Forms 990 / 990-EZ Return Summary

For calendar year 2011, or tax year beginning 10/01/11 , and ending 09/30/12

52-2226573

PATHFINDERS

Intile Indi					600 004
Net Asset / Fund Balance at Beginn	ning of Year				692,884
Revenue					
Contributions		308,749			
Program service revenue					
Investment income		13,716 1,123			
Capital gain / loss		1,123			
Special events:					
Gross revenue	64,769 42,884				
Direct expenses	<u>42,884</u>				
Net income		21,885 21,885			
Other income		21,885		450	
Total revenue			345,	473	
Expenses					
Program services		217,545			
Management and general		72,827			
Fundraising		22,189			
Total expenses			312,	<u>561</u>	
Excess / (deficit)					32,912
Net Asset / Fund Ba	lance at End of Year				753,391
Reconciliation of Re				ciliation of Expen	
Total revenue per financial statements_	441,968	Total	expenses per financ	cial statements	388,715
Less:		Less:			
Unrealized gains _	38,261 68,900	Do	onated services		68,900
Donated services	68,900	Pr	ior year adjustment	ts	
Recoveries _		Lo	esses	A	
Other _		Oi	ther		7,254
Plus:		Plus:			
Investment expenses _		In	vestment expenses		
Other _	10,666	OI	ther		010 561
Total revenue per return	345,473		Total expenses	per return	312,561
		Balance Sh	eet		
	Beginning	Ending		Differences	
Assets	692,884		,391		
Liabilities			<u> </u>		
Net assets	692,884	753	,391	60,507	
	Miscellaneous Amended return		E /1 2		
	Return / extended due da	te <u>08/1</u>	3/13		

Failure to file penalty

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization For calendar year 2011, or fiscal year beginning 10/01 2011, and ending 9/30 20 12 Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service	See instructions on back.			
Name of exempt organization			Employer identific	
J	PATHFINDERS		52-22265	573
Name and title of officer	VILLIAM SURHOFF			
	PRESIDENT			
Part I Type of	Return and Return Information (Whole Dollars Only)			
Check the box for the return	n for which you are using this Form 8879-EO and enter the applicable a	mount, if any, fro	om the return. If you	1
check the box on line 1a, 2a	a, 3a, 4a, or 5a, below, and the amount on that line for the return being	filed with this for	m was blank, then	
leave line 1b, 2b, 3b, 4b, or	5b, whichever is applicable, blank (do not enter -0-). But, if you entered	d -0- on the retur	n, then enter -0-	
on the applicable line below	Do not complete more than 1 line in Part I.			245 472
1a Form 990 check here	▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line	e 12)		345,473
2a Form 990-EZ check her				
3a Form 1120-POL check				
4a Form 990-PF check her	b Tax based on investment income (Form 990-PF, Part			
5a Form 8868 check here	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	·	as	
Part II Declarati	on and Signature Authorization of Officer			
Under penalties of periury I	declare that I am an officer of the above organization and that I have e iic return and accompanying schedules and statements and to the best	examined a copy	of the	
organization's electronic returns and the U.S. Treasury financial institution account	ete. I further declare that the amount in Part I above is the amount shown. I consent to allow my intermediate service provider, transmitter, or eturn to the IRS and to receive from the IRS (a) an acknowledgement of ason for any delay in processing the return or refund, and (c) the date of and its designated Financial Agent to initiate an electronic funds withdrindicated in the tax preparation software for payment of the organization intuition to debit the entry to this account. To revoke a payment, I must continue to the processing the return to debit the entry to this account. To revoke a payment, I must continue to the processing the return to the processing the process	electronic return of receipt or reason of any refund. If a rawal (direct deb n's federal taxes contact the U.S.	originator (ERO) on for rejection of applicable, I it) entry to the owed on this Treasury Financial	
involved in the processing or resolve issues related to the	b later than 2 business days prior to the payment (settlement) date. I also the electronic payment of taxes to receive confidential information ned a payment. I have selected a personal identification number (PIN) as mulicable, the organization's consent to electronic funds withdrawal.	lso authorize the cessary to answe	tinancial institutions er inquiries and	
involved in the processing or resolve issues related to the electronic return and, if app	of the electronic payment of taxes to receive confidential information ned e payment. I have selected a personal identification number (PIN) as multiple and the organization's consent to electronic funds withdrawal.	lso authorize the cessary to answe	tinancial institutions er inquiries and	5
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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)

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

OMB No. 1545-0047 2011 Open to Public Inspection

For the 2011 calendar year, or tax year beginning 10/01/11 , and ending 09/30/12Employer identification number C Name of organization Check if applicable: PATHFINDERS Address change 52-2226573 Doing Business As Name change Room/suite Telephone number Number and street (or P.O. box if mail is not delivered to street address) Initial return 110 443-330-5370 303 INTERNATIONAL CIRCLE Terminated City or town, state or country, and ZIP + 4 644,530 21030 G Gross receipts\$ COCKEYSVILLE Amended return Name and address of principal officer: Yes X No Application pending H(a) Is this a group return for affiliates? H(b) Are all affiliates included? If "No." attach a list. (see instructions) X 501(c)(3) 4947(a)(1) or 527 501(c) () (insert no.) Tax-exempt status: WWW.PATHFINDERSFORAUTISM.ORG H(c) Group exemption number ▶ M State of legal domicile: MD Year of formation: X Corporation Trust Association Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance 2 Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ٥٥ 13 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 6 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b Current Year 308,749 361,855 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 14,839 12,190 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 21,885 76,262 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 345,473 450,307 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 199,609 199,702 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 22,189 148,731 112,952 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 312,561 348,433 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 32,912 101,874 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 692,884 753. 391 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 692,884 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Sign Signature of officer PRESIDENT WILLIAM SURHOFF Here Type or print name and title Date Preparer's signature Print/Type preparer's name 07/30/13 self-employed Paid 52-0624225 BERMAN GOLDMAN & RIBAKOW. Firm's EIN ▶ Preparer Firm's name 6811 BENJAMIN FRANKLIN DR STE 250 Use Only 410-418-4400 21046-3188 COLUMBIA, MD May the IRS discuss this return with the preparer shown above? (see instructions) Yes

Form	1 990 (2011) PATHFINDERS 52-2226573	Page 2
	art III Statement of Program Service Accomplishments	احتا
	Check if Schedule O contains a response to any question in this Part III	X
1		
S	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	_ =
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 213,594 including grants of \$) (Revenue \$)
S	SUPPORTING AND DEVELOPING LIFESPAN RESEARCH, RESOURCE AND REFERRAL	PROGRAM
A	AND SERVICES FOR INDIVIDUALS WITH AUTISM AND THEIR FAMILIES	
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	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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	*	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4C	(Code:) (Expenses \$) (Expenses \$) (Code:)	
	*	

	*	
	·	
	·	
	·	
4d	Other program services. (Describe in Schedule O.)	\
	(Expenses \$ including grants of \$) (Revenue \$	<u> </u>
4e	Total program service expenses ▶ 213,594	

Form 990 (2011)

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

• •	art IV Checklist of Required Schedules (continued)		Yes	No
1	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
•	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
-	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
•	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	
	employees? If "Yes," complete Schedule J	23		X
a	the state of the s			
a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
_	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defense any tay exempt hands?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
d	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
a		25a		X
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
)	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		x
	If "Yes," complete Schedule L, Part I	200		
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26		x
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	A15590F		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	12		•
1	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
)	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
	Schedule L, Part IV	28b		<u> </u>
;	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	_		7.7
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> X</u>
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		<u> </u>
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
		34		X
_	IV, and V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
)	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
		36		X
	related organization? If "Yes," complete Schedule R, Part V, line 2			
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		X
	Part VI	"		
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	38	x	
	19? Note. All Form 990 filers are required to complete Schedule O			(201

Part V Statements Regarding Other IRS Fillings and Tax Compliance Check if Schedule O contains a response to any question in this Part V	Forn	n 990 (2011) PATHFINDERS	52-2226573		F	age 5
Enter the number reported in Box 3 of Form 1086. Enter 0- If not applicable Teles the number of Forms W-2G inducted in line 1s. Enter 0- If not applicable Coli the organization comply with backup withholding rules for reportable payments to vendors and Septements, Red for the calendar year ending with or within the year orweed by this return	-	art V Statements Regarding Other IRS Filings and Tax				_
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Form 990 (2011) PATHFINDERS

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

202	O. See instructions. Check if Schedule O contains a response to any question in the tion A. Governing Body and Management					X
<u> </u>	tion A. Governing Body and Management		1///		Yes	No
40	Enter the number of voting members of the governing body at the end of the tax year	1a	14			1447
1a	If there are material differences in voting rights among members of the governing body, or			1		5 (1) 13
	if the governing body delegated broad authority to an executive committee or similar			4		
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					Tage 4
_	any other officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct					
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by tl	ne following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	nal R	evenue Co	ode.)		
				AT.	Yes	-
l0a	Did the organization have local chapters, branches, or affiliates?	J	,	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	onflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			l	٦,	
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	v
4	Did the organization have a written document retention and destruction policy?			14	11.5	X
5	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	^	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			- 1		
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			40-		v
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					* 5.
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			406		
	organization's exempt status with respect to such arrangements?			16b	L	l
Sec	tion C. Disclosure					
7	Liet the states that this is try - the try - t					
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	, I(C)(3)	is Unity)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website Upon request	oot no	liov			
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of inte	est po	коу,			
	and financial statements available to the public during the tax year.	the				
20	State the name, physical address, and telephone number of the person who possesses the books and records of organization: BRUCE: SCHINDLER 1410 FALL RD	uie				
,	organization. P Establish Section 2010:	0	410	-66	1-6	400
H	INT VALLEY MD 2103					

Form 990 (2011) PATHFINDERS

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII Independent Contractors Check if Schedule O contains a response to any question in this Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

Check this box if neither the org	anization nor an	y rei	aleu	orga	#I IIZ	HIOUS	COII	Inperisated any current on		
(A) (B)			(C)					(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one						Reportable compensation	Reportable compensation from	Estimated amount of
	hours per week					tnan on is both a		from	related	other
	(describe					or/trustee		the	organizations	compensation
	hours for	9 5	5	Q	Ž	욕포	ਜ	organization	(W-2/1099-MISC)	from the organization
	related	Individual or director	Institutional	Officer	e e	룡	Former	(W-2/1099-MISC)		and related
	organizations in Schedule	director	gi	_	퍨	st c	4			organizations
	0)	₽ŧ			Key employee	Ë				
		trustee	trustee		1 **	Highest compensated employee				
				1		ed				
(1) WILLIAM SURHOFF		13				50000000				
PRESIEDENT	6.00	X		X				<u>\\</u>	0	0
(2) MICHAEL FORD		998	22						_	0
DIRECTOR	3.00	X				-	_	0	0	<u> </u>
\'-'	OFF								0	0
DIRECTOR	3.00	X				<u> </u>		0	U	
(4) H. BRADLEY DONO										
DIRECTOR	3.00	X						0	0	0
(5) ALISA ROCK										
DIRECTOR	3.00	X						0	0	0
(6) STEPHEN GEPPI										
DIRECTOR	3.00	X					_	0	0	0
(7) JOHN KAMAUFF										
DIRECTOR	3.00	X						0	0	0
(8) RICK OPFER										
DIRECTOR	3.00	X			ļ			0	0	0
(9) LINDA CARTER-FEI	RRIER									_
DIRECTOR	3.00	X						0	0	0
(10) MATTHEW BIRKELIE	EN								_	
DIRECTOR	3.00	X						0	0	0
(11) MICHAEL PHELPS										
HONORARY	0.00	X						0	0	0
(12) REBECCA REINZI										
EXECUTIVE DIRECTOR	40.00			X				67,980	0	0
(13) REBECCA FAYE GAI	1							_		
SECRETARY	6.00			X				0	0	0
(14) BRUCE SCHINDLER								_	_	
TREASURER	6.00			X				0	0	Form 990 (2011)
										Form 33U (2011)

(A) Name and title	(B) (C) Average Position hours per (do not check more that box, unless person is bofficer and a director/tri				than o	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-21033-MICO)		organization and related organization	1
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)	4000	-	Section		PICS		198600			ISA.		
(24)				V							7	
(25)		1						1				
1b Sub-total							>	67,980				
c Total from continuation sheed d Total (add lines 1b and 1c)							>	67,980				
Total number of individuals (in reportable compensation from	cluding but not li	mite	d to	those	e list	ted a	bov	e) who received more than	\$100,000 in			
3 Did the organization list any fo				truste	ee, l	кеу є	empl	oyee, or highest compens	ated	ſ		es No
employee on line 1a? If "Yes," 4 For any individual listed on line	' complete Schede e 1a, is the sum	dule of re	J for eport	sucl able	nino com	dividu npens	ıal satic	on and other compensation	from the		3	X
											4	X
for services rendered to the or	rganization? If "Y	es,"	com	plete	Sch	nedul	le J	for such person			5	X
Section B. Independent Contract Complete this table for your five compensation from the organization.	ve highest comp	ensa	ted i	ndep	end	ent o	conti	ractors that received more	than \$100,000 of	ear.		
	(A) business address	ппре	iisai	ion i	JI 11	ic ca		Descrip	(B) tion of services		Compe	c) Insation
											······································	
						_						
2 Total number of independent or received more than \$100,000								se listed above) who	0			
received more than \$100,000	or compensation	1101	ıı uıt	, org	ai iiZ	udoll	_				Form \$	90 (2011)

orm 990	0 (2011) PATHFINDERS)			52-2226573		Page
Part V							
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>외</u> 1a	Federated campaigns	1a					
	Membership dues	1b					
Ĕ c	Fundraising events	1c	171,794				
i d	Related organizations	1d					
E e	Government grants (contributions)	1e					
io f	All other contributions, gifts, grants,				A Supplier		
hei	and similar amounts not included above	1f	136,955				
and Other Simi	Noncash contributions included in lines 1a-	-1f: \$	12,478				
a h	Total. Add lines 1a-1f			308,749		Albert Albert	
			Busn. Code	\$ 1 × 1	V 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2a							
b							
c c							
d							
e	. ,						
3	All other program service reve		I				
2 .	Total. Add lines 2a–2f				Verse present	A SECTION AND THE SECTION AND	est en la company
3	Investment income (including						
•			_	13,716	13,716		
4	Income from investment of tax						
5	Royalties	•	•				
	(i) Real		(ii) Personal				
62	Gross rents						No. 32 A
	Rental inc. or (loss)						V 2
	Net rental income or (loss)						3 /
	Gross amount from (i) Securities	(ii) Other					
	sales of assets other than inventory 257	,296					
l b	Less: cost or other						
~	basis & sales exps. 256,	,173					
_ ا		,123		Agriculture of the second	in the state of		AN NO
	Net gain or (loss)		▶	1,123	1,123		
Ra.	Gross income from fundraising eve						
3 3	(not including \$ 171,						A LEW AND
<u>ن</u> ا	of contributions reported on line 1c						
b b	See Part IV, line 18		64,769				
<u>i</u> h	Less: direct expenses		42,884	A Programme of the Control of the Co		11 (1) (1) (1) (1) (1) (1)	
ءَ ڏ	Net income or (loss) from fund			21,885			
	Gross income from gaming activities						
"	See Part IV, line 19						
h	Less: direct expenses	. b			100		
1	Net income or (loss) from gan		ties	1			
	Gross sales of inventory, less	- I	***************************************				
	returns and allowances						
h	Less: cost of goods sold						
	Net income or (loss) from sale	٠ ـــــــــــــــــــــــــــــــــــ	itory				
C	Miscellaneous Revenue		Busn. Code			A STATE OF THE STA	- : : : : : : : : : : : : : : : : : : :
<u>-</u> c				1	[ŀ	1
11a							
11a							
11a b c							
11a b c							

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response	e to any question in this Pa			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
			САРОПОСО		
1	Grants and other assistance to governments and				
•	organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in				
2	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
3	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				Park and the first of the second
5	Compensation of current officers, directors,				
•	trustees, and key employees	67,016	43,560	16,754	6,702
6	Compensation not included above, to disqualified				
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	115,402	91,718	23,684	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	17,191	11,902	3,554	1,735
11	Fees for services (non-employees):				
а	Management				
b	Legal	3,170		3,170	
С	Accounting				<u> </u>
d	Lobbying			/ 41 11	
е	Professional fundraising services. See Part IV, line 17				- V /
f	Investment management fees				
g	Other		10 076	, which the same and the same a	Service .
12	Advertising and promotion	10,076	10,076	7 700	
13	Office expenses	11,629	3,927	7,702	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,975	1,988	1,987	
24	Other expenses. Itemize expenses not covered		1998 11 1 1 N N N N N N N N N N N N N N N N		
	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	TRAINING	29,881	29,881		
b	FAMILY EVENTS	8,516	8,516		
С	MISCELLANEOUS	7,661		7,645	16
d	TELEPHONE	6,593	4,419	2,174	
е	All other expenses	31,451	11,558	6,157	13,736
25	Total functional expenses. Add lines 1 through 24e	312,561	217,545	72,827	22,189
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				Form 990 (2011)

m 99	0 (2011) PATHETINDERS		<u> </u>	2220373		, ago : :
art	X Balance Sheet					
				(A)		(B) End of year
				Beginning of year		End of year
1	Cash—non-interest bearing			270 265	_1_	323,555
2	Savings and temporary cash investments			370,265	2	323,555
3	Pledges and grants receivable, net				3_	
4	Accounts receivable, net				4	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
5	Receivables from current and former officers, directors	, trustees, key				
1	employees, and highest compensated employees. Con					
	Schedule L			5		
6	Receivables from other disqualified persons (as defined					
	4958(f)(1)), persons described in section 4958(c)(3)(B)					
	employers and sponsoring organizations of section 50					
	employees' beneficiary organizations (see instructions)			6		
7	Notes and loans receivable, net			7		
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			10,733	9	17,071
1	Land, buildings, and equipment: cost or					
100	other basis. Complete Part VI of Schedule D	102	15,991	이 게 가 많이 말니		그래는 일은 사기
	Least assumulated depresistion	10h	14,083	3,601	10c	1,908
	Less: accumulated depreciation	100		308,285	11	1,908 410,857
11					12	
12	Investments—other securities. See Part IV, line 11				13	
13	Investments—program-related. See Part IV, line 11				14	
14	Intangible assets				15	
15				692,884	16	753,391
16	Total assets. Add lines 1 through 15 (must equal line			092,004	17	755,552
17	Accounts payable and accrued expenses			TOTAL		
18	Grants payable			18		
19	Deferred revenue				19	1 A A A A A A A A A A A A A A A A A A A
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part IV	NOTE 2008		// N	21	
22	Payables to current and former officers, directors, trust					
	employees, highest compensated employees, and disc	qualified persons.				43
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated thi	rd parties			23	
24	Unsecured notes and loans payable to unrelated third	parties			24_	
25	Other liabilities (including federal income tax, payables	to related third				
	parties, and other liabilities not included on lines 17-24). Complete Part X				
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			0	26	(
	Organizations that follow SFAS 117, check here	X and complete				[- 별 - 별한 일본]
27 28	lines 27 through 29, and lines 33 and 34.			34.4		
27	Unrestricted net assets			590,538	27	706,041 47,350
28	Temporarily restricted net assets	102,346	28	47,350		
29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117, check I		[병원 - 병원 - 학원 - 학원			
	complete lines 30 through 34.				and the second s	
30				30		
31	Paid-in or capital surplus, or land, building, or equipme		31			
13,	Retained earnings, endowment, accumulated income,	*********			32	
22						752 201
32				692,884	33	753,391

Form **990** (2011)

Form 990 (2011) PATHFINDERS	52-2226573		Pag	_{je} 12
Part XI Reconciliation of Net Assets				-
Check if Schedule O contains a response to any ques	stion in this Part XI	<u></u>		X
	1 1	_	4	170
1 Total revenue (must equal Part VIII, column (A), line 12)			45,4	
2 Total expenses (must equal Part IX, column (A), line 25)			12,5	
3 Revenue less expenses. Subtract line 2 from line 1			32,9	
4 Net assets or fund balances at beginning of year (must equal Part X, li			92,8	
5 Other changes in net assets or fund balances (explain in Schedule O)			27,	95
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5				201
column (B))	6		53,3	391
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any ques	stion in this Part XII			
		February 1	Yes	No
1 Accounting method used to prepare the Form 990: X Cash	Accrual Other			
If the organization changed its method of accounting from a prior year	or checked "Other," explain in		8.1	
Schedule O.				V
2a Were the organization's financial statements compiled or reviewed by		2a	х	<u>X</u>
b Were the organization's financial statements audited by an independent		2b	<u> </u>	
c If "Yes" to line 2a or 2b, does the organization have a committee that	assumes responsibility for oversight		\ . ,	
of the audit, review, or compilation of its financial statements and sele		2c	X	
If the organization changed either its oversight process or selection pro	ocess during the tax year, explain in			
Schedule O.				
d If "Yes" to line 2a or 2b, check a box below to indicate whether the final	ancial statements for the year were			
issued on a separate basis, consolidated basis, or both:		1 4		
Separate basis Consolidated basis Both consolidated			11	
3a As a result of a federal award, was the organization required to underg	go an audit or audits as set forth in			37
		3a		<u> </u>
b If "Yes," did the organization undergo the required audit or audits? If the	ne organization did not undergo the			
required audit or audits, explain why in Schedule O and describe any s	steps taken to undergo such audits	3b		
		For	ա 990	(2011)
residentialization. As configuration of Fig. Assistance and Configuration of Acids and Acids and Acids and Acids	***************************************			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

		organization								yer identifica	_		
			PATHFINDERS				41-1	-4) C		-22265			-
	rt I			Status (All organizations				aπ.) Se	e ins	tructions.	•	,	
The o	rgar	ization is not	a private foundation because	e it is: (For lines 1 through 11,	check only	one box	.) 43 (4 3 (33						
1				ociation of churches described	in section	170(b)(1	1)(A)(1).						
2			cribed in section 170(b)(1)(
3	Ц	A hospital or	a cooperative hospital service	ce organization described in se	ction 170	(b)(1)(A)(iii).						
4	Ш	A medical res	search organization operated	in conjunction with a hospital	described	in sectio	on 170(k)(1)(A)(I	II). Enti	er the nost	pilais name	, ,	
	_	city, and state	e:										
5				f a college or university owned	or operate	ed by a g	overnme	ental uni	t descri	pea in			
		section 170	(b)(1)(A)(iv). (Complete Part	11.)									
6		A federal, sta	ite, or local government or g	overnmental unit described in s	section 17	'0(b)(1)(A	ı)(v).						
7	X	An organizati	on that normally receives a	at normally receives a substantial part of its support from a governmental unit or from the general public									
	_	described in	section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8	П	A community	trust described in section	170(b)(1)(A)(vi). (Complete Par	t II.)								
9	П	An organizati	on that normally receives: (1) more than 33 1/3% of its sup	port from	contributi	ons, me	mbershi	p fees,	and gross			
	_	receipts from	activities related to its exem	pt functions—subject to certain	exception	s, and (2) no mo	re than	33 1/39	% of its			
		support from	gross investment income ar	d unrelated business taxable ir	ncome (les	s section	511 ta	κ) from l	ousines	ses			
		acquired by t	he organization after June 3	0, 1975. See section 509(a)(2)	. (Comple	te Part III	.)						
10	П	An organizati	on organized and operated	exclusively to test for public saf	ety. See s	ection 5	09(a)(4).						
11	П	An organizati	on organized and operated o	exclusively for the benefit of, to	perform th	e functio	ns of, or	to carry	out th	е			
	_	purposes of o	one or more publicly support	ed organizations described in s	ection 509	a)(1) or	section	509(a)(2	?). See	section			
		509(a)(3). Ch	neck the box that describes t	he type of supporting organizat	ion and co	mplete lir	nes 11e	through	11h.				
		a Type	I b ∏ Type II	c Type III-Function	ally integra	ated	d	Тур	e III–O	**************************************	A 17		
е	П	By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons											
	_	other than for	undation managers and othe	r than one or more publicly sup	pported or	ganizatior	ns descr	ibed in	section	509(a)(1)	X		
		E1156	. 1971 1971		*				7 🏻				
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II,	or Type	III supp	orting				
•		_	community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross selepts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its poport from gross investment income and unrelated business taxable income (less section 511 tax) from businesses and unrelated provided the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) organization organized and operated exclusively to test for public safety. See section 509(a)(4). organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the process of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 59(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. I type I b Type II c Type III c Type IIII-Functionally integrated d Type IIII-Other checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons her than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2). The organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting granization, check this box A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) Type of organization (or (iii) above? (iv) Is the organization in col. (ii) Is the organization in the local properties on										
g				tion accepted any gift or contrib	ution from	any of th	ne						
9													
		(i) A persor	who directly or indirectly co	ontrols, either alone or together	with perso	ns descr	ibed in ((ii) and				Yes	No
		(iii) belov	w the governing body of the	supported organization?							11g(i)		
			·-								11g(ii)		
											11g(iii)		
h													
	Name				(iv) Is the	organization	(v) Did	you notify			(vii) Am	ount of	
(1)		anization	(4) ****	•							sup	oort	
				above or IRC section (see instructions))	governing	document?		port?		S.?			
				(see maductional)	Yes	No	Yes	No	Yes	No			
(A)													
. 7									ļ				
(B)													
.													
(C)													
(-,													
(D)													
\- <i>1</i>													
(E)													
\- <i>/</i>								<u> </u>					
			· · · · · · · · · · · · · · · · · · ·	to the second of									

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

Schedule A (Form 990 or 990-EZ) 2011

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Part II

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	434,907	316,307	369,808	438,117	308,749	1,867,888
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	434,907	316,307	369,808	438,117	308,749	1,867,888
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
c	Public support, Subtract line 5 from line 4				New York		1,867,888
Sec.	tion B. Total Support						
	idar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	434,907		369,808	438,117	308,749	1,867,888
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,315		25,407	2,802	13,716	82,622
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						1,950,510
12	Gross receipts from related activities, etc.	(see instructions)				12_	78,485
13	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her					<u></u>	
Sec	tion C. Computation of Public Su	upport Percen	itage				
14	Public support percentage for 2011 (line 6			nn (f))		14	95.76%
15	Public support percentage from 2010 Sche	edule A, Part II, lin	ne 14			15	%
16a	33 1/3% support test—2011. If the organ	ization did not che	ck the box on line	13, and line 14 is	33 1/3% or more,	check this	
	box and stop here. The organization qual	ifies as a publicly	supported organiza	ation			▶ 🗵
b	33 1/3% support test—2010. If the organ check this box and stop here. The organi	ization did not che	eck a box on line 13	3 or 16a, and line		nore,	▶□
17a	10%-facts-and-circumstances test—201	11. If the organizat	ion did not check a	box on line 13, 16			
,,,	10% or more, and if the organization mee Part IV how the organization meets the "fa	ts the "facts-and-o	ircumstances" test,	, check this box ar	nd stop here. Expl	ain in	
							▶ [
h	organization 10%-facts-and-circumstances test—201		ion did not check a	box on line 13, 10	6a, 16b, or 17a, ar	nd line	
b	15 is 10% or more, and if the organization	meets the "facts-	and-circumstances	" test, check this b	ox and stop here		
	Explain in Part IV how the organization m	eets the "facts-and	d-circumstances" te	est. The organization	on qualifies as a p	ublicly	
						· · · · · · · · · · · · · · · · · · ·	▶ [
18	Private foundation. If the organization did	d not check a box	on line 13. 16a. 16	3b, 17a, or 17b, ch	eck this box and s	ee	
10	instructions						▶ [
	indiadiono						20 000 F7) 204

Schedule A (Form 990 or 990-EZ) 2011 PATHFINDERS

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support									
Caler	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")									
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 5									
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons									
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year									
С	Add lines 7a and 7b			The second second	Ties to very a series	agit Agraes as				
8	Public support (Subtract line 7c from									
500	line 6.) tion B. Total Support						M			
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
9	Amounts from line 6	(4) 2001								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					deficiency in the control of the con				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
С	Add lines 10a and 10b									
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				- Anna					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)									
13	Total support. (Add lines 9, 10c, 11, and 12.)									
14	First five years. If the Form 990 is for the organization, check this box and stop here	e organization's firs					▶□			
Sec	tion C. Computation of Public Su									
15	Public support percentage for 2011 (line 8,			ın (f))		15_	%			
16	Public support percentage from 2010 Sche	edule A, Part III, lin	ne 15				%			
	tion D. Computation of Investme									
17	Investment income percentage for 2011 (li			, column (f))		17	%			
18	Investment income percentage from 2010	Schedule A, Part	III, line 17			18	%			
19a	33 1/3% support tests—2011. If the organ	nization did not che	eck the box on line	e 14, and line 15 is	more than 33 1/3	%, and line	_			
	17 is not more than 33 1/3%, check this bo	ox and stop here.	The organization of	qualifies as a publi	cly supported orga	anization	▶ ∐			
b	33 1/3% support tests-2010. If the organ	nization did not che	eck a box on line 1	4 or line 19a, and	line 16 is more that	an 33 1/3%, and	<u>, —</u>			
	line 18 is not more than 33 1/3%, check th						?			
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

Schedule A (F)	orm 990 or 990-EZ) 20	011 PATHE	INDERS			52-22265	73	Page 4
Part IV	Sunniemental I	Information.	Complete this i	part to provide Also complete	the explanations this part for any	required by Part II, additional information	line 10; on. (See	
							,	,
•								
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Name of the organization 52-2226573 **PATHFINDERS** Organization type (check one): Section: Filers of: 3) (enter number) organization Form 990 or 990-EZ X 501(c)(4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Page 1 of 1 of Part I Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Employer identification number Name of organization 52-2226573 PATHFINDERS Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (c) (d) (a) Type of contribution Name, address, and ZIP + 4 Total contributions No. Person BOB DEVIDSON FORD 1 Payroll 1845 E.JOPPA RD 10,000 Noncash (Complete Part II if there is BALTIMORE a noncash contribution.) (d) (c) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. Person 2.... CYBERCORE Payroll 6605 BUSINESS PARKWAY \$ 8,000 Noncash MD 21075 (Complete Part II if there is a noncash contribution.) (d) (c) (b) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. Person BAND TOGETHER FOR AUTISM 3 **Payroll** 6 CHARITY COURT 7,000 Noncash (Complete Part II if there is NORTH EAST a noncash contribution.) (d) (b) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. TOWER FEDERAL CREDIT UNION Person 4 Payroll 9021 SNOWDEN SQUARE DR \$ 7,500 Noncash MD 21046 (Complete Part II if there is COLUMBIA a noncash contribution.) (d) (c) (a) Type of contribution Name, address, and ZIP + 4 Total contributions No. X ONE WORLD TECHNOLOGIES Person 5 Payroll 303 INTERNATIONAL CIRCLE STE 490 10,000 Noncash MD 21030 (Complete Part II if there is HUNT VALLEY a noncash contribution.) (c) (b) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. Person MARION & HENRY KNOTT FOUNDATION 6 Payroll 3904 HICKORY AVENUE 32,294 Noncash MD 21211 (Complete Part II if there is BALTIMORE

a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number Name of the organization 52-2226573 **PATHFINDERS** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year _____ 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2h b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

organization's accounting for conservation easements.

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

(i) and section 170(h)(4)(B)(ii)?

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

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

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

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

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

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

pur	olic service, provide the following amounts relating to these items.			
(i)	Revenues included in Form 990, Part VIII, line 1	>	\$.	
(ii)	Assets included in Form 990, Part X	•	\$.	
	to the second se			

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

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

Sche	edule D (Form 990) 2011 PATHFINI	ERS			2265/3		Page Z	
	art III Organizations Maintaini	ng Collections of	Art, Historical Tr	easures, or Othe	r Similar Asset	s (continu	ued)	
3	Using the organization's acquisition, access collection items (check all that apply):							
а	Public exhibition	dП	Loan or exchange pro	grams				
b		e H						
c	_ , , , , ,	- Ш						
4	Provide a description of the organization's	collections and explain	how they further the	organization's exempt	purpose in Part			
-•	XIV.		,					
5	During the year, did the organization solic	t or receive donations	of art, historical treasu	res, or other similar				
•	assets to be sold to raise funds rather tha					Tye	s No	
Pa	art IV Escrow and Custodial	Arrangements. Co	mplete if the organ	nization answered	"Yes" to Form 9	90, Part I	√ ,	
	line 9, or reported an amo							
1a	Is the organization an agent, trustee, cust			r other assets not				
	included on Form 990, Part X?					Ye	s No	
b	If "Yes," explain the arrangement in Part X	IV and complete the fo	ollowing table:					
-	, , , , , , , , , , , , , , , , , , ,		J			Amount		
С	Beginning balance				1c			
d	Additions during the year							
e	Distributions during the year				1 4 1			
f	Ending balance				1 1			
2a	Did the organization include an amount on					Ye	s No	
	If "Yes," explain the arrangement in Part X							
	art V Endowment Funds. Con		zation answered "\	es" to Form 990,	Part IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back		years back	
1a	Beginning of year balance	balance 308,284 304,511 292,642 351,887						
	Contributions	,		·			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Net investment earnings, gains, and			24100		7.7		
·	losses	102.573	3,773	11,869	-59,24	15		
ч	Grants or scholarships			7 N 7/			1.15.00 - 1.15.0	
	Other expenditures for facilities and					N.	- A-A-A-	
				. A7 \\	17	100		
	programs Administrative expenses		13		77 1701	100	1000	
	End of year balance	410,857	308,284	304,511	292,64	2	5 Mg 3 1	
g 2	Provide the estimated percentage of the co	<u> </u>						
٠,	Board designated or quasi-endowment		s (into 19, column (c))	noid do.				
a b								
	Temporarily restricted endowment ▶							
·	The percentages in lines 2a, 2b, and 2c sl							
20	Are there endowment funds not in the pos		otion that are held and	administered for the				
sa		session of the organiza	ation that are new and	administrica for the		Γ	Yes No	
	organization by:					3a(i)	X	
	(i) unrelated organizations					3a(ii)	X	
	(ii) related organizations If "Yes" to 3a(ii), are the related organization	listed as regulared a				3b		
	(),	· · · · · · · · · · · · · · · · · · ·				[30]		
	Describe in Part XIV the intended uses of irt VI Land, Buildings, and Eq	the organization's end	m 000 Port Y line	10				
Pa					Accumulated	(d) Book v	value	
	Description of property	(a) Cost or other to (investment)	oasis (b) Cost of o	, , ,	epreciation	(a) Book (raide	
		(และอุณาเลาเ)	(Oute	, ut				
	Land	-	320		5,328			
	Buildings		,328		3,320			
	Leasehold improvements	1						
	Equipment	1 10	663		0 755		1 000	
	Other		,663		8,755		1,908	
Total.	. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Par	t X, column (B), line 10	J(C).)	▶1		1,908	

Part VII	Investments—Other Securities. See Form 990,	Part X, line 12.		
1 4.1 11.	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)		Cost or end-of-year market value	
(1) Financial o	derivatives			
(2) Closely-hel	d equity interests			
(3) Other				
(4)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				TOTAL CONTRACTOR
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.)		Service and an experience of the service of the ser	
Part VIII	Investments—Program Related. See Form 990			
	(a) Description of investment type	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			STATE STATE OF THE	
(9)				/
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, line 15.		(b) E	look value
(4)	(a) Cooripion	AW		
(1)				
(2)				
(3)	- Ave			
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)	A CONTRACTOR OF THE CONTRACTOR			
	(b) must equal Form 990, Part X, col. (B) line 15.)		→	
Part X	Other Liabilities. See Form 990, Part X, line 25.			
1.	(a) Description of liability	(b) Book value		
	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			[경기 경기 경기 경인 기업자	
(9)] 병원 교육 : 송화 : 호화 스트란 :	
(10)				
(11)			[경기 문화를 발롯하는 경기 경험점	
	(b) must equal Form 990, Part X, col. (B) line 25.)			

Sche	dule D (Form 990) 2011 PATHFINDERS 52-222657	3	Page 4
	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial States	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	345,473
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	312,561
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	32,912
4	Net unrealized gains (losses) on investments	4	38,261
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-17,920
9	Total adjustments (net). Add lines 4 through 8	9	20,341
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	53,253
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements	1	441,968
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a 38,261		
b	Donated services and use of facilities 2b 68,900		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	2e	107,161
3	Subtract line 2e from line 1	3	334,807
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.) 4b 10,666	1	
	Add lines 4a and 4b	4c	10,666
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	345,473
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Returr	1
1	Total expenses and losses per audited financial statements	1	388,715
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		A 17
	Donated services and use of facilities 2a 68,900		
b	Prior year adjustments 2b		- 1
С			
d	Other losses Other (Describe in Part XIV.) 2d 7,254		
е	Add lines 2a through 2d	2e	76,154
3	Subtract line 2e from line 1	3	312,561
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	125 A	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)]	
	Add lines 4a and 4b	4c	
-	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	312,561
	rt XIV Supplemental Information		
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b ar	nd 2b;	
Part \	V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to	provide	
	additional information.		
	ART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER		
			10 666
A	CCRUAL TO CASH ADJUSTMENT	<u>}</u>	-10,666
A	CCRUAL TO CASH ADJUSTMENT	š	-7,254
P.	ART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTH	IER	
			10 666
A	CCRUAL TO CASH ADJUSTMENT	?	10,666

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047 2011

> Open To Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

PATHFINDERS				52-22265	73						
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required to	the organization complete thi	on answe s part.	red "Yes" to Form	990, Part IV, line	17.						
1 Indicate whether the organization raised funds through a			Check all that apply.								
a Mail solicitations	e Solicitation	of non-gov	vernment grants								
	b Internet and email solicitations f Solicitation of government grants										
		ndraising ev									
d In-person solicitations											
 Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity b If "Yes," list the ten highest paid individuals or entities (fit agreements and et least \$5,000 by the organization. 	in connection with	n profession	ial fundraising services	?	Yes No						
compensated at least \$5,000 by the organization.		(iii) Did fund-		(v) Amount paid to	(vi) Amount paid to						
(i) Name and address of individual	(ii) Activity	raiser have custody or	(iv) Gross receipts	(or retained by)	(or retained by)						
or entity (fundraiser)	(ii) / (cuvity	control of contributions?	from activity	fundraiser listed in col. (i)	organization						
		Yes No									
1											
2											
			_0.00000-	According to the second	eyaay						
3		See a se			1						
4											
5											
6											
7											
0											
9											
10					-						
Total		>									
3 List all states in which the organization is registered or livegistration or licensing.		contributions	s or has been notified i	t is exempt from							

52-2226573 **PATHFINDERS** Schedule G (Form 990 or 990-EZ) 2011 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (b) Event #2 (a) Event #1 (d) Total events (add col. (a) through RUN WILD 1 GOLF OUTING col. (c)) (total number) (event type) (event type) 236,563 35,711 141,287 59,565 1 Gross receipts 2 Less: Charitable 171,794 29,336 41,324 101,134 contributions 3 Gross income (line 1 minus 6,375 64,769 18,241 40,153 line 2) 4 Cash prizes 13,779 7,587 6,192 5 Noncash prizes 23,368 4,500 18,868 6 Rent/facility costs Expenses 7 Food and beverages 375 375 8 Entertainment 5,362 5,362 9 Other direct expenses 42,884) 10 Direct expense summary. Add lines 4 through 9 in column (d) 21,885 11 Net income summary: Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo col. (a) through col. (c)) Revenue bingo/progressive bingo 1 Gross revenue. 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states?

9a Yes No b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2011	PATHFINDERS	52-22265	<u>573</u>		Pa	age 3
11		activities with nonmembers?			\ \	Yes _	No
12	Is the organization a grantor, beneficiary	or trustee of a trust or a member of a partnership or other entity		r	_	_	_
		?		, [\ \	Yes L	No
13	Indicate the percentage of gaming active	ity operated in:					
а	The organization's facility			3a			<u>%</u>
b	An outside facility			3b			%_
14	Enter the name and address of the per records:	son who prepares the organization's gaming/special events books and					
	Name ▶						
	Address ►						
15a		with a third party from whom the organization receives gaming		. [\	Yes [] No
b	If "Yes." enter the amount of gaming re	venue received by the organization ▶ \$	and the				
~		the third party ▶ \$					
С	If "Yes," enter name and address of the						
	Name ►						
	Address ►						
16	Gaming manager information:						
	Name ▶			. •			
		loyee Independent contractor			7		
17	Mandatory distributions:						
а	=	law to make charitable distributions from the gaming proceeds to		ſ	П,	Yes [□No
		Leader Land Land had distributed to other exempt organizations or		L	ш	ies L	
b	enter the amount of distributions require spent in the organization's own exempt	ed under state law to be distributed to other exempt organizations or					
Pai	t IV Supplemental Informa columns (iii) and (v), and	tion. Complete this part to provide the explanations required Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicational information (see instructions).	ed by Part I, line cable. Also comp	2b, lete	this		
			,				
· ···							

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PATHFINDERS

Employer identification number 52–2226573

FORM 990 - ORGANIZATION'S MISSION OR MC	ST SIGNIFICANT ACTIVITIES
PATHFINDERS IS DEDICATED TO HELPING IND	IVIDUALS CURRENTLY DIAGNOSED WITH
AUTISM, THEIR PARENTS AND PROFESSIONALS	FIND RESOURCES, SUPPORTS AND
TRAINING WHILE WORKING TO INCREASE THE	AWARENESS OF AUTISM SPECTRUM
DISORDERS.	
FORM 990, PART VI, LINE 2 - RELATED PAR	TY INFORMATION AMONG OFFICERS
WILLIAM SURHOFF	POLY WINDE SURHOFF
PRESIDENT	BOARD MEMBER
HUSBAND AND WIFE	
FORM 990, PART VI, LINE 11B - ORGANIZAT THE 990 IS PREPARED AND FORWARDED TO TH REVIEWS, COMMENTS WHERE APPROPRIATE, AND PRESIDENT INFORMS THE BOARD OF DIRECTORS FILING OF THE TAX RETURN AND MAKES A CO	ION'S PROCESS TO REVIEW FORM 990 E PRESIDENT OF THE ORGANIZATION WHO D FILES THE TAX RETURN. THE S AT THE BOARD MEETING OF THE
FORM 990, PART VI, LINE 12C - ENFORCEME	NT OF CONFLICTS POLICY
THE DUTY TO REGULATE AND CONSISTENTLY M	ONITOR AND ENFORCE COMPLIANCE WITH
THE ORGANIZATION'S CONFLICT OF INTEREST	POLICY FALLS TO THE EXECUTIVE
DIRECTOR. ANY MATTER OF SIGNIFICANCE IS	BROUGHT TO THE ATTENTION OF THE
BOARD OF DIRECTORS FOR APPROPRIATE ACTI	ON.
FORM 990, PART VI, LINE 15A - COMPENSAT	ION PROCESS FOR TOP OFFICIAL
AN ANNUAL REVIEW OF EMPLOYEES' COMPENSA'	TION IS CONDUCTED BY THE BOARD OF

Employer identification number Name of the organization 52-2226573 **PATHFINDERS** DIRECTORS. THE AMOUNT OF COMPENSATION IS BASED ON THE FAIR MARKET VALUE OF COMPARABLE POSITION IN THE MARKETPLACE AND THE EMPLOYEES EXPERIENCE. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS AN ANNUAL REVIEW OF EMPLOYEES' COMPENSATION IS CONDUCTED BY THE BOARD OF DIRECTORS. THE AMOUNT OF COMPENSATION IS BASED ON THE FAIR MARKET VALUE OF COMPARABLE POSITION IN THE MARKETPLACE AND THE EMPLOYEES EXPERIENCE. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION'S TAX RETURN AND FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW ON LINE ON GUIDESTAR.ORG AND THE ORGANIZATION'S WEB SITE, RESPECTIVELY. ORGANIZATIONAL DOCUMENTS AND POLICIES WILL BE MADE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 24E - OTHER EXPENSES AMOUNT DESCRIPTION 6,489 WRISTBANDS WBAL KIDS CAMPAIGN GRANT 6,002 3,218 OTHER WEBSITE DEVELOPMENT GRANT 3,156 2,438 GOLF FUNDRAISER 1,940 WEBSITE 1,794 CREDIT CARD PROCES. FEE 1,771 CONSULTING 1,694 DEPRECIATION 920 PAYROLL PROCES. FEE 874 PROFESSIONAL DEVELOPMENT

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172 2011

> hment ence No. 17

Department of the Treasury
Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Identifying number Name(s) shown on return 52-2226573 **PATHFINDERS** Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I 500,000 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,000,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 12 13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions. Part III 1,694 17 MACRS deductions for assets placed in service in tax years beginning before 2011 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B-Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (business/investment use (a) Classification of property placed in period only-see instructions) 19a 3-year property 5-year property 7-year property d 10-year property e 15-year property 20-year property S/L 25 yrs. g 25-year property S/L 27.5 yrs. MM h Residential rental property MM S/L 27.5 yrs. MM S/L 39 yrs. Nonresidential real property MM S/L Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs. S/L 12-year 40 yrs. ММ S/L c 40-year Summary (See instructions.) Part IV 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 22 1,694 and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

23

500PFI PATHFINDERS

52-2226573 FYE: 9/30/2012 Federal Asset Report Form 990, Page 1 07/30/2013 10:11 AM Page 1

Asset	Description	Date In Service	Cost	Bus 	Sec 179Bonus	Basis for Depr	Per Conv Meth	Prior	Current
2 3	MACRS: LEASEHOLDS CONFERENCE ROOM FURNITURE SERVER, NETWORK DEVICES TELEPHONE SYSTEM	4/16/07 9/18/08 9/18/08 9/11/08	5,328 3,178 4,954 2,531 15,991		X X X	5,328 1,589 2,477 1,266 10,660	5 HY 200DB 7 MQ200DB 5 MQ200DB 7 MQ200DB	4,750 2,061 3,937 1,642 12,390	578 319 543 254 1,694
Grand Totals Less: Dispositions and Transfers Less: Start-up/Org Expense Net Grand Totals		15,991 0 0 15,991			10,660 0 0 10,660		12,390 0 0 12,390	1,694 0 0 1,694	



500PFI PATHFINDERS

52-2226573

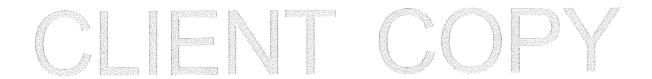
Future Depreciation Report FYE: 9/30/13

07/30/2013 10:11 AM Page 1

FYE: 9/30/2012

Form 990, Page 1

<u>Asset</u>	Description	Date In Service	Cost	Тах	AMT
Prior M 2 3 4 5	IACRS: LEASEHOLDS CONFERENCE ROOM FURNITURE SERVER, NETWORK DEVICES TELEPHONE SYSTEM	4/16/07 9/18/08 9/18/08 9/11/08	5,328 3,178 4,954 2,531 15,991	0 278 474 221 973	136 387 711 308 1,542
	Grand Totals		15,991	973	1,542



	CHEDULE G	F	undraising Other Eve	nts	2011
	Form 990 or 990-EZ)	For calendar year 2011, or tax yea	r beginning 10/01/1	1 , and ending 09	/30/12
Nan		For calendar year 2011, or tax year	in beginning		Employer Identification Number
P	ATHFINDERS				52-2226573
		(a) Other event	(b) Other event	(c) Other event	(d) Tetal ather events
		FASHION SHOW			(d) Total other events (add col. (a) through
a)		(event type)	(event type)	(event type)	col. (c))
Revenue	1 Gross receipts	35,711			35,711
æ	2 Less: Charitable contributions	29,336			29,336
	3 Gross income (line 1 minus line	6,375			6,375
	4 Cash prizes				
	5 Noncash prizes				
ses	6 Rent/facility cos	ots			
Direct Expenses	7 Food/beverages				
Direct	8 Entertainment				
	9 Other expenses				
,					

500PFI PATHFINDERS 52-2226573 FYE: 9/30/2012	Federal Statements	ments	2/2	7/30/2013 10:11 AM Page 1
	Form 990, Part IX, Line 24e -	All Other Expenses		
Description	Total	Program	Management &	Fund
WRISTBANDS	\$ 6,489	\$	φ.	\$ 6,489
WBAL KIDS CAMPAIGN GRANT	000	6,002	-	
OTHER WEBSITE DEVELOPMENT GRANT	3,218	3,156		7
	2,438	1 940		2,438
WEDSIIL CREDII CARD PROCES. FEE	1,740	0 m / L	7 [] 7	1,794
CONSULTING DEPRECTATION	1,//1		1,//L 1,694	
戶	920	460	460	
PROFESSIONAL DEVELOPMENT PRINTING AND REPRODUCTION	874 708		874 708	
Į.	650		650	c c
TOTAL	\$ 31,451	\$ 11,558	\$ 6,157	\$ 13,736
	Schedule A, Part II.	i, Line 1(e)		
	Description		Amount	
			\$ 3,523	
BOB DEVIDSON FORD				
CASH CONT			10,000	
CASH CONTRIBUTION			8,000	
COGETHER FOR AUTASH CONTRIBUTION			7,000	
CASH C			7,500	
CONTRIBUTION			10,000	
MARION & HENRY KNOTT FOUNDATION CASH CONTRIBUTION FASHION SHOW			32,294	

Page 2 7/30/2013 10:11 AM 13,716 6,375 40,153 18,241 95,234 5,900 38,269 3,055 78,485 29,336 308,749 Amount Amount S Schedule A, Part II, Line 1(e) (continued) Schedule A, Part II, Line 12 Federal Statements Description Description GOLF OUTING CASH CONTRIBUTION RUN WILD CASH CONTRIBUTION CASH CONTRIBUTION 500PFI PATHFINDERS 52-2226573 FYE: 9/30/2012 FASHION SHOW GOLF OUTING RUN WILD TOTAL TOTAL