			HIRING/RETENTION BONUSES
METRO MUSIC THERAPY, INC. 1113 VIGILANTE AVE BAILEY, CO 80421	45-0508249		6,175.	0.			METRO MUSIC THERAPY, INC. BUSINESS MANAGEMENT SYSTEM
MINDSOLUTIONS 2204 N EMERSON STREET DENVER, CO 80205	85-2578643		17,500.	0.			SUMMER CAMP
PARKER PERSONAL CARE HOMES 1597 COLE BOULEVARD, UNIT 250 LAKEWOOD, CO 80401	84-1582091		329,100.	0.			MAKER SPACE COMMUNITY CENTER
PERRY & DAVIS ENTERPRISE, LLC DBA STARS & STRIPES TRANSPORTATION - 13791 E RICE PLACE, SUITE 105 - AURORA, CO 80015	80-0679576		20,000.	0.			STARS & STRIPES NEMT TRANSPORTATION SERVICES
PRK WILLIAMS, INC. DBA TO THE RESCUE - 139 40TH STREET NE - CEDAR RAPIDS, IA 52402	20-3238282		17,030.	0.			CURRICULUM AND SOFTWARE
PROMISE RANCH THERAPIES & RECREATION - P.O. BOX 73 - CASTLE ROCK, CO 80104	26-2431767	501(C)(3)	51,864.	0.			ARENA IMPROVEMENTS. NEW SOFTWARE, AN ADA ACCESSIBLE BATHROOM FOR OUR PARTICIPANTS
REHABILITATIVE RHYTHMS 2222 S FRASER ST UNIT 2 AURORA, CO 80014	30-1199345	501(C)(3)	22,343.	0.			BUILDING CAPACITY THROUGH EXPANDING FULL-TIME MUSIC THERAPIST WORKFORCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REVEL 3501 BLAKE ST, SUITE 250 DENVER, CO 80205	81-2022482	501(C)(3)	10,000.	0.			SCHOLARSHIP TO EXPAND OUR SERVICE AREA
ROCKY MOUNTAIN COUNSELING COLLECTIVE (RMCC, LLC FORMERLY RM3C, LLC) - 2727 BRYANT STREET, SUITE 300 - DENVER, CO 80211	47-2904295		12,500.	0.			STAFF CAPACITY
ROOTS COLORADO DBA DIRT COFFEE 5767 S RAPP STREET LITTLETON, CO 80120	26-2898336	501(C)(3)	15,000.	0.			DIRT COFFEE PROGRAM SUPPORT
SKYCLIFF CENTER 4600 E HIGHWAY 86 CASTLE ROCK, CO 80104	74-2342750	501(C)(3)	17,199.	0.			REQUEST APPROVED TO FULLY FUND GRANT SUBMITTED TO DOUGLAS COUNTY DD ML DECEMBER, 2021.
SOUL DOGS, INC. 5005 W. 81ST PLACE #201 WESTMINSTER, CO 80031	84-2616856	501(C)(3)	15,000.	0.			STAFF STABILITY AND RECOGNITION
STAR INSTITUTE FOR SENSORY PROCESING - 6911 S YOSEMITE STREET - CENTENNIAL, CO 80112	27-4386097	501(C)(3)	7,430.	0.			EXPANDING ASSESSMENTS FOR STAR INSTITUTE
SUPPORT MANAGEMENT DBA COMMUNITY INTERSECTIONS - 11059 EAST BETHANY DRIVE, SUITE 150 - AURORA, CO 80014	27-2924359	501(C)(3)	5,500.	0.			VEHICLE MAINTENANCE AND PURCHASE
TACT (TEACHING THE AUTISM COMMUNITY TRADES) - 2733 W. 8TH AVE - DENVER, CO 80204	81-3015819	501(C)(3)	15,000.	0.			TACT PROVIDER GRANT, TACT STAFF PROPOSAL
TALL TALES RANCH 6311 S. GRANT DRIVE CENTENNIAL, CO 80121	46-4058828	501(C)(3)	30,000.	0.			COFFEE TRAILER VOCATIONAL TRAINING & EMPLOYMENT PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DEVELOPMENTAL & FRAGILE X RESOURCE CENTRE - 7770 E ILIFF AVE, SUITE C - DENVER, CO 80231	02-0673474	501(C)(3)	10,000.	0.			DFX STAFF CAPACITY SUPPORT
THE MANE MISSION 3658 N PERRY PARK RD SEDALIA, CO 80135	85-3711107	501(C)(3)	6,380.	0.			ADA/ACCESSIBLE RENOVATIONS
THERAPIES FOR HOPE 1624 MARKET STREET, STE., 226, BOX DENVER, CO 80202	86-3227408	501(C)(3)	40,000.	0.			PERSONNEL COSTS FOR THERAPY INTENSIVES FOR DEVELOPMENTAL PATHWAYS DEVELOPMENTALLY DISABLED
TTG, LLC DBA THE TRAVELING GNOMES 4150 WOLFF STREET DENVER, CO 80212	86-2798510		28,000.	0.			SUPPORT FOR PURCHASE OF A VEHICLE. TRAILBLAZER APPRECIATION & RETENTION
WELLSPRING COMMUNITY 826 PARK STREET #200 CASTLE ROCK, CO 80109	77-0716253	501(C)(3)	166,031.	0.			STAFF SUPPORT, RETENTION, STABILIZING TRANSPORTATION ROUTE IN DOUGLAS COUNTY
WILLIAMS WORLD LLC 6671 WAUCONDA DRIVE LARKSPUR, CO 80118	27-0674041		15,000.	0.			JOB FAIR FOR RETAINING AND TRAINING NEW SUB CONTRACTORS

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

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

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

PART I, LINE 2:

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

DEVELOPMENTAL FX: THE DEVELOPMENTAL & FRAGILE X RESOURCE CENTRE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCED CAPACITY BUILDING PROGRAMS: WRAPAROUND SUPPORT FOR ARAPAHOE AND DOUGLAS COUNTY YOUTH & ESTABLISHING HANEN PROGRAM FOR PARENTS OF CHILDREN WITH ASD

NAME OF ORGANIZATION OR GOVERNMENT: THERAPIES FOR HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: PERSONNEL COSTS FOR THERAPY INTENSIVES FOR DEVELOPMENTAL PATHWAYS DEVELOPMENTALLY DISABLED CHILDREN

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2** Yes No **X**

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No **X**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** Yes No **X**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** Yes No **X**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** Yes No **X**
- b** Any related organization? **5b** Yes No **X**
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** Yes No **X**
- b** Any related organization? **6b** Yes No **X**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** Yes No **X**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No **X**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No **X**

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MATTHEW VANAUKEN CHIEF EXECUTIVE OFFICER	(i)	404,857.	0.	7,626.	14,634.	19,335.	446,452.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KAREN FLORES CHIEF FINANCIAL OFFICER	(i)	232,066.	0.	1,086.	10,814.	9,405.	253,371.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ERICA KITZMAN CHIEF OPERATING OFFICER	(i)	214,904.	0.	1,052.	7,517.	19,872.	243,345.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BOB WARD CHIEF STRATEGY OFFICER (THRU 1/22)	(i)	161,012.	0.	0.	8,206.	8,508.	177,726.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 THE CHIEF OPERATING OFFICER IS PAID FOR BY NONPROFIT MANAGEMENT
SERVICES OF COLORADO (NMSC), AN UNRELATED TAX-EXEMPT ORGANIZATION. NMSC
USES THE FORM 990 OF COMPARABLE ORGANIZATIONS, A COMPENSATION SURVEY, AND
APPROVAL BY THE BOARD OF DIRECTORS TO ESTABLISH COMPENSATION AMOUNTS FOR
THE CHIEF EXECUTIVE OFFICER, AND APPROVAL BY THE CHIEF EXECUTIVE OFFICER TO
ESTABLISH COMPENSATION AMOUNTS FOR THE CHIEF FINANCIAL OFFICER AND CHIEF
OPERATING OFFICER.

PART I, LINE 4B:

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.

DEVELOPMENTAL PATHWAYS, INC. (DP) ESTABLISHED A NONQUALIFIED DEFERRED COMPENSATION PROGRAM, PURSUANT TO THE PROVISIONS OF SECTION 457(F) OF THE INTERNAL REVENUE CODE, FOR THE BENEFIT OF CERTAIN EXECUTIVE STAFF. THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE 457(F) NONQUALIFIED DEFERRED COMPENSATION PLAN IN 2021, FOR WHICH THE EXPENSE WAS INCURRED BY THE SPONSORING ORGANIZATION, BUT THE FUNDS HAVE NOT VESTED OR BEEN PAID OUT TO THESE INDIVIDUALS. THE AMOUNTS LISTED BELOW ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C):

ROBERT WARD - CHIEF STRATEGY OFFICER: \$1,768

NONPROFIT MANAGEMENT SERVICES OF COLORADO (NMSC), A RELATED TAX-EXEMPT ORGANIZATION, ESTABLISHED A NONQUALIFIED DEFERRED COMPENSATION PROGRAM, PURSUANT TO THE PROVISIONS OF SECTION 457(F) OF THE INTERNAL REVENUE CODE, FOR THE BENEFIT OF CERTAIN EXECUTIVE STAFF. THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE 457(F) NONQUALIFIED DEFERRED COMPENSATION PLAN IN 2021, FOR WHICH THE EXPENSE WAS INCURRED BY THE SPONSORING ORGANIZATION, BUT THE FUNDS HAVE NOT VESTED OR BEEN PAID OUT TO THESE INDIVIDUALS. THE AMOUNTS LISTED BELOW ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C):

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.

MATTHEW VANAUKEN - CHIEF EXECUTIVE OFFICER: \$3,034

ERICA KITZMAN - CHIEF OPERATING OFFICER: \$1,079

KAREN FLORES - CHIEF FINANCIAL OFFICER: \$1,501

THE NONQUALIFIED DEFERRED COMPENSATION PLAN WAS TERMINATED ON 6/30/21. ALL BALANCES RELATED TO THE PLAN, INCLUDING THE AMOUNTS REPORTED ABOVE, WERE FORFEITED.

SCHEDULE J, PART II:

IN ADDITION TO PROVIDING SERVICES TO DEVELOPMENTAL PATHWAYS, THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND CHIEF OPERATING OFFICER ALSO PROVIDE SERVICES IN THEIR RESPECTIVE POSITIONS TO OTHER TAX-EXEMPT ORGANIZATIONS. THE COMPENSATION PAID TO THE TOP MANAGEMENT OFFICIALS LISTED ABOVE IS PAID FOR BY NONPROFIT MANAGEMENT SERVICES OF COLORADO (NMSC), AN UNRELATED TAX-EXEMPT ORGANIZATION. THE AMOUNTS REPORTED ON SCHEDULE J, PART II REPRESENT COMPENSATION AND BENEFITS PAID TO THESE INDIVIDUALS FOR THEIR SERVICES TO THE FILING ORGANIZATION AS WELL AS OTHER TAX-EXEMPT ORGANIZATIONS. PROVIDED BELOW IS THE COMPENSATION AND

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.

BENEFITS PAID TO THESE INDIVIDUALS FOR THEIR SERVICES PROVIDED TO
DEVELOPMENTAL PATHWAYS.

MATTHEW VANAUKEN, CHIEF EXECUTIVE OFFICER - \$286,284 (THIS AMOUNT
INCLUDES A ONE-TIME PAYOUT OF \$98,406 DEFERRED COMPENSATION ACCRUED
OVER 7.5 YEARS)

ERICA KITZMAN, CHIEF OPERATING OFFICER - \$151,483

KAREN FLORES, CHIEF FINANCIAL OFFICER - \$95,014

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (IT EQUIPMENT)	X	1	182,780.	SELLING PRICE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE TOTAL NUMBER OF CONTRIBUTORS ON PART I, COLUMN (B).

PART I, COLUMN (B)

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS DONATED IN PART I, COLUMN (B).

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

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 2, NEW PROGRAM SERVICES:

DEVELOPMENTAL PATHWAYS PEDIATRIC HOME HEALTH- TO PROVIDE EXCEPTIONAL
IN-HOME OCCUPATIONAL THERAPY AND SPEECH THERAPY TO INFANTS AND TODDLERS
AGES BIRTH TO THREE YEARS RECEIVING EARLY INTERVENTION SERVICES. OUR
AIM IS TO EMPOWER THE FAMILY TO SUPPORT THEIR CHILD THROUGHOUT THEIR
DAY ALLOWING FOR DAILY GROWTH AND LEARNING OPPORTUNITIES FOR BOTH THE
CHILD AND FAMILY. AS WE GROW, OUR LONG-TERM VISION IS TO MEET THE NEEDS
OF ANY CHILD, BIRTH TO 18 YEARS OF AGE, WHO IS REFERRED FOR IN-HOME
THERAPY EVALUATION AND THERAPY SERVICES. THE PROGRAM WAS OFFICIALLY
ACCREDITED ON 2/22/22 BUT DID NOT BEGIN WITH BILLING AND NEW EMPLOYEES
UNTIL 10/31/22.

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

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

EXPENSES \$ 10,292,017. INCL GRANTS OF \$ 2,439,971. REVENUE \$ 11,633,393.

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

THE BOARD MEMBERS HAVE A BUSINESS RELATIONSHIP WITH MATTHEW VANAUKEN, KAREN
FLORES, AND ERICA KITZMAN WHO ARE OFFICERS OF A RELATED TAX-EXEMPT

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

Schedule O (Form 990) 2021

Name of the organization

DEVELOPMENTAL PATHWAYS, INC.

Employer identification number

84-0534643

ORGANIZATION FOR WHICH THEY SERVE ON THE BOARD. THE BOARD MEMBERS ALSO SERVE AS BOARD MEMBERS OF A RELATED TAX-EXEMPT ORGANIZATION.

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

NONPROFIT MANAGEMENT SERVICES OF COLORADO (NMSC), AN UNRELATED EXEMPT ORGANIZATION, PERFORMED MANAGEMENT DUTIES INCLUDING HUMAN RESOURCES, FINANCE, IT, TRAINING, FACILITIES MANAGEMENT, AND COMMUNICATION SERVICES. COMPENSATION PAID TO NMSC FOR THESE SERVICES FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2021 WAS \$5,168,676.

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

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

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

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

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

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

Name of the organization

DEVELOPMENTAL PATHWAYS, INC.

Employer identification number

84-0534643

INFLUENCE ON THE CONFLICTING MATTER.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON REQUEST.

FORM 990, PART VII, SECTION A:

THE COMPENSATION PAID TO THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND THE CHIEF OPERATING OFFICER IS PAID FOR BY NONPROFIT MANAGEMENT SERVICES OF COLORADO (NMSC), AN UNRELATED TAX-EXEMPT ORGANIZATION. IN ADDITION TO PROVIDING SERVICES TO DEVELOPMENTAL PATHWAYS INC., TOP MANAGEMENT OFFICIALS LISTED ABOVE ALSO PROVIDE SERVICES IN THEIR RESPECTIVE POSITIONS TO OTHER TAX-EXEMPT ORGANIZATIONS. THE AMOUNTS REPORTED ON FORM 990, PART VII, SECTION A REPRESENT COMPENSATION AND BENEFITS PAID TO THESE INDIVIDUALS FOR THEIR SERVICES TO THE FILING ORGANIZATION AS WELL AS OTHER TAX-EXEMPT ORGANIZATIONS. IN ADDITION, THE HOURS REPORTED ON FORM 990, PART VII, SECTION A DEVOTED TO RELATED ORGANIZATIONS REPRESENTS ONLY A PORTION OF THE TOTAL HOURS TOP MANAGEMENT OFFICIALS DEVOTE TO THEIR RESPECTIVE POSITIONS. PROVIDED BELOW IS THE COMPENSATION AND BENEFITS PAID TO THESE INDIVIDUALS FOR THEIR SERVICES PROVIDED TO DEVELOPMENTAL PATHWAYS.

MATTHEW VANAUKEN, CHIEF EXECUTIVE OFFICER - \$286,284 (THIS AMOUNT INCLUDES A ONE-TIME PAYOUT OF \$98,406 DEFERRED COMPENSATION ACCRUED OVER 7.5 YEARS)

ERICA KITZMAN, CHIEF OPERATING OFFICER - \$151,483

Name of the organization

DEVELOPMENTAL PATHWAYS, INC.

Employer identification number

84-0534643

KAREN FLORES, CHIEF FINANCIAL OFFICER - \$95,014

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

ASSISTIVE TECHNOLOGY SERVICES:

PROGRAM SERVICE EXPENSES 34,974.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 34,974.

AUDIOLOGY SERVICES:

PROGRAM SERVICE EXPENSES 145,065.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 145,065.

BEHAVIORAL SERVICES:

PROGRAM SERVICE EXPENSES 1,833.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,833.

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES 224,117.

MANAGEMENT AND GENERAL EXPENSES 41,490.

FUNDRAISING EXPENSES 15,435.

TOTAL EXPENSES 281,042.

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

DENTIST SERVICES:

PROGRAM SERVICE EXPENSES	1,025.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,025.

DEVELOPMENTAL INTERVENTION SERVICES:

PROGRAM SERVICE EXPENSES	1,713,444.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,713,444.

ENVIRONMENTAL ENGINEERING SERVICES:

PROGRAM SERVICE EXPENSES	98,540.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	98,540.

LANGUAGE SERVICES:

PROGRAM SERVICE EXPENSES	68,792.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	68,792.

NUTRITION SERVICES:

PROGRAM SERVICE EXPENSES	32,187.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

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

TOTAL EXPENSES	32,187.
----------------	---------

OCCUPATIONAL THERAPY SERVICES:

PROGRAM SERVICE EXPENSES	589,822.
--------------------------	----------

MANAGEMENT AND GENERAL EXPENSES	0.
---------------------------------	----

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	589,822.
----------------	----------

PERSONAL ASSISTANCE HOMEMAKER:

PROGRAM SERVICE EXPENSES	16,681.
--------------------------	---------

MANAGEMENT AND GENERAL EXPENSES	0.
---------------------------------	----

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	16,681.
----------------	---------

PERSONAL CARE:

PROGRAM SERVICE EXPENSES	142,284.
--------------------------	----------

MANAGEMENT AND GENERAL EXPENSES	0.
---------------------------------	----

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	142,284.
----------------	----------

PHYSICAL THERAPY SERVICES:

PROGRAM SERVICE EXPENSES	734,004.
--------------------------	----------

MANAGEMENT AND GENERAL EXPENSES	0.
---------------------------------	----

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	734,004.
----------------	----------

RESPIRE SERVICES:

PROGRAM SERVICE EXPENSES	129,199.
--------------------------	----------

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

MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	129,199.

SPEECH LANGUAGE PATHOLOGY SERVICES:

PROGRAM SERVICE EXPENSES	2,073,876.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,073,876.

SOCIAL AND EMOTIONAL SERVICES:

PROGRAM SERVICE EXPENSES	311,068.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	311,068.

SUPPORTED EMPLOYMENT SERVICES:

PROGRAM SERVICE EXPENSES	13,074.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,074.

THERAPIST SERVICES:

PROGRAM SERVICE EXPENSES	15,979.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,979.

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

TRANSPORTATION SERVICES:

PROGRAM SERVICE EXPENSES	375,164.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	375,164.

VEHICLE MAINTENANCE SERVICES:

PROGRAM SERVICE EXPENSES	84,054.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	84,054.

VISION SERVICES:

PROGRAM SERVICE EXPENSES	191,855.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	191,855.

SPECIALIZED MEDICAL EQUIPMENT SERVICES:

PROGRAM SERVICE EXPENSES	304,240.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	304,240.

OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	493,873.
MANAGEMENT AND GENERAL EXPENSES	26,044.
FUNDRAISING EXPENSES	0.

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

TOTAL EXPENSES **519,917.**

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A **7,878,119.**

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ASSET TRANSFER FROM RELATED PUBLIC CHARITY **558,495.**

**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.

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

OMB No. 1545-0047

2021

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
YOUTH HOUSING COLORADO - 82-4465978 14280 E. JEWELL AVENUE, SUITE A AURORA, CO 80012	HOUSING FOR YOUTH WITH DEVELOPMENTAL DISABILITIES	COLORADO	501(C)(3)	LINE 12A, I	DEVELOPMENTAL PATHWAYS, INC.	X	

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

Schedule R (Form 990) 2021

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) YOUTH HOUSING COLORADO	S	558,495.	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. DEVELOPMENTAL PATHWAYS, INC.	Taxpayer identification number (TIN) 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. 14280 E JEWELL AVE., A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AURORA, CO 80012	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

MATTHEW VANAUKEN

• The books are in the care of ▶ **14280 E JEWELL AVE., STE. A - AURORA, CO 80012**

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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2023**, 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, 2021**, and ending **JUN 30, 2022**.

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-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-TE and Form 8879-TE for payment instructions.