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OMB No 1545-0052

Department of the Treasury

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.

Internal Revenue Service Open to Public ► Information about Form 990-PF and its instructions is at www.irs.gov/form990pf. Inspection For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014 A Employer identification number Name of foundation PATHFINDER FUND 34-6536633 **B** Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) 179 HARVEY STREET (617) 868-1999 C If exemption application is pending, check here City or town, state or province, country, and ZIP or foreign postal code CAMBRIDGE, MA 02140 G Check all that apply Initial return Initial return of a former public charity **D 1.** Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% Address change Name change test, check here and attach computation E If private foundation status was terminated Section 501(c)(3) exempt private foundation **H** Check type of organization under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation J Accounting method I Fair market value of all assets at end **F** If the foundation is in a 60-month termination **▶** □ under section 507(b)(1)(B), check here of year (from Part II, col. (c), Other (specify) line 16)**►\$** 0 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see for charitable expenses per books (cash basis only) $Contributions, gifts, grants, etc\ , received\ (attach$ 50.254 Check ► ☐ If the foundation is **not** required to attach 2.810 2.810 2.810 Interest on savings and temporary cash investments 12,204 12,204 12,204 Dividends and interest from securities. . . Gross rents Net rental income or (loss)_ Net gain or (loss) from sale of assets not on line 10 2 33,309 Revenue Gross sales price for all assets on line 6a 317,190 Capital gain net income (from Part IV, line 2) . Net short-term capital gain . . Income modifications . . 10a Gross sales less returns and allowances Less Cost of goods sold . . . Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 12 Total. Add lines 1 through 11 . . 98.577 15.227 15.014 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages . . Operating and Administrative Expenses 15 Pension plans, employee benefits . . Legal fees (attach schedule). . . 16a 1.100 Accounting fees (attach schedule). 6,824 Other professional fees (attach schedule) 匆 **17** 包 634 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion . 19 20 Travel, conferences, and meetings. 21 22 Printing and publications Other expenses (attach schedule) . . . Total operating and administrative expenses. 24 Add lines 13 through 23 8.558 0 0 25 Contributions, gifts, grants paid. . . . 73,500 73,500 26 Total expenses and disbursements. Add lines 24 and 82,058 73,500 25 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements 16.519 15,227 Net investment income (if negative, enter -0-)

Adjusted net income (If negative, enter -0-)

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	11,272		
	2	Savings and temporary cash investments	47,775		
	3	Accounts receivable •	17,773	10,000	
	3	Less allowance for doubtful accounts	1		
		Pledges receivable			
	4	Less allowance for doubtful accounts			
	_				
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts -			
sets	8	Inventories for sale or use			
38	9	Prepaid expenses and deferred charges			
4	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	634,536	663,147	
	С	Investments—corporate bonds (attach schedule)	159,402	124,173	
	11	Investments—land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) -			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) 🕨			
	15	Other assets (describe 🟲)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	852,985	869,504	0
	17	Accounts payable and accrued expenses			
	18	Grants payable			
φ	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
二	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)		0	
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26 and lines 30 and 31.			
inc	24	Unrestricted			
ia k	25	Temporarily restricted			
Fund Balance	26	Permanently restricted			
nn		Foundations that do not follow SFAS 117, check here			
or F		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
As:	29	Retained earnings, accumulated income, endowment, or other funds	852,985	869,504	
Net	30	Total net assets or fund balances (see instructions)	852,985	869,504	
Z	31	Total liabilities and net assets/fund balances (see instructions)	852,985	869,504	
Da	rt III		032,303	003,301	
	 .	, ,	a) line 20 /	araa	
1		Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must ac		053.005
2					852,985
2				 	16,519
3		Other increases not included in line 2 (itemize) Add lines 1, 2, and 3			960 504
4					869,504
5		Decreases not included in line 2 (itemize)		5	960 504
6		Total net assets or fund balances at end of year (line 4 minus line 5)—Pa	irrii, column (b), ll	ne 30 . 6	869,504

the Part VI instructions

Part 1	V Capital Gains	and Losses for Tax on Inve	stment Income	e		y
	(a) List and describe	the kınd(s) of property sold (e g , re ouse, or common stock, 200 shs M	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1a						
(e	e) Gross sales price	(f) Depreciation allower	,,	t or other basis		or (loss)
	•	(or allowable)	pius ex	xpense of sale	(e) plus (f) mınus (g)
a L						
b						
c						
d						
e						
<u> </u>	mplete only for assets	showing gain in column (h) and owne				(h) gain minus
(i)	FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (ı) col (j), ıf any		less than -0-) or om col (h))
		as 01 12/31/03	OVEI (cor (j), ii airy	200000 (11	
b						
С .						
d						
е			If gaın, also enter			
2 3		me or (net capital loss) { al gain or (loss) as defined in sectio	If (loss), enter -0	- ın Part I, lıne 7	2	213
	If gain, also enter in in Part I, line 8	Part I, line 8, column (c) (see instru	ctions) If (loss), e • • • •	enter - 0 - · ·	3	
Part	V Qualification I	Under Section 4940(e) for R	educed Tax or	n Net Investme	nt Income	
For opt	ional use by domestic i	private foundations subject to the se	ection 4940(a) tax	on net investment	income)	
•	,	•	()		,	
fsection	on 4940(d)(2) applies,	leave this part blank				
		e section 4942 tax on the distributa ot qualify under section 4940(e) Do			eriod?	Γ Yes Γ No
1 E n	ter the appropriate amo	unt in each column for each year, se	ee instructions bef	ore making any ent	ries	
	(a) penod years Calendar or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncha) Iritable-use assets	(d) Distribution (col (b) divided	
	2013	85,242		852,068		0 100041
	2012	68,344		765,299		0 089304
	2011	44,308		768,784		0 057634
	2010	42,155		723,604		0 058257
	2009	22,050		630,978		0 034946
2	•	nn (d)		<u> </u>	2	0 340182
3	the number of years	ratio for the 5-year base period—div the foundation has been in existence	e ıf less than 5 yea	rs	3	0 068036
4		f noncharitable-use assets for 2014	·		4	925,025
5	Multiply line 4 by line	e 3		[5	62,935
6	Enter 1% of net inve	stment income (1% of Part I, line 2 $^\circ$	7b)	[6	152
7	Add lines 5 and 6.			[7	63,087
8	Enter qualifying distr	ributions from Part XII, line 4		[8	73,500
	If line 8 is equal to o	r greater than line 7, check the box	ın Part VI, lıne 1b,	and complete that	part using a 1% tax	rate See

Form	990-PF (2014)		Р	age 4
Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the ins	tructio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here 🟲 🦵 and enter "N/A" 🔰			
	on line 1			
	Date of ruling or determination letter(attach copy of letter if necessary–see			
h	instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check			1 5 2
b) 			152
	here Frand enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others			
	enter -0-) 2			
3	Add lines 1 and 2			152
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others			
_	enter -0-) Tay based on investment in some Cubtonet line 4 from line 2. If none on less onton 0.			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			152
6	Credits/Payments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868) 6c 155			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			155
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid \rightarrow 10			3
11	Enter the amount of line 10 to be Credited to 2015 estimated tax 3 Refunded 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	ıt partıcıpate or ıntervene ın any political campaign?	. 1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions			
	for definition)?	1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
•	(1) On the foundation \$\ \\$ (2) On foundation managers \$\ \\$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
-	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?] 2		No
2		 		No
_	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	_		
_	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	. 3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. 5		No
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions]] .	
	that conflict with the state law remain in the governing instrument?	. 6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c),			
	and Part XV.	. 7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	▶	1		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)?			
	If "Yes," complete Part XIV	. 9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			
	and addresses.	. 10		No

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ▶PAT GOUDVIS Telephone no ▶(617)	868-	1999	
	Located at ► 179 HARVEY ST CAMBRIDGE MA ZIP+4 ► 02140			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			<u> </u>
13	and enter the amount of tax-exempt interest received or accrued during the year	•		,
	<u> </u>			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over	مد ا	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pai	TE VII-B Statements Regarding Activities for Which Form 4720 May Be Required		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes ✓ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
L	after termination of government service, if terminating within 90 days) Yes $\overline{\lor}$ No If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
Ь	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	16		
		1b		
_	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	10		
_		1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(1)(3) or 4942(1)(5))			
_	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d			
а	and 6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years > 20, 20, 20			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
-	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_	► 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
ь	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation			
-	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	If the foundation had excess business holdings in 2014.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

	Statements Rega				,				T	
5a	During the year did the foundation					_	_			
	(1) Carry on propaganda, or other	•	-	•		┌ Ye	s ~	No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?									
	(3) Provide a grant to an individu					┌ Ye	s ✓	No		
	(4) Provide a grant to an organiza					_	_	_		
	in section 4945(d)(4)(A)? (se					Ye	s ✓	No		
	(5) Provide for any purpose other					_	_	_		
_	educational purposes, or for t							No		
Ь	If any answer is "Yes" to 5a(1)-(l	
	Regulations section 53 4945 or i							_	. 5b	
	Organizations relying on a curren									
С	If the answer is "Yes" to question			· ·		–	_			
	tax because it maintained expend		_			Ye	s	No		
	If "Yes," attach the statement requ									
6a	Did the foundation, during the yea				•		_	_		
	a personal benefit contract?					┌ Ye				
Ь	Did the foundation, during the yea	ir, pay premiums, direct	tly or i	ndirectly, on a perso	onal benefit c	ontract?	•	•	6b	No
	If "Yes" to 6b, file Form 8870.					_	_	_		
7a	At any time during the tax year, v									
ь	If yes, did the foundation receive		_						7b	
Pai	it VIII and Contractors	t Officers, Director	rs, Ti	rustees, Founda	ition Mana	gers, Higi	nly	Paid	1 Emp	loyees,
1	List all officers, directors, trustees	s, foundation managers	and t	heir compensation (see instruction	ne)				
				iicii compensation (/II3/.				
		(b) Title, and average	$\overline{}$	c) Compensation	1	ributions to		(0)	Evnanc	o account
	(a) Name and address	(b) Title, and average hours per week	: (c) Compensation If not paid, enter	(d) Cont employee	ributions to benefit plans			•	se account, owances
	(a) Name and address	(b) Title, and average hours per week devoted to position	: (c) Compensation If not paid, enter -0-)	(d) Cont employee	ributions to	on		•	owances
PAT G	(a) Name and address	(b) Title, and average hours per week	: (c) Compensation If not paid, enter	(d) Cont employee	ributions to benefit plans			•	
PAT 0	(a) Name and address	(b) Title, and average hours per week devoted to position TRUSTEE	: (c) Compensation If not paid, enter -0-)	(d) Cont employee	ributions to benefit plans	on		•	owances
PAT 0 179 C A M	(a) Name and address OUDVIS HARVEY ST	(b) Title, and average hours per week devoted to position TRUSTEE	: (c) Compensation If not paid, enter -0-)	(d) Contemployee and deferred	ributions to benefit plans	on		•	owances
PAT G	(a) Name and address OUDVIS HARVEY ST BRIDGE, MA 02138	(b) Title, and average hours per week devoted to position TRUSTEE 0 50	: (c) Compensation If not paid, enter -0-) 0	(d) Contemployee and deferred	ributions to benefit plans	on O		•	owances 0
PAT 0 179 C A M ANN 0 210	(a) Name and address OUDVIS HARVEY ST BRIDGE, MA 02138 GOUDVIS	(b) Title, and average hours per week devoted to position TRUSTEE 0 50	: (c) Compensation If not paid, enter -0-) 0	(d) Contemployee and deferred	ributions to benefit plans	on O		•	owances 0
PAT 0 179 C A M ANN 0 210 BO U	(a) Name and address OUDVIS HARVEY ST BRIDGE, MA 02138 GOUDVIS LIPAN WAY	(b) Title, and average hours per week devoted to position TRUSTEE 0 50	(1	c) Compensation If not paid, enter -0-) 0	(d) Contemployee and deferred	ributions to benefit plans d compensat	on 0 0	0	ther all	owances 0
PAT 6 179 CAM ANN 6 210 BO U	(a) Name and address OUDVIS HARVEY ST BRIDGE, MA 02138 GOUDVIS LIPAN WAY LDER, CO 80303 Compensation of five highest-paid	(b) Title, and average hours per week devoted to position TRUSTEE 0 50 TRUSTEE 0 50 temployees (other than to be completed as the complete to the complete t	those erage	c) Compensation If not paid, enter -0-) 0	(d) Contemployee and deferred	cributions to benefit plans is compensated	on 0 0	ter"	NONE."	owances 0
PAT 6 179 CAM ANN 6 210 BO U	(a) Name and address OUDVIS HARVEY ST BRIDGE, MA 02138 GOUDVIS LIPAN WAY LDER, CO 80303	(b) Title, and average hours per week devoted to position TRUSTEE 0 50 TRUSTEE 0 50 Lemployees (other than hours per week devoted to position to position the per week devoted to position to per week devoted to per wee	n those erage	c) Compensation If not paid, enter -0-) 0	-see instruct (d) Contemployee and deferred -see instruct (d) Contemployee	ributions to benefit plans d compensat	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ter "	NONE."	owances 0
PAT 6 179 CAM ANN 6 210 BO U	(a) Name and address OUDVIS HARVEY ST BRIDGE, MA 02138 GOUDVIS LIPAN WAY LDER, CO 80303 Compensation of five highest-paid Name and address of each employ	(b) Title, and average hours per week devoted to position TRUSTEE 0 50 TRUSTEE 0 50 temployees (other than to be completed as the complete to the complete t	n those erage	c) Compensation If not paid, enter -0-) 0 e included on line 1-	-see instruct (d) Contemployee and deferred -see instruct (d) Contemplans	ons). If none	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ter "	NONE."	owances 0 0 see account,
PAT 6 179 CAM ANN 6 210 BOU	(a) Name and address OUDVIS HARVEY ST BRIDGE, MA 02138 GOUDVIS LIPAN WAY LDER, CO 80303 Compensation of five highest-paid Name and address of each employ paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 0 50 TRUSTEE 0 50 Lemployees (other than hours per week devoted to position to position the per week devoted to position to per week devoted to per wee	n those erage	c) Compensation If not paid, enter -0-) 0 e included on line 1-	-see instruct (d) Contemployee and deferred -see instruct (d) Contemplans	ons). If none ontributions to deferred	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ter "	NONE."	owances 0 0 see account,
PAT 0 179 C A M ANN 0 210 BO U 2	(a) Name and address OUDVIS HARVEY ST BRIDGE, MA 02138 GOUDVIS LIPAN WAY LDER, CO 80303 Compensation of five highest-paid Name and address of each employ paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 0 50 TRUSTEE 0 50 Lemployees (other than hours per week devoted to position to position the per week devoted to position to per week devoted to per wee	n those erage	c) Compensation If not paid, enter -0-) 0 e included on line 1-	-see instruct (d) Contemployee and deferred -see instruct (d) Contemplans	ons). If none ontributions to deferred	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ter "	NONE."	owances 0 0 see account,
PAT 0 179 C A M ANN 0 210 BO U 2	(a) Name and address OUDVIS HARVEY ST BRIDGE, MA 02138 GOUDVIS LIPAN WAY LDER, CO 80303 Compensation of five highest-paid Name and address of each employ paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 0 50 TRUSTEE 0 50 Lemployees (other than hours per week devoted to position to position the per week devoted to position to per week devoted to per wee	n those erage	c) Compensation If not paid, enter -0-) 0 e included on line 1-	-see instruct (d) Contemployee and deferred -see instruct (d) Contemplans	ons). If none ontributions to deferred	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ter "	NONE."	owances 0 0 see account,
PAT 0 179 C A M ANN 0 210 BO U 2	(a) Name and address OUDVIS HARVEY ST BRIDGE, MA 02138 GOUDVIS LIPAN WAY LDER, CO 80303 Compensation of five highest-paid Name and address of each employ paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 0 50 TRUSTEE 0 50 Lemployees (other than hours per week devoted to position to position the per week devoted to position to per week devoted to per wee	n those erage	c) Compensation If not paid, enter -0-) 0 e included on line 1-	-see instruct (d) Contemployee and deferred -see instruct (d) Contemplans	ons). If none ontributions to deferred	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ter "	NONE."	owances 0 0 see account,
PAT 0 179 C A M ANN 0 210 BO U 2	(a) Name and address OUDVIS HARVEY ST BRIDGE, MA 02138 GOUDVIS LIPAN WAY LDER, CO 80303 Compensation of five highest-paid Name and address of each employ paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 0 50 TRUSTEE 0 50 Lemployees (other than hours per week devoted to position to position the per week devoted to position to per week devoted to per wee	n those erage	c) Compensation If not paid, enter -0-) 0 e included on line 1-	-see instruct (d) Contemployee and deferred -see instruct (d) Contemplans	ons). If none ontributions to deferred	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ter "	NONE."	owances 0 0 see account,
PAT 0 179 C A M ANN 0 210 BO U 2	(a) Name and address OUDVIS HARVEY ST BRIDGE, MA 02138 GOUDVIS LIPAN WAY LDER, CO 80303 Compensation of five highest-paid Name and address of each employ paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 0 50 TRUSTEE 0 50 Lemployees (other than hours per week devoted to position to position the per week devoted to position to per week devoted to per wee	n those erage	c) Compensation If not paid, enter -0-) 0 e included on line 1-	-see instruct (d) Contemployee and deferred -see instruct (d) Contemplans	ons). If none ontributions to deferred	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ter "	NONE."	owances 0 0 see account,
PAT 0 179 C A M ANN 0 210 BO U 2	(a) Name and address OUDVIS HARVEY ST BRIDGE, MA 02138 GOUDVIS LIPAN WAY LDER, CO 80303 Compensation of five highest-paid Name and address of each employ paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 0 50 TRUSTEE 0 50 Lemployees (other than hours per week devoted to position to position the per week devoted to position to per week devoted to per wee	n those erage	c) Compensation If not paid, enter -0-) 0 e included on line 1-	-see instruct (d) Contemployee and deferred -see instruct (d) Contemplans	ons). If none ontributions to deferred	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ter "	NONE."	owances 0 0 see account,
PAT 0 179 C A M ANN 0 210 BO U 2	(a) Name and address OUDVIS HARVEY ST BRIDGE, MA 02138 GOUDVIS LIPAN WAY LDER, CO 80303 Compensation of five highest-paid Name and address of each employ paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 0 50 TRUSTEE 0 50 Lemployees (other than hours per week devoted to position to position the per week devoted to position to per week devoted to per wee	n those erage	c) Compensation If not paid, enter -0-) 0 e included on line 1-	-see instruct (d) Contemployee and deferred -see instruct (d) Contemplans	ons). If none ontributions to deferred	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ter "	NONE."	owances 0 0 see account,
PAT 0 179 C A M ANN 0 210 BO U 2	(a) Name and address OUDVIS HARVEY ST BRIDGE, MA 02138 GOUDVIS LIPAN WAY LDER, CO 80303 Compensation of five highest-paid Name and address of each employ paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 0 50 TRUSTEE 0 50 Lemployees (other than hours per week devoted to position to position the per week devoted to position to per week devoted to per wee	n those erage	c) Compensation If not paid, enter -0-) 0 e included on line 1-	-see instruct (d) Contemployee and deferred -see instruct (d) Contemplans	ons). If none ontributions to deferred	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ter "	NONE."	owances 0 0 see account,
PAT 0 179 C A M ANN 0 210 BO U 2	(a) Name and address OUDVIS HARVEY ST BRIDGE, MA 02138 GOUDVIS LIPAN WAY LDER, CO 80303 Compensation of five highest-paid Name and address of each employ paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 0 50 TRUSTEE 0 50 Lemployees (other than hours per week devoted to position to position the per week devoted to position to per week devoted to per wee	n those erage	c) Compensation If not paid, enter -0-) 0 e included on line 1-	-see instruct (d) Contemployee and deferred -see instruct (d) Contemplans	ons). If none ontributions to deferred	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ter "	NONE."	owances 0 0 see account,

Form 990-PF (2014)		Page 7
Part VIII Information About Officers, Directors, Trus and Contractors (continued)	tees, Foundation Managers, H	ighly Paid Employees,
3 Five highest-paid independent contractors for professional services	s (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	S	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include it		er of Expenses
organizations and other beneficiaries served, conferences convened, research papers pro	oduced, etc	
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation durin	g the tax year on lines 1 and 2	A mount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		▶

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 868.591 1a 1h 70.521 1c 1d 939.112 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 939.112 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 14.087 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 925.025 5 46.251 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here $\blacktriangleright \Gamma$ and do not complete this part.) 46.251 1 Tax on investment income for 2014 from Part VI, line 5. 152 2a Income tax for 2014 (This does not include the tax from Part VI). . . 152 2c 3 46.099 3 4 4 5 5 46.099 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 46.099 7 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. 1a 73.500 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 3 Amounts set aside for specific charitable projects that satisfy the За. 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 73,500 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 5 152 73,348 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

the section 4940(e) reduction of tax in those years

	olidistributed fricollie (see liistru	ictions)			
		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI, line 7		, , , , , , , , , , , , , , , , , , , ,		46,099
	Undistributed income, if any, as of the end of 2014				<u> </u>
	Enter amount for 2013 only				
	Total for prior years 20, 20, 20				
3					+
	From 2009				
	From 2010				
	From 2011				
	From 2012 23,582				
	From 2013				
f	Total of lines 3a through e	66,537			
4	Qualifying distributions for 2014 from Part				
	XII, line 4 🕨 \$ 73,500				
а	Applied to 2013, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election				
_	required—see instructions)				46.006
	Applied to 2014 distributable amount				46,099
	Remaining amount distributed out of corpus	27,401			
5	Excess distributions carryover applied to 2014				
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	93,938			
b	Prior years' undistributed income Subtract line 4b from line 2b				
c	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed Subtract line 6c from line 6b Taxable amount				
u	—see instructions				
e	Undistributed income for 2013 Subtract line				
	4a from line 2a Taxable amount—see				
	instructions				
f	Undistributed income for 2014 Subtract				
	lines 4d and 5 from line 1 This amount must be distributed in 2015				
7	Amounts treated as distributions out of				
•	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may				
	be required - see instructions)				
8	Excess distributions carryover from 2009 not				
_	applied on line 5 or line 7 (see instructions)				+
9	Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	93,938			
10	Analysis of line 9				
	Excess from 2010				
b	Excess from 2011				
c	Excess from 2012 23,582				
d	Excess from 2013 42,955				
е	Excess from 2014 27,401				

Check here F if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

- a The name, address, and telephone number or email address of the person to whom applications should be addressed
- b The form in which applications should be submitted and information and materials they should include
- c Any submission deadlines
- **d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Inform	nation (continued)			Page 11
3 Grants and Contributions Paid		roved for F	uture Payment	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
	or substantial contributor	recipient		
a Paid during the year See Additional Data Table				
				73,500
b Approved for future payment	<u> </u>	<u></u>		73,500
	•			
			lis. 21.	+

Form 990-						Page 12
	I-A Analysis of Income-Produci			<u> </u>	F12 F12 F14	(-)
-	s amounts unless otherwise indicated	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	(e) Related or exempt function income (See instructions)
b c d e f g Fees	and contracts from government agencies					
3 Interes	st on savings and temporary cash			14	2,810	
5 Net rera Debt-b Not d6 Net rerproper	nds and interest from securities			14	12,204	
8 Gain or invento9 Net inc10 Gross ;11 Other r	r (loss) from sales of assets other than ory			14	213	33,096
c d e						
13 Total. A	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Forksheet in line 13 instructions to verify care EB Relationship of Activities to Explain below how each activity for whice the accomplishment of the foundation's instructions)	alculations) the Accom th income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	ontributed importa	48,323 ntly to

Form 990-PF	(2014)										Pa	ge 13
Part XVII	Information R Noncharitable					action	s and F	Relationships	With			
	ganization directly or i	indirectly (engage	ın any of	the following wit						Yes	No
organızatı												
	from the reporting fou											
• •										1a(1)		No
	rassets									1a(2)		No
b Other train		b.l			_					41.74		
	s of assets to a noncha											No
	hases of assets from a											No
	al of facilities, equipme											No
	bursement arrangeme									1b(4)		No
	s or loan guarantees.									1b(5)		No
	mance of services or r									1b(6)		No
	f facılıtıes, equipment, wer to any of the above											No
of the goo	ds, other assets, or se nsaction or sharing arr (b) Amount involved	ervices giv rangement	en by t , show	the reporti ın column	ng foundation I	f the fou the goo	ndation rods, other	eceived less tha	n fair marko ces receivo	et value ed	1	nts
												
-												
described	ndation directly or indi I in section 501(c) of t complete the following	he Code (d schedule		nan sectio	n 501(c)(3)) or	ın sectio				. Г үе	es F	
	(a) Name of organizatio	n		(E) Type of organiza	tion		(c) Descri	ption of relati	onship		
the	er penalties of perjury, best of my knowledge a rmation of which prepa	and belief,	ıt ıs tr	ue, correc					an taxpaye		sed on	all
	****				2015-05-14	N.	*****		return			
	Signature of officer or t	rustee			Date	_ ,	Title		below	preparer tr)?		
	Print/Type preparer's CAROL ZWANGER	name	Prepa	arer's Sıgn	ature	Date 2015	-07-10	Check if self- employed ►	PTIN P	001786	503	
Paid Preparer Use	Firm's name ► CAROL N ZWANGER	СРА	1			1		Firm's EIN ► 0	4-334884	9		
Only	Fırm's address ▶											
	72 CUSHING ST CA	MBRIDGI	E,MA	0213845	83			Phone no (617	7)868-289	99		

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
RETHINKING SCHOOLS 1001 EAST KEEFE AVE MILWAUKEE, WI 53212		PUBLIC	GENERAL	25,000
FOTOKIDS-FUNDACION DE NINOS ARTISTA PO BOX 661447 MIAMI,FL 33266		PUBLIC	GENERAL	25,000
ONE DAY ON EARTH FOUNDATION PO BOX 710 SANTA MONICA,CA 90401		PUBLIC	GENERAL	20,000
FILMAKERS COLLABORATIVE 6 EASTMAN PLACE STE 202 MELROSE,MA 02176		PUBLIC	GENERAL	1,000
JUSTICE COMMITTEE 105 EAST 22ND ST NEW YORK,NY 10010		PUBLIC	GENERAL	500
INSTITUTE FOR PEACABLE COMMUNITIES PO BOX 390-325 CAMBRIDGE,MA 02139		PUBLIC	GENERAL	1,000
PEACE DEVELOPMENT FUND 44 N PROSPECT ST AMHERST, MA 01002		PUBLIC	GENERAL	1,000
Total				73,500

efile GRAPHIC print - DO NOT PROCESS Schedule B

As Filed Data

DLN: 93491194000015

OMB No 1545-0047

2014

Schedule of Contributors

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

PATHFINDER FUND

Attach to Form 990, 990-EZ, or 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number 34-6536633

Organization type (check one)

Name of the organization

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

Γ	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 99 Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
Γ	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, of the prevention of cruelty to children or animals. Complete Parts I, II, and III
Γ	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 if this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution. An organization that 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 its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

0,

Name of organization PATHFINDER FUND

Employer identification number 34-6536633

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PATRICIA GOUDVIS 179 HARVEY ST CAMBRIDGE, MA 02140	\$50,254	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization **Employer identification number** PATHFINDER FUND 34-6536633 Noncash Property (see instructions) Use duplicate copies of Part II if additional space is Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) 1 \$ 30,203 427 SHARES NATIONAL GRID 2014-02-05 (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) 1 \$ 20,051 271 SHARES NATIONAL FUEL GAS CO 2014-02-05 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

Name of o	prganization DER FUND	Employer identification number		
	DERT ON D	34-6536633		
Part III		m any one of the total of elections (contributor. Complet	cribed in section 501(c)(7), (8), or (10) te columns (a) through (e) and the following line charitable, etc., contributions of \$1,000 or less for \$
(a) No. from Part I	· · · · · · · · · · · · · · · · · · ·		Use of gift	(d) Description of how gift is held
	Transferee's name, address, and Z		Transfer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(0)	Transfer of gift	
	Transferee's name, address, and Z		_	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and Z		Transfer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
	Transferee's name, address, and Z		Transfer of gift Relatio	onship of transferor to transferee

TY 2014 Accounting Fees Schedule

Name: PATHFINDER FUND

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT ACCOUNTING FEES	1,100			

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

TY 2014 Gain/Loss from Sale of Other Assets Schedule

Name: PATHFINDER FUND

Name	Date Acquired	How A cquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
ABB LTD	2013-11	PURCHASE	2014-09	Hume	7,955	8,568	Ticenou	Expenses	-613	
ANNIE'S, INC	2013-11	PURCHASE	2014-09		7,233	7,481			-248	
ANNIE'S, INC	2014-03	PURCHASE	2014-09		5,574	4,874			700	
APPLE INC	2010-01	PURCHASE	2014-06		457	154			303	
APPLE INC	2013-11	PURCHASE	2014-06		7,680	6,249			1,431	
APPLIED MATERIALS INC	2013-11	PURCHASE	2014-06		9,702	7,648			2,054	
BANCO BRADESCO SA	2013-11	PURCHASE	2014-05		6,060	5,118			942	
DISCOVERY COMMUNICATIONS	2012-08	PURCHASE	2014-12		3,325	2,654			671	
DISCOVERY COMMUNICATIONS	2013-11	PURCHASE	2014-12		3,062	3,863			-801	
F5 NETWORKS INC	2013-11	PURCHASE	2014-03		6,293	4,842			1,451	
FRESENIUS MEDICAL CARE AG	2013-11	PURCHASE	2014-09		10,229	9,331			898	
GILEAD SCIENCES INC	2014-09	PURCHASE	2014-12		2,342	2,403			-61	
GLAXO SMITHKLINE ADS	2013-11	PURCHASE	2014-09		13,112	14,362			-1,250	
GOOGLE INC CLASS C	2013-11	PURCHASE	2014-12		2,515	2,545			-30	
GOOGLE INC CLASS C	2013-07	PURCHASE	2014-12		1,509	1,334			175	
GOOGLE INC CLASS C	2012-01	PURCHASE	2014-12		4,527	2,640			1,887	
IBM CORP	2009-09	PURCHASE	2014-03		3,546	2,268			1,278	
IBM CORP	2013-11	PURCHASE	2014-03		4,106	4,014			92	
ITC HLDGS CORP	2013-11	PURCHASE	2014-09		2,094	1,800			294	
ITC HLDGS CORP	2013-12	PURCHASE	2014-09		8,044	7,004			1,040	
ITC HLDGS CORP	2013-06	PURCHASE	2014-12		6,097	4,438			1,659	
ITC HLDGS CORP	2013-11	PURCHASE	2014-12		586	474			112	
ITRON INC	2013-11	PURCHASE	2014-12		5,561	6,017			-456	
ITRON INC	2014-03	PURCHASE	2014-12		5,440	4,827			613	
KEURIG GREEN MOUNTAIN, INC	2013-10	PURCHASE	2014-06		5,600	2,917			2,683	
KEURIG GREEN MOUNTAIN, INC	2013-11	PURCHASE	2014-06		1,867	886			981	
MIDDLEBY CORPORATION	2013-11	PURCHASE	2014-03		7,137	5,414			1,723	
NATIONAL FUEL GAS CO	2014-02	PURCHASE	2014-03		20,458	15,306			5,152	
NATIONAL GRID TRANSCO	2014-02	PURCHASE	2014-03		32,444	24,942			7,502	
ORACLE CORP	2010-11	PURCHASE	2014-07		20,000	21,610			-1,610	

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Met hod	Sales Expenses	Total (net)	Accumulated Depreciation
OWENS-ILLINOIS INC	2012-01	PURCHASE	2014-09		8,543	6,357			2,186	
OWENS-ILLINOIS INC	2013-12	PURCHASE	2014-09		5,101	5,687			-586	
PARNASSUS FD FIXED INCOME	2010-05	PURCHASE	2014-02		25,783	26,699			-916	
PARNASSUS FD FIXED INCOME	2011-05	PURCHASE	2014-02		163	168			-5	
PARNASSUS FD FIXED INCOME	2010-05	PURCHASE	2014-02		199	205			-6	
PARNASSUS FD FIXED INCOME	2011-06	PURCHASE	2014-02		204	210			-6	
PARNASSUS FD FIXED INCOME	2013-06	PURCHASE	2014-02		63	64			-1	
PARNASSUS FD FIXED INCOME	2013-10	PURCHASE	2014-02		31	34			-3	
PARNASSUS FD FIXED INCOME	2011-04	PURCHASE	2014-02		175	179			-4	
PARNASSUS FD FIXED INCOME	2013-07	PURCHASE	2014-02		65	66			-1	
PARNASSUS FD FIXED INCOME	2013-09	PURCHASE	2014-02		63	65			- 2	
PARNASSUS FD FIXED INCOME	2011-01	PURCHASE	2014-02		170	173			- 3	
PARNASSUS FD FIXED INCOME	2013-08	PURCHASE	2014-02		53	54			-1	
PARNASSUS FD FIXED INCOME	2010-12	PURCHASE	2014-02		909	923			-14	
PARNASSUS FD FIXED INCOME	2011-02	PURCHASE	2014-02		125	127			- 2	
PARNASSUS FD FIXED INCOME	2011-03	PURCHASE	2014-02		144	146			- 2	
PARNASSUS FD FIXED INCOME	2014-01	PURCHASE	2014-02		49	49				
PARNASSUS FD FIXED INCOME	2013-11	PURCHASE	2014-02		45	46			-1	
PARNASSUS FD FIXED INCOME	2013-11	PURCHASE	2014-02		623	641			-18	
PARNASSUS FD FIXED INCOME	2013-12	PURCHASE	2014-02		49	49				
ROCKWELL AUTOMATION INC	2013-01	PURCHASE	2014-12		7,092	5,909			1,183	
ROCKWELL AUTOMATION INC	2014-06	PURCHASE	2014-12		3,976	4,651			-675	
ROYAL BANK OF CANADA	2013-11	PURCHASE	2014-03		8,870	9,237			-367	
SVB FINANCIAL GROUP	2013-11	PURCHASE	2014-03		6,240	4,733			1,507	
SYMANTEC CORPORATION	2012-11	PURCHASE	2014-06		3,624	3,011			613	
SYMANTEC CORPORATION	2013-01	PURCHASE	2014-06		5,808	5,816			-8	
VALMONT INDUSTRIES INC	2012-05	PURCHASE	2014-09		10,901	8,963			1,938	
VERIZON COMMUNICATIONS, INC	2014-02	PURCHASE	2014-02		43	45			-2	
VERIZON COMMUNICATIONS, INC	2014-02	PURCHASE	2014-03		1,516	1,588			-72	
VODAFONE GROUP PLC ADS	2011-03	PURCHASE	2014-02		15	19			-4	

Name	Date Acquired	How A cquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
VODAFONE GROUP PLC ADS	2011-03	PURCHASE	2014-03		2,605	3,748			-1,143	
W W GRAINGER INC	2013-11	PURCHASE	2014-12		6,331	6,937			-606	
WABTEC CORPORATION	2012-08	PURCHASE	2014-09		2,656	1,299			1,357	
TELEFONICA S A SPON	2014-12	PURCHASE	2014-12	[188				188	

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TY 2014 Investments Corporate Bonds Schedule

Name: PATHFINDER FUND

Name of Bond	End of Year Book Value	End of Year Fair Market Value
IBRD GREEN BOND	49,125	
BANK AMER CORP	49,997	
BAXTER INTL	25,051	
20000 ORACLE CORP BOND		
PARNASSUS FD		
INTL BK RECON & DEV		

TY 2014 Investments Corporate Stock Schedule

Name: PATHFINDER FUND

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ABB LTD 839 SHS		
ABB LTD 494 SHS	11,732	
ADOBE SYSTEMS 308 SHS	19,414	
ADOBE SYSTEMS 165 SHS		
ANNIES INC 157 SHS		
APPLE INC 42 SHS		
APPLE INC 470 SHS	12,086	
APPLIED MATERIALS 414 SHS	6,828	
APPLIED MATERIALS 605 SHS		
ARM HOLDINGS 175 SHS	6,940	
BANCO BRADESCO 1189 SHS		
BANCO BRADESCO 803 SHS	10,305	
BAXTER INTL 254 SHS	16,220	
BAXTER INTL 195 SHS		
CANADIAN PAC RAILWAY 63 SHS		
CBRE GROUP 214 SHS		
BORG WARNER 140 SHS	5,022	
BRANDYWINE 398 SHS	6,250	
BT GROUP 146 SHS	8,766	
CBRE GROUP 357 SHS	7,992	
CERNER CORP 290 SHS	15,616	
CHURCH 53 SHS	4,074	
CISCO SYSTEMS 589 SHS		
CISCO SYSTEMS 707 SHS	12,396	
CITRIX SYS 157 SHS	10,422	
CREE INC 211 SHS	12,268	
CUMMINS INC 75 SHS	9,731	
DISCOVERY 320 SHS	10,945	
DISCOVERY COMMUN 194 SHS		
EATON CORP 199 SHS	13,816	

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EBAY 178 SHS	9,401	
ENERNOC 395 SHS	7,295	
FIRST SOLAR 260 SHS	13,082	
FIRST SOLAR 154 SHS		
FOREST CITY 281 SHS		
FOREST CITY 540 SHS	10,701	
FRESENIUS MED CARE		
FS NETWORKS INC		
GILEAD SCIENCES 204 SHS		
GILEAD SCIENCES 260 SHS	20,971	
GLAXOSMITHKLINE 278 SHS		
GOOGLE 28 SHS	12,102	
GOOGLE INC 17 SHS		
GRAINGER 48 SHS		
GREEN MTN COFFEE 123		
HEXCEL COR 284 SHS	11,195	
HOLOGIC 561SHS	11,285	
HOME DEPOT 22 SHS	636	
HSBC HLDS 143 SHS	5,913	
INTERFACE 810 SHS	16,281	
IBM 41 SHS		
ITC HOLDINGS 129 SHS	3,670	
ITC HOLDINGS 192 SHS		
ITRON INC 138 SHS		
JB HUNT 107 SHS	7,654	
JOHNSON CTLS 356 SHS	13,946	
KEURIG 63 SHS	3,722	
LULULEMON ATHLETICA	12,983	
MARATHON PETE CORP 91 SHS	3,240	
MIDDLEBY CORP 126 SHS	9,095	

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MIDDLEBY CORP 67 SHS		
MINERALS TECH INC 240 SHS	8,565	
MINERALS TECH 125 SHS		
NOKIA 1315 SHS	10,118	
NOVARTIS A G 242 SHS	19,735	
NOVARTIS A G 192 SHS		
ORMAT TECH 279 SHS		
ORMAT TECH 479 SHS	12,827	
OWENS ILLINOIS 436 SHS		
POWERSHARES EXCH 240 SHS		
POWERSHARES 214 SHS	2,909	
PANARA BREAD 75 SHS		
PANERA BREAD 106 SHS	16,985	
PENTAIR 169 SHS	8,631	
PROLOGICS INC 343 SHS	13,283	
QUALCOMM 107 SHS	5,586	
ROCKWELL AUTO 86 SHS		
ROGERS CORP 114 SHS	6,923	
ROYAL BK 137 SHS		
SALESFORCE 164 SHS	9,373	
SOLARCITY 106 SHS		
SOLARCITY 150 SHS	8,860	
SONOCO 170 SHS	7,417	
STARBUCKS CORP 158 SHS	9,106	
STARWOOD HOTELS 178 SHS	13,992	
STARWOOD HOTELS 89 SHS		
SVB FINANCIAL 202 SHS	20,300	
SVB FINANCIAL		
SYMANTEC CORP 432 SHS		
TELEFONICA S A 429	7,048	

Name of Stock	End of Year Book Value	End of Year Fair Market Value
UMPQUA H 1235 SHS	22,217	
UMPQUA HOLDINGS 640		
UNILEVER 289 SHS	11,422	
UNITED HEALTH GROUP 122 SHS	4,880	
UNITED HEALTH GROUP 268 SHS		
UNITED HAT FOODS 234 SHS	13,447	
UNITED NAT FOODS 104 SHS		
VALAMONT INDUSTRIES 79 SHS		
VERISK 149 SHS	9,386	
VODAFONE GROUP 129 SHS		
VODAFONE GROUP 593 SHS		
WW GRALI 22 SHS	5,870	
WABTEC 180 SHS		
WABTEC 148 SHS	5,990	
WATERS COV 73 SHS	7,402	
WESTPORT INNOVATION		
WESTOIRT 579 SHS	11,650	
WHOLE FOODS 430 SHS	15,230	
WHOLE FOODS 277 SHS		

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TY 2014 Other Professional Fees Schedule

Name: PATHFINDER FUND

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	5,920			
ADR FEES	904			

TY 2014 Taxes Schedule

Name: PATHFINDER FUND

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX PAID	476			
TAX	158			