

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 black lung benefit trust or private foundation)

2007

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

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

C Name of organization: Parent Pathways Inc. Number and street: 55 s zuni street. City or town, state or country, and ZIP + 4: Denver, CO 80223

D Employer identification number: 84-0429686. E Telephone number: (303) 321-6363. F Accounting method: Accrual

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

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

G Web site: www.parentpathways.org

J Organization type (check only one): 501(c)(3)

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 4,046,159

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets at beginning of year, Other changes in net assets, Net assets at end of year.

Part III 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
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ ⁰ _____ noncash \$ ⁰ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ ⁰ _____ noncash \$ ⁰ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule) <input checked="" type="checkbox"/>	23	311,373	311,373	
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	263,716	86,742	95,475
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b			
c	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)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	1,263,971	1,049,365	161,544
27	Pension plan contributions not included on lines 25a, b and c	27			
28	Employee benefits not included on lines 25a - 27	28	219,804	175,505	27,864
29	Payroll taxes	29	109,769	81,633	18,468
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	7,345	4,737	1,375
34	Telephone	34	5,527		5,527
35	Postage and shipping	35	3,830	844	2,708
36	Occupancy	36	235,333	170,616	52,950
37	Equipment rental and maintenance	37	5,383	1,310	260
38	Printing and publications	38	1,434	730	467
39	Travel	39	14,574	10,084	3,159
40	Conferences, conventions, and meetings	40	32,846	22,416	8,278
41	Interest	41	57,364	54,571	2,456
42	Depreciation, depletion, etc. (attach schedule)	42	183,684	177,695	5,989
43	Other expenses not covered above (itemize)				
a	ORGANIZATIONAL COSTS	43a	86,959	27,031	58,764
b	CONSULTANTS	43b	63,885	27,239	34,861
c	MARKETING & PUBLIC RELATIONS	43c	39,722		32,020
d	OTHER IN-KIND GOODS	43d	130,924	130,725	199
e	INVESTMENT FEES	43e	6,234		6,234
f	INSURANCE	43f	3,432	2,878	554
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	3,047,109	2,335,494	519,152

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 \$⁰ _____, (ii) the amount allocated to Program services \$⁰ _____, (iii) the amount allocated to Management and general \$⁰ _____, and (iv) the amount allocated to Fundraising \$⁰ _____

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.

What is the organization's primary exempt purpose? P PARENT PATHWAYS, INC IS A COMMUNITY-BASED NONPROFIT ORGANIZATION WITH ROOTS DATING BACK OVER 100 YEARS. PARENT PATHWAYS' MISSION IS TO EMPOWER STRUGGLING TEEN FAMILIES TO BE PRODUCTIVE MEMBERS OF THE COMMUNITY USING HOLISTIC AND PROVEN APPROACHES, WE OFFER A SPECTRUM OF WRAP AROUND SERVICES TO THE ENTIRE TEEN FAMILY, INCLUDING EDUCATION, EARLY CHILDHOOD EDUCATION AND SUPPORTIVE SERVICES. MORE INFORMATION IS AVAILABLE AT WWW.PARENTPATHWAYS.ORG	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
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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.)

a PARENT PATHWAYS' SERVICES INCLUDE A HIGH SCHOOL EDUCATION AND COMPREHENSIVE SUPPORT SERVICES FOR PREGNANT AND PARENTING TEEN MOTHERS AT THE FLORENCE CRITTENTON SCHOOL, EARLY CHILDHOOD EDUCATION FOR THEIR BABIES AT OUR QUALISTAR-RATED EARLY LEARNING CENTER, AND COUNSELING AND PARENTING SUPPORT FOR TEEN FATHERS THROUGH OUR YOUNG FATHERS PROGRAM. WE SERVED OVER 450 TEEN MOTHERS, FATHERS, AND THEIR CHILDREN IN THE YEAR ENDING 6/30/08. PARENT PATHWAYS HAS STRONG PARTNERSHIPS WITH THE DENVER PUBLIC SCHOOL DISTRICT AND OTHER INDIVIDUALS, BUSINESSES AND COMMUNITY ORGANIZATIONS. IN THE YEAR ENDING 6/30/08 THESE PARTNERS CONTRIBUTED SALARIES AND SERVICES VALUED AT \$697,209 AND IN-KIND MATERIALS AND SUPPLIES VALUED AT \$305,724. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	1,785,500
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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. WE SERVED 119 FAMILY MEMBERS IN THE YEAR ENDING 6/30/08. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	549,994
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c _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	

e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
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f Total of Program Service Expenses (should equal line 44, column (B), Program services) P	2,335,494
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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	45 Cash—non-interest-bearing	450	45	450
	46 Savings and temporary cash investments	429,663	46	612,588
	47a Accounts receivable	47a 128,059		
	b Less allowance for doubtful accounts	47b	145,962	47c 128,059
	48a Pledges receivable	48a 0		
	b Less allowance for doubtful accounts	48b	5,092	48c 0
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	10,747	53	12,065
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	890,428	54a	848,036
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments—land, buildings, and equipment basis	55a			
b Less accumulated depreciation (attach schedule)	55b		55c	
56 Investments—other (attach schedule)	176,751	56 	165,823	
57a Land, buildings, and equipment basis	57a 4,394,596			
b Less accumulated depreciation (attach schedule)	57b 1,179,874	3,354,666	57c 3,214,722	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)	25,236	58 	25,274	
59 Total assets (must equal line 74) Add lines 45 through 58	5,038,995	59	5,007,017	
Liabilities	60 Accounts payable and accrued expenses	107,796	60	121,228
	61 Grants payable		61	
	62 Deferred revenue	22,974	62	15,529
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	1,067,412	64b 	908,206
	65 Other liabilities (describe <input type="checkbox"/> _____)		65	
66 Total liabilities Add lines 60 through 65	1,198,182	66	1,044,963	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	3,243,182	67	3,344,702
	68 Temporarily restricted	400,005	68	430,354
	69 Permanently restricted	197,626	69	186,998
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	3,840,813	73	3,962,054
	74 Total liabilities and net assets / fund balances Add lines 66 and 73	5,038,995	74	5,007,017

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

a	Total revenue, gains, and other support per audited financial statements	a	4,034,125
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	-183,740
2	Donated services and use of facilities	b2	872,009
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	688,269
c	Subtract line b from line a	c	3,345,856
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	6,234
2	Other (specify) <input checked="" type="checkbox"/> _____	d2	10,928
	Add lines d1 and d2	d	688,269
e	Total revenue (Part I, line 12) Add lines c and d	e	3,363,018

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

a	Total expenses and losses per audited financial statements	a	3,912,884
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	872,009
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	872,009
c	Subtract line b from line a	c	3,040,875
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	6,234
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	6,234
e	Total expenses (Part I, line 17) Add lines c and d	e	3,047,109

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)

Form 990 (2007) Part VI Other Information (continued)
82a 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?
82b 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) 872,009
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 0
86b Gross receipts, included on line 12, for public use of club facilities 0
87 501(c)(12) orgs. Enter a Gross income from members or shareholders 0
87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 0
88a 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 No
88b 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 No
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0
89b 501(c)(3) and 501(c)(4) orgs. 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 No
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0
89d Enter Amount of tax on line 89c, above, reimbursed by the organization 0
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction? No
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract? No
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 44
91a The books are in care of PARENT PATHWAYS INC Telephone no (303) 321-6363
55 S ZUNI STREET
Located at DENVER, CO ZIP + 4 80223
91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

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.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Interest on savings, Dividends, Net rental income, etc.

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.)

Table with 2 columns: 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.

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

Table with 5 columns: (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? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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)

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
108 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?					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	2009-02-11 Date
	Noreen Keleshian President Type or print name and title	

Paid Preparer's Use Only	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)



Department of the Treasury
Internal Revenue Service

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

2007

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 1 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
DONNA CAMPANELLA 55 S ZUNI STREET DENVER, CO 80223	FCS PRINCIPAL 40 0	58,632	1,747	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 individual 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 individual 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>1 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>	1		No
<p>2 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>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a 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>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		No
<p>c 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>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		No
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		No
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f 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 ▶ <u>0</u></p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></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	
Total					<input type="checkbox"/>

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

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
29 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?	29	
30 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?	30	
31 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)	31	
<hr/>		
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32 Does the organization maintain the following	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>		
<hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>		
<hr/>		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
35 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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 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

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— 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	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	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 11 of the instructions)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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 11 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

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:**

(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
NOREEN M KELESHIAN 55 s zuni street Denver, CO 80223	PRESIDENT & CEO 40 0	118,719	3,557	0
DOUG HOCK 55 s zuni street Denver, CO 80223	CHAIRPERSON 1 0	0	0	0
TAMMY R BERBERICK 55 s zuni street Denver, CO 80223	DIRECTOR 1 0	0	0	0
GREGORY W BERGER 55 s zuni street Denver, CO 80223	DIRECTOR 1 0	0	0	0
PATTI KLINGE 55 s zuni street Denver, CO 80223	DIRECTOR 1 0	0	0	0
LINDA CLARK 55 s zuni street Denver, CO 80223	TREASURER 1 0	0	0	0
KAREN SPIES 55 s zuni street Denver, CO 80223	SECRETARY 1 0	0	0	0
LAURA J WEGSCHEID 55 s zuni street Denver, CO 80223	DIRECTOR 1 0	0	0	0
LARA SALAZAR DAY 55 s zuni street Denver, CO 80223	DIRECTOR 1 0	0	0	0
KWALI FARBES 55 s zuni street Denver, CO 80223	DIRECTOR 1 0	0	0	0

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
GAIL LEHRMANN 55 s zuni street Denver, CO 80223	VP DEVELOPMENT 40 0	72,522	2,173	0
CRAIG ARCHIBALD 55 s zuni street Denver, CO 80223	VICE CHAIRPERSON 1 0	0	0	0
HELEN DREXLER 55 s zuni street Denver, CO 80223	DIRECTOR 1 0	0	0	0
MOLLY MONBLATT 55 s zuni street Denver, CO 80223	DIRECTOR 1 0	0	0	0
CLEVE WORTHAM 55 s zuni street Denver, CO 80223	DIRECTOR 1 0	0	0	0
SHAUN YANCEY 55 s zuni street Denver, CO 80223	DIRECTOR 1 0	0	0	0
JANEL HIGHFILL 55 s zuni street Denver, CO 80223	VP OF PROGRAMS & POLICY 40 0	65,838	907	0

TY 2007 Gain/Loss from Sale of Public Securities Schedule**Name:** Parent Pathways Inc**EIN:** 84-0429686**Gross Sales Price:** 750,479**Basis:** 657,516**Sales Expenses:****Total (net):** 92,963

TY 2007 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 6/30/2008 BAL 6/30/07 ADDITIONS RETIREMENTS BAL 6/30/08 BUILDINGS 3,489,869 3,926 3,493,795 & IMPROVEMENTS LAND 200,400 200,400 FUR NISHINGS/EQUIPMENT 670,136 39,815 9,550 700,401 VEHICLES 25,752 25,752 NONE TOTAL 4,386,157 43,741 35,302 4,394,596 ACCUMULATED (1,031,490) (183,684) 35,302 (1,179,872) DEPRECIATION NET BOOK VALUE 3,354,667 3,214,724 NET BOOK VALUE OF RETIRED ASSETS CURRENT YEAR DEPRECIATION 183,684

TY 2007 Individual Assistance Schedule**Name:** Parent Pathways Inc**EIN:** 84-0429686

Class of Activity	Amount
HOUSING	176,053
FOOD	37,884
TRANSPORTATION	18,221
ACTIVITIES	17,119
PERSONAL NEEDS	42,292
PROGRAM MATERIALS	13,594
STIPENDS	6,210

TY 2007 Investments - Other Schedule

Name: Parent Pathways Inc

EIN: 84-0429686

Description	Book Value	Cost/FMV
BENEFICIAL INTEREST IN TRUSTS	165,823	F

TY 2007 Mortgages and Notes Payable Schedule

Name: Parent Pathways Inc

EIN: 84-0429686

Total Mortgage Amount: 908206

Item No.	1
Lender's Name	1ST BANK
Lender's Title	
Relationship to Insider	
Original Amount of Loan	
Balance Due	705177
Date of Note	
Maturity Date	2012-03
Repayment Terms	MONTHLY PRINCIPAL AND INTEREST PAYMENTS OF \$6,554
Interest Rate	
Security Provided by Borrower	COLLATERALIZED BY CERTAIN PROPERTY
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

Item No.	2
Lender's Name	CITY AND COUNTY OF DENVER
Lender's Title	
Relationship to Insider	
Original Amount of Loan	
Balance Due	203029
Date of Note	
Maturity Date	2009-07
Repayment Terms	MONTHLY PRINCIPAL AND INTEREST PAYMENTS OF \$2,310
Interest Rate	
Security Provided by Borrower	COLLATERALIZED BY CERTAIN PROPERTY
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

TY 2007 Other Assets Schedule

Name: Parent Pathways Inc

EIN: 84-0429686

Description	Beginning of Year Amount	End of Year Amount
RESTRICTED ENDOWMENT - LEGACY	25,236	25,274

TY 2007 Other Changes in Net Assets Schedule

Name: Parent Pathways Inc

EIN: 84-0429686

Description	Amount
INTERESTS IN CHARITABLE TRUSTS	10,928
UNREALIZED GAIN ON INVESTMENTS	183,740

**TY 2007 Other Revenues
Not Included Schedule**

Name: Parent Pathways Inc

EIN: 84-0429686

Description	Amount
CHANGE IN VALUE OF PERPETUAL	10,928

TY 2007 Special Events Schedule

Name: Parent Pathways Inc

EIN: 84-0429686

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
SPECIAL EVENTS	67,864		67,864	25,625	42,239

TY 2007 Other Income Schedule

Name: Parent Pathways Inc

EIN: 84-0429686

Description	2006	2005	2004	2003	Total
MISCELLANEOUS INCOME	220	3,134	2,064	33,845	39,263

TY 2007 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 2007 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
2006	2,170,068		575,226	69,013				220	2,814,527
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