

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2006

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning 07-01-2006 and ending 06-30-2007

- B Check if applicable
Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Parent Pathways Inc
Number and street (or P O box if mail is not delivered to street address) Room/suite
6795 E Tennessee Avenue
City or town, state or country, and ZIP + 4
Denver, CO 802241613

D Employer identification number
84-0429686
E Telephone number
(303) 321-6363
F Accounting method
Cash
Accrual
Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: www.parentpathways.org

J Organization type (check only one)
501(c)(3)
4947(a)(1)
527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates?
H(b) If "Yes" enter number of affiliates
H(c) Are all affiliates included?
H(d) Is this a separate return filed by an organization covered by a group ruling?

I Group Exemption Number

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 3,007,199

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for detailed categories like contributions, program service revenue, and net assets.

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach Schedule) (cash \$ <sup>0</sup> noncash \$ <sup>0</sup> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ <sup>0</sup> noncash \$ <sup>0</sup> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>	0	0	
<b>23</b>	Specific assistance to individuals (attach schedule) <input checked="" type="checkbox"/>	<b>23</b>	315,117	315,117	
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b>	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	<b>25a</b>	267,269	78,972	117,606
<b>b</b>	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	<b>25b</b>			
<b>c</b>	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b>	Salaries and wages of employees not included on lines 25a, b and c	<b>26</b>	1,122,491	921,125	110,259
<b>27</b>	Pension plan contributions not included on lines 25a, b and c	<b>27</b>			
<b>28</b>	Employee benefits not included on lines 25a - 27	<b>28</b>	185,372	141,697	24,599
<b>29</b>	Payroll taxes	<b>29</b>	100,779	72,963	16,434
<b>30</b>	Professional fundraising fees	<b>30</b>			
<b>31</b>	Accounting fees	<b>31</b>			
<b>32</b>	Legal fees	<b>32</b>			
<b>33</b>	Supplies	<b>33</b>	7,560	3,244	2,370
<b>34</b>	Telephone	<b>34</b>			
<b>35</b>	Postage and shipping	<b>35</b>	4,504	1,363	2,715
<b>36</b>	Occupancy	<b>36</b>	211,371	152,713	48,055
<b>37</b>	Equipment rental and maintenance	<b>37</b>	15,019	6,249	5,976
<b>38</b>	Printing and publications	<b>38</b>	3,504	2,465	719
<b>39</b>	Travel	<b>39</b>	10,535	7,066	1,922
<b>40</b>	Conferences, conventions, and meetings	<b>40</b>	44,348	40,859	2,148
<b>41</b>	Interest	<b>41</b>	64,249	61,048	2,380
<b>42</b>	Depreciation, depletion, etc (attach schedule)	<b>42</b>	180,381	175,308	5,073
<b>43</b>	Other expenses not covered above (itemize)				
<b>a</b>	ORGANIZATIONAL COSTS	<b>43a</b>	85,076	32,994	50,603
<b>b</b>	CONSULTANTS	<b>43b</b>	45,759	893	15,051
<b>c</b>	MARKETING & PUBLIC RELATIONS	<b>43c</b>	44,700		29,635
<b>d</b>	OTHER IN-KIND	<b>43d</b>	155,582	155,452	130
<b>e</b>	INVESTMENT FEES	<b>43e</b>	5,882		5,882
<b>f</b>	INSURANCE	<b>43f</b>	4,796	4,796	
<b>g</b>		<b>43g</b>			
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	2,874,294	2,174,324	441,427

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$<sup>0</sup>, (ii) the amount allocated to Program services \$<sup>0</sup>, (iii) the amount allocated to Management and general \$<sup>0</sup>, and (iv) the amount allocated to Fundraising \$<sup>0</sup>




**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? <b>P</b> PARENT PATHWAYS, INC , FORMERLY KNOWN AS HUMAN SERVICES, INC , IS A COMMUNITY-BASED, NOT-FOR-PROFIT ORGANIZATION WITH OVER 100 YEARS OF EXPERIENCE IN PROVIDING QUALITY PROGRAMS TO FAMILIES IN METRO DENVER. PARENT PATHWAYS, INC MISSION IS TO HELP TEEN PARENTS RAISE HEALTHY FAMILIES. THE PARENT PATHWAYS, INC NAME WAS CHOSEN TO BETTER REFLECT THE ORGANIZATION'S MISSION AND BECAME EFFECTIVE APRIL 17, 2005.</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p><b>a</b> The Florence Crittenton School provides comprehensive support services and education for pregnant and parenting teen mothers. The young mothers earn credits toward graduation from high school, learn parenting and job skills, establish workable career plans and build their self-esteem. This includes an early learning center for children of teen mothers. Also included is the Young Fathers Program which provides parenting, education, home management and job readiness skills.</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>1,663,829</p>
<p><b>b</b> Housing Services provides transitional housing and case management for young families, helping them meet their educational, housing and employment needs, as well as to address the parenting, financial, personal and life skills issues necessary to achieve lasting self-sufficiency.</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>510,495</p>
<p><b>c</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>d</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <b>P</b></p>	<p>2,174,324</p>

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)	
		Beginning of year		End of year	
Assets	<b>45</b> Cash—non-interest-bearing . . . . .	300	<b>45</b>	450	
	<b>46</b> Savings and temporary cash investments . . . . .	527,001	<b>46</b>	429,663	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 145,962			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>	37,135	<b>47c</b> 145,962	
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b> 5,092			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>	8,525	<b>48c</b> 5,092	
	<b>49</b> Grants receivable . . . . .		<b>49</b>		
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50a</b>		
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .		<b>50b</b>		
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>		<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>		
	<b>53</b> Prepaid expenses and deferred charges . . . . .	8,720	<b>53</b>	10,747	
	<b>54a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	803,471	<b>54a</b>	890,428	
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>		
<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>		
<b>56</b> Investments—other (attach schedule) . . . . .	161,206	<b>56</b> 	176,751		
<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b> 4,386,157				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 1,031,491	3,508,539	<b>57c</b> 3,354,666		
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )	22,177	<b>58</b> 	25,236		
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	5,077,074	<b>59</b>	5,038,995		
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .	85,744	<b>60</b>	107,796	
	<b>61</b> Grants payable . . . . .		<b>61</b>		
	<b>62</b> Deferred revenue . . . . .	16,000	<b>62</b>	22,974	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	1,184,964	<b>64b</b> 	1,067,412	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )		<b>65</b>		
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .	1,286,708	<b>66</b>	1,198,182		
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>					
Net Assets or Fund Balances	<b>67</b> Unrestricted . . . . .	3,220,127	<b>67</b>	3,243,182	
	<b>68</b> Temporarily restricted . . . . .	388,782	<b>68</b>	400,005	
	<b>69</b> Permanently restricted . . . . .	181,457	<b>69</b>	197,626	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>		
<b>73 Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .	3,790,366	<b>73</b>	3,840,813		
<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .	5,077,074	<b>74</b>	5,038,995		

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	3,516,577
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	26,680
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	597,718
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) <input type="checkbox"/> _____	<b>b4</b>	15,544
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	639,942
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	2,876,635
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	5,882
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	639,942
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	2,882,517

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	3,466,130
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	597,718
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	597,718
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	2,868,412
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	5,882
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	5,882
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	2,874,294

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				



**Part VI Other Information (continued)**

Yes No

<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>	Yes	
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	<b>82b</b>	597,718	
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	Yes	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	Yes	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>		
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?	<b>85a</b>		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year	<b>85b</b>		
<b>c</b> Dues assessments, and similar amounts from members	<b>85c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>		
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>		
<b>86 501(c)(7) orgs.</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	0	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	0	
<b>87 501(c)(12) orgs.</b> Enter <b>a</b> Gross income from members or shareholders	<b>87a</b>	0	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87b</b>	0	
<b>88a</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88a</b>		No
<b>b</b> At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	<b>88b</b>		No
<b>89a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>			
<b>b 501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>		No
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0</u>			
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0</u>			
<b>e All organizations.</b> At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>		No
<b>f All organizations.</b> Did the organization acquire direct or indirect interest in any applicable insurance contract?	<b>89f</b>		No
<b>g For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>		
<b>90a</b> List the states with which a copy of this return is filed			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	<b>90b</b>	42	
<b>91a</b> The books are in care of <u>PARENT PATHWAYS INC</u> Telephone no <u>(303) 321-6363</u> <u>6795 E TENNESSEE AVE STE 600</u> Located at <u>DENVER, CO</u> ZIP + 4 <u>802241613</u>			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>91b</b>	Yes	No
If "Yes," enter the name of the foreign country			
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts			

**Part VI Other Information (continued)**

**c** At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**  Yes  No

If "Yes," enter the name of the foreign country  \_\_\_\_\_

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here  and enter the amount of tax-exempt interest received or accrued during the tax year **92**

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> CHILDCARE & FEES					20,683
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					554,543
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments			14	21,336	
<b>96</b> Dividends and interest from securities . . . . .			14	47,677	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> non debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	18,483	
<b>101</b> Net income or (loss) from special events . . . . .			01	49,507	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> MISC REVENUE					220
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				137,003	575,446
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					712,449

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Additional Data Table

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

**(a)** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**(b)** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**NOTE:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>
		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>Totals</b>				

<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>
		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>Totals</b>				

<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	<b>Yes</b>	<b>No</b>
		No

**Please Sign Here**

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.

***** Signature of officer	2007-11-15 Date
Noreen Keleshian President Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature  PAUL M EGAN	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4  EHRHARDT KEEFE STEINER & HOTTMAN PC 7979 E TUFTS AVENUE SUITE 400 DENVER, CO 802372843			EIN  Phone no  (303) 740-9400

**SCHEDULE A  
(Form 990 or  
990EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2006**

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
Parent Pathways Inc

**Employer identification number**

84-0429686

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MERRY DAVIS 6795 E TENNESSEE AVE DENVER, CO 80224	DIR OF FINANCE & ADM 40 0	51,702	1,415	0
DONNA CAMPANELLA 6795 E TENNESSEE AVE STE 600 DENVER, CO 80224	FCS PRINCIPAL 40 0	50,693	1,468	0
Total number of other employees paid over \$50,000				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		

**Part III Statements About Activities** (See page 2 of the instructions.)

**Yes No**

<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	<b>1</b>		No
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 🗨</p> <p><b>a</b> Sale, exchange, or leasing property?</p>	<b>2a</b>		No
<p><b>b</b> Lending of money or other extension of credit?</p>	<b>2b</b>		No
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	<b>2c</b>		No
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<b>2d</b>	Yes	
<p><b>e</b> Transfer of any part of its income or assets?</p>	<b>2e</b>		No
<p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )</p>	<b>3a</b>		No
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	<b>3b</b>		No
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	<b>3c</b>		No
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<b>3d</b>		No
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	<b>4a</b>		No
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	<b>4b</b>		No
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	<b>4c</b>		No
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ► _____</p>			
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____</p>			
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0 _____</p>			
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0 _____</p>			

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12**  An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I     Type II     Type III - Functionally Integrated     Type III - Other

**Provide the following information about the supported organizations. (see page 7 of the instructions.)**

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
<b>Total</b>					▶

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	2,090,902	2,068,529	2,280,556	1,202,857	7,642,844
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	514,878	468,584	370,359	523,451	1,877,272
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	48,287	73,278	30,600	16,500	168,665
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	3,134	2,064	33,845	1,502	40,545
<b>23</b> Total of lines 15 through 22	2,657,201	2,612,455	2,715,360	1,744,310	9,729,326
<b>24</b> Line 23 minus line 17	2,142,323	2,143,871	2,345,001	1,220,859	7,852,054
<b>25</b> Enter 1% of line 23	26,572	26,125	27,154	17,443	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 157,041
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 164,334
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b> 7,852,054
<b>d</b> Add Amounts from column (e) for lines	18 168,665	19 0			
	22	26 b	164,334		
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 7,478,510
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 95.24 %
<b>27 Organizations described on line 12:</b>					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year	(2005)	(2004)	(2003)	(2002)	
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2005)	(2004)	(2003)	(2002)	
<b>c</b> Add Amounts from column (e) for lines	15	16			
	17	20	21		
<b>d</b> Add Line 27a total and line 27b total					<b>27c</b>
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27d</b>
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27e</b>
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27f</b>
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27g</b>
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					<b>27h</b>

**Part V Private School Questionnaire** (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	<b>31</b>	
<b>32</b> Does the organization maintain the following	<b>32a</b>	
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> Not over \$500,000                                      20% of the amount on line 40 Over \$500,000 but not over \$1,000,000        \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000     \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000    \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000                                    \$1,000,000	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	0
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	0

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 13 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence 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 **c** through **h**.)
- 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 other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount
	No	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**TY 2006 Gain/Loss from Sale of Public Securities Schedule****Name:** Parent Pathways Inc**EIN:** 84-0429686**Gross Sales Price:** 109,854**Basis:** 91,371**Sales Expenses:****Total (net):** 18,483

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 84-0429686  
**Name:** Parent Pathways Inc

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
NOREEN M KELESHIAN 6795 E Tennessee Avenue 600 Denver, CO 802241613	PRESIDENT & CEO 40 0	117,606	15,783	
SYLVIA MILANESE 6795 E Tennessee Avenue 600 Denver, CO 802241613	VP PROGRAM SERVICES 40 0	78,972	2,928	
PAT GLINSKY 6795 E Tennessee Avenue 600 Denver, CO 802241613	DIRECTOR 0	0	0	
STUART GOTTESFELD 6795 E Tennessee Avenue 600 Denver, CO 802241613	DIRECTOR 0	0	0	
ELLEN BALAGUER 6795 E Tennessee Avenue 600 Denver, CO 802241613	DIRECTOR 0	0	0	
DOUG HOCK 6795 E Tennessee Avenue 600 Denver, CO 802241613	VICE CHAIR 0	0	0	
TAMMY R BERBERICK 6795 E Tennessee Avenue 600 Denver, CO 802241613	DIRECTOR 0	0	0	
GREGORY W BERGER 6795 E Tennessee Avenue 600 Denver, CO 802241613	TREASURER 0	0	0	
PATTI KLINGE 6795 E Tennessee Avenue 600 Denver, CO 802241613	CHAIR 0	0	0	
PEG BROWN 6795 E Tennessee Avenue 600 Denver, CO 802241613	DIRECTOR 0	0	0	

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
MARION LEGGETT 6795 E Tennessee Avenue 600 Denver, CO 802241613	SECRETARY 0	0	0	
JUAN CALDERON 6795 E Tennessee Avenue 600 Denver, CO 802241613	DIRECTOR 0	0	0	
LINDA CLARK 6795 E Tennessee Avenue 600 Denver, CO 802241613	DIRECTOR 0	0	0	
KAREN SPIES 6795 E Tennessee Avenue 600 Denver, CO 802241613	DIRECTOR 0	0	0	
LAURA J WEGSCHEID 6795 E Tennessee Avenue 600 Denver, CO 802241613	DIRECTOR 0	0	0	
LARA SALAZAR DAY 6795 E Tennessee Avenue 600 Denver, CO 802241613	DIRECTOR 0	0	0	
JERI BARAJAS 6795 E Tennessee Avenue 600 Denver, CO 802241613	DIRECTOR 0	0	0	
KWALI FARBES 6795 E Tennessee Avenue 600 Denver, CO 802241613	DIRECTOR 0	0	0	
SONYA SOTOLONGO 6795 E Tennessee Avenue 600 Denver, CO 802241613	DIRECTOR 0	0	0	
GAIL LEHRMANN 6795 E Tennessee Avenue 600 Denver, CO 802241613	VP DEVELOPMENT 40 0	70,691	5,851	

**Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:**

<b>Line No.</b> ▼	<b>Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).</b>
93A	PROVIDES CHILDCARE, COUNSELING & EDUCATION TO HELP TEEN
0	PARENTS RAISE HEALTHY FAMILIES
93G	FUNDING FROM GOVERNMENT AGENCIES TO COVER THE VARIOUS
0	PROGRAM COSTS RELATED TO HELPING TEEN PARENTS ACCESS
0	EDUCATION, EMPLOYMENT READINESS & RESOURCES TO RAISE
0	HEALTHLY FAMILIES
103B	REIMBURSEMENT OF PROGRAM RELATED COSTS

## TY 2006 General Explanation Attachment

**Name:** Parent Pathways Inc

**EIN:** 84-0429686

Identifier	Return Reference	Explanation
SCHEDULE OF FIXED ASSETS	BALANCE SHEET	PARENT PATHWAYS, INC EIN 84-0429686 FIXED ASSETS 6/30/2007 BAL 6/30/06 ADDITIONS RETIREMENTS BAL 6/30/07 BUILDINGS 3,483,141 6,728 3,489,869 & IMPROVEMENTS LAND 200,400 200,400 FURNISHINGS/EQUIPMENT 650,356 19,780 670,136 VEHICLES 25,752 25,752 TOTAL 4,359,649 26,508 4,386,157 _____ ACCUMULATED (851,110) (180,380) (1,031,490) DEPRECIATION NET BOOK VALUE 3,508,539 3,354,667 NET BOOK VALUE OF RETIRED ASSETS CURRENT YEAR DEPRECIATION 180,380

## TY 2006 Individual Assistance Schedule

**Name:** Parent Pathways Inc

**EIN:** 84-0429686

Class of Activity	Amount
HOUSING	217,802
FOOD	27,672
TRANSPORTATION	15,451
ACTIVITIES	10,002
PERSONAL NEEDS	16,856
PROGRAM MATERIALS	23,936
LOAN DEFAULTS	1,217
OTHER SUPPLIES	2,181

**TY 2006 Investments - Other Schedule**

**Name:** Parent Pathways Inc

**EIN:** 84-0429686

Description	Book Value	Cost/FMV
BENEFICIAL INTEREST IN TRUSTS	176,751	F

## TY 2006 Mortgages and Notes Payable Schedule

**Name:** Parent Pathways Inc

**EIN:** 84-0429686

**Total Mortgage Amount:** 1067412

<b>Item No.</b>	1
<b>Lender's Name</b>	1ST BANK
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	
<b>Balance Due</b>	814241
<b>Date of Note</b>	
<b>Maturity Date</b>	2012-03
<b>Repayment Terms</b>	MONTHLY PRINCIPAL AND INTEREST PAYMENTS OF \$8,396
<b>Interest Rate</b>	
<b>Security Provided by Borrower</b>	COLLATERALIZED BY CERTAIN PROPERTY
<b>Purpose of Loan</b>	
<b>Description of Lender Consideration</b>	
<b>Consideration FMV</b>	

<b>Item No.</b>	2
<b>Lender's Name</b>	CITY AND COUNTY OF DENVER
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	
<b>Balance Due</b>	253171
<b>Date of Note</b>	
<b>Maturity Date</b>	2009-07
<b>Repayment Terms</b>	MONTHLY PRINCIPAL AND INTEREST PAYMENTS OF \$2,310
<b>Interest Rate</b>	
<b>Security Provided by Borrower</b>	COLLATERALIZED BY CERTAIN PROPERTY
<b>Purpose of Loan</b>	
<b>Description of Lender Consideration</b>	
<b>Consideration FMV</b>	

**TY 2006 Other Assets Schedule**

**Name:** Parent Pathways Inc

**EIN:** 84-0429686

Description	Beginning of Year Amount	End of Year Amount
RESTRICTED ENDOWMENT - LEGACY	22,177	25,236

## TY 2006 Other Changes in Net Assets Schedule

**Name:** Parent Pathways Inc

**EIN:** 84-0429686

Description	Amount
INTERESTS IN CHARITABLE TRUSTS	15,544
UNREALIZED GAIN ON INVESTMENTS	26,680

**TY 2006 Other Revenues Included Schedule**

**Name:** Parent Pathways Inc

**EIN:** 84-0429686

Description	Amount
CHANGE IN VALUE OF PERPETUAL	15,544

## TY 2006 Special Events Schedule

**Name:** Parent Pathways Inc

**EIN:** 84-0429686

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
SPECIAL EVENTS	82,818		82,818	33,311	49,507

## TY 2006 Other Income Schedule

**Name:** Parent Pathways Inc

**EIN:** 84-0429686

Description	2003	2002	2001	2000	Total
MISCELLANEOUS INCOME	3,134	2,064	33,845	1,502	40,545

**TY 2006 Self Dealing Statement**

**Name:** Parent Pathways Inc

**EIN:** 84-0429686

Line Number	Explanation
2d	SEE 990 PART V

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2006 Supplemental Support Schedule

**Name:** Parent Pathways Inc

**EIN:** 84-0429686

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2005	2,090,902		514,878	48,287				3,134	2,657,201
2004	2,068,529		468,584	73,278				2,064	2,612,455
2003	2,280,556		370,359	30,600				33,845	2,715,360
2002	1,202,857		523,451	16,500				1,502	1,744,310