

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)

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable: C Name of organization PINE STREET INN, INC. D Employer identification number 04-2516093
E Telephone number 617-892-9100
G Gross receipts \$ 49,354,849.
H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
I Tax-exempt status: X 501(c)(3)
J Website: WWW.PINESTREETINN.ORG
K Form of organization: X Corporation
L Year of formation: 1973
M State of legal domicile: MA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement, 2-7. Activities & Governance, 8-12. Revenue, 13-19. Expenses, 20-22. Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer TERRENCE B. GAGNE, CFO. Date.
Paid Preparer Use Only: Print/Type preparer's name SORIE KABA, CPA. Preparer's signature SORIE KABA, CPA. Date 11/12/13. PTIN P01317106. Firm's name ALEXANDER, ARONSON, FINNING & CO., P.C. Firm's EIN 04-2571780. Firm's address 21 EAST MAIN STREET WESTBORO, MA 01581. Phone no. 508-366-9100.

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF PINE STREET INN IS TO BE A COMMUNITY OF RESPECT AND HOPE FOR EACH GUEST IT SERVES; TO BE A RESOURCE THROUGH WHICH NEIGHBORS AND FRIENDS CAN HELP TO MEET THE BASIC NEEDS OF OTHERS; AND TO SERVE AS A NATIONAL LEADER IN THE FIGHT TO END HOMELESSNESS.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 19,666,804. including grants of \$) (Revenue \$ 92,019.) EMERGENCY AND TRANSITIONAL SHELTER:

PINE STREET INN, INC. (PINE STREET) OPERATES THREE EMERGENCY SHELTERS AND ONE TRANSITIONAL SHELTER, WITH OVER 735 BEDS FOR GUESTS; HOMELESS MEN AND WOMEN WHO HAVE TURNED TO PINE STREET AS A LAST RESORT. DURING FISCAL YEAR 2013, NEARLY 10,000 INDIVIDUALS WERE PROVIDED WITH SHELTER AND SERVICES. PINE STREET'S SHELTERS OFFER THE BASIC CARE OF A SAFE PLACE TO SLEEP, FOOD, CLOTHING AND HEALTH CARE, AND ALSO PROVIDE LONG-TERM SOLUTIONS SUCH AS JOB TRAINING, SUBSTANCE ABUSE TREATMENT, AND MENTAL HEALTH CARE. CASE MANAGEMENT AND COUNSELING IS OFFERED TO HELP INDIVIDUALS GET RECONNECTED WITH THEIR FAMILIES, EMPLOYMENT AND THE COMMUNITY AND ULTIMATELY GET BACK TO A PLACE THEY CAN CALL HOME.

4b (Code:) (Expenses \$ 907,351. including grants of \$) (Revenue \$) STREET OUTREACH:

MORE THAN 200 PEOPLE IN THE CITY OF BOSTON, MASSACHUSETTS REMAIN ON THE STREETS EACH NIGHT. THIS POPULATION OF UNSHELTERED MEN AND WOMEN ARE AMONG THE MOST VULNERABLE MEMBERS OF BOSTON'S HOMELESS POPULATION. TO REACH THIS GROUP, PINE STREET HAS RUN AN OUTREACH PROGRAM EVERY DAY AND NIGHT OF THE YEAR SINCE 1986. THE GOAL OF THE OUTREACH PROGRAM IS TO PROVIDE HUMAN CONTACT AND BUILD TRUST WITH THESE INDIVIDUALS TO EVENTUALLY MOVE THEM INTO SHELTER OR TREATMENT AND ON TO A BETTER LIVING SITUATION. FOR MANY, IT IS OFTEN THE FIRST STEP OUT OF HOMELESSNESS.

4c (Code:) (Expenses \$ 13,619,874. including grants of \$) (Revenue \$ 3,184,643.) PERMANENT SUPPORTIVE HOUSING:

IN 1984, PINE STREET BECAME ONE OF THE FIRST ORGANIZATIONS IN NEW ENGLAND TO IMPLEMENT PERMANENT SUPPORTIVE HOUSING FOR HOMELESS INDIVIDUALS AND CONTINUES TO BE THE LARGEST DEVELOPER OF AFFORDABLE HOUSING FOR THIS VULNERABLE POPULATION.

PINE STREET HAS LONG KNOWN THAT FOR MEN AND WOMEN WHO BECOME HOMELESS, A PERMANENT HOME WITH SUPPORT SERVICES PROVIDES THE STABILITY THAT INDIVIDUALS NEED TO ATTAIN THEIR HIGHEST LEVEL OF INDEPENDENCE. EACH TENANT IS PROVIDED WITH A RANGE OF SERVICES THAT INCLUDE BUT IS NOT LIMITED TO:

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,264,729. including grants of \$) (Revenue \$ 10,808.)

4e Total program service expenses 36,458,758.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-1b, 2a-2b, etc.), and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (25), 1b (25), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA, ME, NH, CT, RI
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
TERRENCE B. GAGNE, CFO - 617-892-9116
444 HARRISON AVENUE, BOSTON, MA 02118

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MS. MARY JO BANE DIRECTOR	2.00	X						0.	0.	0.
(2) MS. GAYE BOK DIRECTOR	2.00	X						0.	0.	0.
(3) MS. MICHELLE BOTUS DIRECTOR	2.00	X						0.	0.	0.
(4) MR. LORN DAVIS DIRECTOR	2.00	X						0.	0.	0.
(5) MS. CORINNE FERGUSON CHAIR	2.00	X		X				0.	0.	0.
(6) MS. MEGAN GATES DIRECTOR	2.00	X						0.	0.	0.
(7) MR. JEROME JACOBS DIRECTOR	2.00	X						0.	0.	0.
(8) MR. PATRICK T. JONES DIRECTOR	2.00	X						0.	0.	0.
(9) MSGR. FRANCIS H. KELLEY LIFE TRUSTEE	2.00	X						0.	0.	0.
(10) MR. STEVEN KELLEY DIRECTOR	2.00	X						0.	0.	0.
(11) SR. MARGARET LEONARD DIRECTOR	2.00	X						0.	0.	0.
(12) MR. CHRISTOPHER C. MANSFIELD CLERK	2.00	X		X				0.	0.	0.
(13) MR. DAVID W. MANZO LIFE TRUSTEE	2.00	X						0.	0.	0.
(14) MR. JOHN MCCARTHY TREASURER	2.00	X		X				0.	0.	0.
(15) MR. VINCENT MCCARTHY LIFE TRUSTEE	2.00	X						0.	0.	0.
(16) MR. CHRISTOPHER J. MCKOWN DIRECTOR	2.00	X						0.	0.	0.
(17) MS. KAY WHELAN O'HALLORAN ASST CLERK/LIFE TRUSTEE	2.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MR. JAMES O'LEARY DIRECTOR	2.00	X						0.	0.	0.
(19) MS. KAREN SCHWARTZMAN DIRECTOR	2.00	X						0.	0.	0.
(20) MS. LAURA SEN DIRECTOR	2.00	X						0.	0.	0.
(21) MS. SUSAN ELIZABETH SIEBERT DIRECTOR	2.00	X						0.	0.	0.
(22) MR. STEPHEN SKINNER DIRECTOR	2.00	X						0.	0.	0.
(23) MS. MARGARET STAPLETON DIRECTOR	2.00	X						0.	0.	0.
(24) MR. ROBERT A. STRINGER DIRECTOR	2.00	X						0.	0.	0.
(25) MR. PAUL S. STUKA DIRECTOR	2.00	X						0.	0.	0.
(26) MR. JOHN A. SULLIVAN DIRECTOR	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								967,481.	0.	85,393.
d Total (add lines 1b and 1c)								967,481.	0.	85,393.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **14**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BREEN & SULLIVAN 7 HEALY CT., DANVERS, MA 01923	MECHANICAL	374,174.
ELDER ELECTRICAL & DATA, INC. 31 BRIDGE STREET, WEYMOUTH, MA 02191	ELECTRICAL CONTRACTOR	252,351.
SOCLEAN CLEANING CO, INC P.O. BOX 86, REVERE, MA 02151	CLEANING CONTRACTOR	228,678.
LGT RESTORATION AND WATERPROOFING 2 GERRY AVE., NEWMARKET, NH 03857	WATERPROOFING CONTRACTOR	160,154.
JOE'S WELDING 81 MAPLEWOOD ST., MALDEN, MA 02148	WELDING CONTRACTOR	113,380.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **8**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MS. SUSAN TRACY DIRECTOR	2.00	X					0.	0.	0.	
(28) REV. JOHN UNNI DIRECTOR	2.00	X					0.	0.	0.	
(29) MS. MARY ELLEN WALSH DIRECTOR	2.00	X					0.	0.	0.	
(30) MR. ROBERT F. WALSH LIFE TRUSTEE	2.00	X					0.	0.	0.	
(31) MS LYNDIA DOWNIE PRESIDENT	40.00			X			170,573.	0.	15,016.	
(32) MR. TERRENCE B. GAGNE CHIEF FINANCIAL OFFICER	40.00			X			134,664.	0.	15,384.	
(33) MS. HEIDI A DANIELS DIRECTOR OF DEVELOPMENT	40.00				X		156,402.	0.	0.	
(34) MS ALICIA L IANIERE DIRECTOR OF MAJOR GIFTS	40.00				X		156,310.	0.	21,332.	
(35) MS. LYNNE D. CHAPMAN VICE PRESIDENT FOR PROGRAMS	40.00				X		132,199.	0.	10,339.	
(36) MR. RALPH W. HUGHES DIRECTOR OF PAUL SULLIVAN HOUSING	40.00				X		109,029.	0.	19,760.	
(37) MS. JANET E. GRIFFIN DIRECTOR OF PROGRAM PLANNING	40.00				X		108,304.	0.	3,562.	
Total to Part VII, Section A, line 1c							967,481.		85,393.	

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 222,434.				
	b Membership dues	1b				
	c Fundraising events	1c 442,885.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 26,157,963.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 11,154,775.				
	g Noncash contributions included in lines 1a-1f: \$	1,685,531.				
	h Total. Add lines 1a-1f	▶ 37,978,057.				
	Program Service Revenue	2 a RENTAL INCOME	Business Code 900099	3,091,306.	3,091,306.	
b MANAGEMENT FEES		900099	68,596.	68,596.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 3,159,902.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶▶▶ 618,543.			618,543.	
	4 Income from investment of tax-exempt bond proceeds	▶▶▶				
	5 Royalties	▶▶▶				
	6 a Gross rents	(i) Real	105,762.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	105,762.			
	d Net rental income or (loss)	▶ 105,762.			105,762.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	6,112,959.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	5,695,025.			
		c Gain or (loss)	417,934.			
	d Net gain or (loss)	▶ 417,934.			417,934.	
	8 a Gross income from fundraising events (not including \$ 442,885. of contributions reported on line 1c). See Part IV, line 18	a	26,000.			
		b Less: direct expenses	86,441.			
c Net income or (loss) from fundraising events		▶ -60,441.			-60,441.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a CATERING INCOME		722320	992,778.	992,778.		
	b BOSTON HANDYWORKS	812900	110,628.	110,628.		
	c HOLIDAY SALES	453220	103,865.	103,865.		
	d All other revenue	900099	146,355.	127,568.	18,787.	
	e Total. Add lines 11a-11d	▶ 1,353,626.				
12 Total revenue. See instructions.	▶▶▶ 43,573,383.	3,287,470.	1,207,271.	1,100,585.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	389,470.		389,470.	
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	21,136,985.	17,418,386.	2,536,159.	1,182,440.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,918,479.	2,375,664.	377,153.	165,662.
10 Payroll taxes	1,970,590.	1,583,776.	276,372.	110,442.
11 Fees for services (non-employees):				
a Management				
b Legal	251,550.	102,938.	148,612.	
c Accounting	104,328.		104,328.	
d Lobbying	65,608.		65,608.	
e Professional fundraising services. See Part IV, line 17	24,877.			24,877.
f Investment management fees	136,259.		136,259.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,131,754.	1,287,731.	746,664.	97,359.
12 Advertising and promotion				
13 Office expenses	1,025,964.	346,176.	194,752.	485,036.
14 Information technology				
15 Royalties				
16 Occupancy	5,455,941.	5,231,482.	219,208.	5,251.
17 Travel	512,091.	476,088.	31,717.	4,286.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	384,583.	273,821.	110,762.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,588,128.	2,152,682.	435,446.	
23 Insurance				
24 Other expenses. Itemize expenses not covered 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.)				
a FOOD AND SUPPLIES	3,885,911.	3,697,976.	104,182.	83,753.
b MISCELLANEOUS EXPENSE	1,106,856.	847,526.	197,289.	62,041.
c EQUIPMENT EXPENSE	425,644.	377,090.	35,831.	12,723.
d CLOTHING, LINENS, AND L	287,422.	287,422.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	44,802,440.	36,458,758.	6,109,812.	2,233,870.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	12,250,198.	1	11,963,546.
	2	Savings and temporary cash investments	1,551,215.	2	1,469,163.
	3	Pledges and grants receivable, net	3,384,731.	3	2,374,065.
	4	Accounts receivable, net	2,612,815.	4	2,628,618.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	593,514.	9	692,201.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 66,221,261.		
	b	Less: accumulated depreciation	10b 34,776,311.	10c 31,444,950.	
	11	Investments - publicly traded securities	23,047,205.	11	24,689,799.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,577,393.	15	1,599,900.
16	Total assets. Add lines 1 through 15 (must equal line 34)	77,432,507.	16	76,862,242.	
Liabilities	17	Accounts payable and accrued expenses	4,372,743.	17	4,653,121.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	21,240,676.	23	20,736,312.
	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	25,613,419.	26	25,389,433.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	39,897,908.	27	40,399,209.
	28	Temporarily restricted net assets	9,616,923.	28	8,769,343.
	29	Permanently restricted net assets	2,304,257.	29	2,304,257.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	51,819,088.	33	51,472,809.	
34	Total liabilities and net assets/fund balances	77,432,507.	34	76,862,242.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,573,383.
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,802,440.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,229,057.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51,819,088.
5	Net unrealized gains (losses) on investments	5	779,950.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	102,828.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	51,472,809.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

PINE STREET INN, INC.

Employer identification number

04-2516093

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that 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)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) 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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,008,272.	32,114,721.	31,936,578.	38,300,997.	37,978,057.	170,338,625.
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	30,008,272.	32,114,721.	31,936,578.	38,300,997.	37,978,057.	170,338,625.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						170,338,625.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	30,008,272.	32,114,721.	31,936,578.	38,300,997.	37,978,057.	170,338,625.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	774,007.	597,098.	558,664.	659,444.	724,305.	3,313,518.
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.)	17,930.	18,224.	20,269.	20,750.	18,787.	95,960.
11 Total support. Add lines 7 through 10						173,748,103.
12 Gross receipts from related activities, etc. (see instructions)					12	16,244,408.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	98.04	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	98.09	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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						
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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2012

Open to Public
Inspection

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

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

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

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

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

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

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

Name of organization PINE STREET INN, INC.	Employer identification number 04-2516093
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		65,608.	
c Total lobbying expenditures (add lines 1a and 1b)		65,608.	
d Other exempt purpose expenditures		44,736,832.	
e Total exempt purpose expenditures (add lines 1c and 1d)		44,802,440.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	99,862.	67,614.	73,147.	65,608.	306,231.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," 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

2012

Open to Public Inspection

Name of the organization

PINE STREET INN, INC.

Employer identification number

04-2516093

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

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

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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 XIII, the text of the footnote to its financial statements that describes these items.

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:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,668,027.	2,663,752.	2,379,183.	2,202,719.	2,829,839.
b Contributions			1,000.		20,000.
c Net investment earnings, gains, and losses	124,347.	10,934.	283,569.	176,464.	-647,120.
d Grants or scholarships					
e Other expenditures for facilities and programs	6,699.	6,659.			
f Administrative expenses					
g End of year balance	2,785,675.	2,668,027.	2,663,752.	2,379,183.	2,202,719.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 82.70 %
- c Temporarily restricted endowment 17.30 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,886,186.		2,886,186.
b Buildings		21,362,802.	9,120,308.	12,242,494.
c Leasehold improvements		35,695,493.	21,045,804.	14,649,689.
d Equipment		4,458,623.	3,464,931.	993,692.
e Other		1,818,157.	1,145,268.	672,889.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				31,444,950.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I). Total line at the bottom.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1-10. Total line at the bottom.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1-10. Total line at the bottom.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes. Rows numbered 1-11. Total line at the bottom.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

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

1	Total revenue, gains, and other support per audited financial statements	1	47,339,785.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	779,950.
b	Donated services and use of facilities	2b	3,437,240.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	189,269.
e	Add lines 2a through 2d	2e	4,406,459.
3	Subtract line 2e from line 1	3	42,933,326.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	640,057.
c	Add lines 4a and 4b	4c	640,057.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	43,573,383.

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

1	Total expenses and losses per audited financial statements	1	47,686,064.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	3,437,240.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	86,441.
e	Add lines 2a through 2d	2e	3,523,681.
3	Subtract line 2e from line 1	3	44,162,383.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	640,057.
c	Add lines 4a and 4b	4c	640,057.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	44,802,440.

Part XIII Supplemental Information

Complete 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 and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE ORGANIZATION FOLLOWS THE ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES STANDARD, WHICH REQUIRES THE ORGANIZATION TO REPORT UNCERTAIN TAX POSITIONS, RELATED INTEREST AND PENALTIES, AND TO ADJUST ITS ASSETS AND LIABILITIES RELATED TO UNRECOGNIZED TAX BENEFITS AND ACCRUED INTEREST AND PENALTIES ACCORDINGLY. FOR THE YEAR ENDED JUNE 30, 2013, THE ORGANIZATION DETERMINED THAT THERE WERE NO MATERIAL UNRECOGNIZED TAX BENEFITS TO REPORT. THE ORGANIZATION FILES RETURNS IN THE UNITED STATES (FEDERAL), MASSACHUSETTS (STATE) AND VARIOUS OTHER JURISDICTIONS.

Part XIII Supplemental Information (continued)

THESE RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR THE LAST THREE YEARS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES INCLUDED ON STATEMENT OF REVENUE	86,441.
FORGIVENESS OF DEBT INCLUDED ON STATEMENT OF REVENUE	102,828.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	189,269.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FOOD SERVICE NETTED WITH REVENUE ON AUDITED FINANCIAL STATEMENTS	640,057.
--	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES INCLUDED ON STATEMENT OF REVENUE	86,441.
---	---------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FOOD SERVICE NETTED WITH REVENUE ON AUDITED FINANCIAL STATEMENTS	640,057.
--	----------

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2012

**Open To Public
Inspection**

Name of the organization

PINE STREET INN, INC.

Employer identification number

04-2516093

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|--|
| <p>a <input checked="" type="checkbox"/> Mail solicitations</p> <p>b <input checked="" type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input checked="" type="checkbox"/> In-person solicitations</p> | <p>e <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p>f <input checked="" type="checkbox"/> Solicitation of government grants</p> <p>g <input checked="" type="checkbox"/> Special fundraising events</p> |
|--|--|

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DEVELOPMENT GUILD/DDI - 233 HARVARD STREET, SUITE 107,	CAMPAIGN COUNSEL		X	0.	24,887.	-24,887.
Total					24,887.	-24,887.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

MA, VT, NH, ME, CT, RI

Part II 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BREAKFAST (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	468,885.			468,885.
	2 Less: Contributions	442,885.			442,885.
	3 Gross income (line 1 minus line 2)	26,000.			26,000.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	28,276.			28,276.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	58,165.			58,165.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(86,441)
	11 Net income summary. Combine line 3, column (d), and line 10				-60,441.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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					

9 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? Yes No
b If "No," explain: _____

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

- 11** Does the organization operate gaming 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 formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:

13a		%
13b		%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: DEVELOPMENT GUILD/DDI

(I) ADDRESS OF FUNDRAISER:

233 HARVARD STREET, SUITE 107, BROOKLINE, MA 02445

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

PINE STREET INN, INC.

Employer identification number

04-2516093

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	X
b	Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	X
b	Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

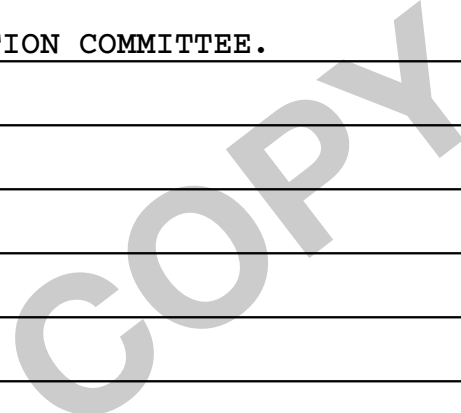
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MS LYNDIA DOWNIE PRESIDENT	(i)	170,573.	0.	0.	0.	15,016.	185,589.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MR. TERRENCE B. GAGNE CHIEF FINANCIAL OFFICER	(i)	134,664.	0.	0.	0.	15,384.	150,048.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MS. HEIDI A DANIELS DIRECTOR OF DEVELOPMENT	(i)	156,402.	0.	0.	0.	0.	156,402.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MS ALICIA L IANIERE DIRECTOR OF MAJOR GIFTS	(i)	156,310.	0.	0.	0.	21,332.	177,642.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

LYNDIA DOWNIE, PRESIDENT, HAD REPORTABLE COMPENSATION OF \$185,589. THE COMPENSATION OF THE PRESIDENT WAS ESTABLISHED USING THE FOLLOWING TECHNIQUES; USE OF A COMPENSATION COMMITTEE, USE OF A COMPENSATION SURVEY OR STUDY, REVIEW OF FORM 990 OF OTHER ORGANIZATIONS, AND AN APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.



Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

PINE STREET INN, INC.

Employer identification number
04-2516093

Part I Bond Issues		SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
MASSACHUSETTS A DEVELOPMENT FINANCE AGEN	04-3431814	NONE	08/12/04	5,000,000.	REPAIRS AND IMPROVEMENTS TO E		X		X		X
B											
C											
D											

Part II Proceeds	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue								
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X						

Part III Private Business Use	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY

(F) DESCRIPTION OF PURPOSE:

REPAIRS AND IMPROVEMENTS TO EXISTING REAL ESTATE

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization **PINE STREET INN, INC.** Employer identification number **04-2516093**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		290,566.	VALUED AT \$10/ITEM
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	30	92,629.	MEAN PRICE ON DAY OF
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	968	1,277,345.	VALUED AT \$1/LB.
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

PINE STREET INN, INC.

Employer identification number

04-2516093

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO BE A RESOURCE THROUGH WHICH NEIGHBORS AND FRIENDS CAN HELP TO MEET
THE BASIC NEEDS OF OTHERS; AND TO SERVE AS A NATIONAL LEADER IN THE
FIGHT TO END HOMELESSNESS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WITH A VISION TO HELP INDIVIDUALS PROGRESS BEYOND EMERGENCY SHELTER TO
THE GOAL OF RETURNING TO A PERMANENT HOME, PINE STREET CREATED WHAT IS
KNOWN AS THE INNS WITHIN THE INN. THESE SMALLER, SPECIALIZED
TRANSITIONAL PROGRAMS WERE IMPLEMENTED TO ADDRESS THOSE WHO NEED MORE
INTENSIVE CARE AND TARGETED SERVICES; MENTALLY ILL GUESTS, ELDERLY MEN
AND WOMEN, WORKING MEN AND WOMEN, PREGNANT WOMEN, INDIVIDUALS WHO NEED
SUPPORT FOLLOWING DETOXIFICATION OR THOSE WHO NEED TRAINING TO RETURN
TO THE WORKFORCE. TRANSITIONAL PROGRAMS HAVE DEDICATED CASE MANAGEMENT
AND COUNSELING STAFF AND ARE HOUSED IN SEPARATE FACILITIES AT PINE
STREET'S MAIN SITE AS WELL AS A SATELLITE LOCATION ON BOSTON'S LONG
ISLAND.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

BY DAY, TEAMS OF PINE STREET OUTREACH WORKERS COVER KEY DOWNTOWN AREAS
IN BOSTON ON FOOT TO OFFER ADVOCACY, MEDICAL AND PSYCHIATRIC SERVICES
TO HOMELESS INDIVIDUALS WHO RARELY OR NEVER SEEK SHELTER. THROUGH
NIGHTTIME OUTREACH, WORKERS TRAVEL THE STREETS IN TWO VANS FROM 9:00
P.M. TO 4:45 A.M., STOPPING APPROXIMATELY 60 TIMES EACH NIGHT AT PARKS,
SIDEWALKS, SUBWAY GRATES, AND OTHER SPOTS WHERE UNSHELTERED HOMELESS

Name of the organization PINE STREET INN, INC.	Employer identification number 04-2516093
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MEN AND WOMEN HAVE SETTLED FOR THE NIGHT. OUTREACH TEAMS OFFER FOOD, HOT BEVERAGES, BLANKETS, EMERGENCY CLOTHING, COUNSELING AND FRIENDLY FACES. A PHYSICIAN OR A NURSE JOINS THE TEAM ON THE VANS ONCE A WEEK TO OFFER MEDICAL CARE. WHEN EMERGENCY CARE IS NECESSARY, OUTREACH WORKERS TRANSPORT INDIVIDUALS TO THE APPROPRIATE HEALTH FACILITY.

IN ADDITION TO PROVIDING BASIC NEEDS, TRANSPORTATION AND REFERRALS, OUTREACH STAFF WORK TO ESTABLISH TRUST AND BUILD SUPPORTIVE RELATIONSHIPS WITH HOMELESS MEN AND WOMEN ON THE STREETS WHO OFTEN STRUGGLE WITH MENTAL ILLNESS AND ADDICTION. THROUGH THESE RELATIONSHIPS, MANY CHRONICALLY HOMELESS PEOPLE HAVE COME IN FOR SERVICES AND MOVED ON TOWARD PERMANENT HOUSING AND SELF-SUFFICIENCY. BEGINNING IN 2010, PINE STREET'S OUTREACH SERVICES COLLABORATED WITH THE CITY OF BOSTON, MASS GENERAL HOSPITAL AND OTHER AGENCIES TO PROVIDE ADDITIONAL SERVICES, WHICH LED TO A NEARLY 40 PERCENT REDUCTION IN THE UNSHELTERED HOMELESS POPULATION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

-HELP WITH DAILY LIVING SKILLS SUCH AS BUDGETING, NUTRITION, INTERPERSONAL SKILLS, ETC.

-ASSISTANCE DETERMINING ELIGIBILITY FOR AND ACCESSING ENTITLEMENTS AND BENEFITS

-IDENTIFYING AND ACCESSING MEDICAL TREATMENT AND SUPPORT SERVICES

-ASSISTANCE WITH EMPLOYMENT SEARCH AND JOB TRAINING

PINE STREET CURRENTLY OPERATES 829 UNITS OF PERMANENT SUPPORTIVE HOUSING IN 39 CONGREGATE RESIDENCES AND MANY SCATTERED SITE APARTMENTS THROUGHOUT BOSTON AND BROOKLINE. OF THESE, EIGHT RESIDENCES ARE DEVOTED

Name of the organization PINE STREET INN, INC.	Employer identification number 04-2516093
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TO THOSE LIVING WITH MENTAL ILLNESS, TWO FOR ELDERLY INDIVIDUALS, ONE FOR THOSE LIVING WITH HIV/AIDS AND ONE FOR FAMILIES. THE REMAINING RESIDENCES ARE PRIMARILY SINGLE ROOM OCCUPANCY (SRO) LODGING HOUSES. ALL TENANTS PAY 30 PERCENT OF THEIR INCOME IN RENT. THE MAJORITY OF TENANTS HAVE AN AVERAGE ANNUAL INCOME OF \$9,000.

PINE STREET IS ALSO PLEASED TO HAVE IMPLEMENTED THE HOUSING FIRST MODEL IN APRIL 2007. THIS MODEL HAS SHOWN TREMENDOUS SUCCESS IN HELPING INDIVIDUALS WHO ARE CHRONICALLY HOMELESS AND SEVERELY MENTALLY ILL PROGRESS TOWARD RECOVERY AND STABILITY. IT HAS ALSO BEEN A COST-EFFECTIVE WAY TO PROVIDE SERVICES FOR THE INCREASING NUMBER OF CHRONICALLY HOMELESS MEN AND WOMEN. NEARLY 68 INDIVIDUALS WERE PLACED IN HOUSING THROUGH HOUSING FIRST IN THE PAST YEAR AND PINE STREET HAS MAINTAINED A 91 PERCENT RETENTION RATE WITH THIS GROUP, SOME OF WHOM HAD BEEN HOMELESS FOR DECADES.

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

SUBSTANCE ABUSE TREATMENT:

PINE STREET INN'S PRIMARY SUBSTANCE ABUSE TREATMENT PROGRAM IS STABILIZATION, A RESIDENTIAL POST-DETOX PROGRAM IN THE JAMAICA PLAIN SECTION OF BOSTON THAT SERVES MEN WHO ARE HOMELESS AND HAVE A PAST HISTORY OF CHRONIC SUBSTANCE ABUSE.

STABILIZATION HAS CAPACITY FOR 50 MEN AT ANY GIVEN TIME. THROUGHOUT 2013 IT SERVED 582 MEN, WITH 51% COMPLETING TREATMENT, A RATE THAT FAR EXCEEDS THE STATE BENCHMARK OF 29% FOR PROGRAMS SERVING A SIMILAR POPULATION. AMONG THOSE WHO COMPLETED THE PROGRAM, 90% ENROLLED IN

Name of the organization PINE STREET INN, INC.	Employer identification number 04-2516093
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AFTERCARE.

THE MEN-ONLY ENVIRONMENT AT STABILIZATION ALLOWS CLIENTS TO IDENTIFY PERSONAL ISSUES AND FOCUS ON THEIR RECOVERY DURING RESIDENTIAL ENROLLMENTS FROM 28-90 DAYS. THE PROGRAM TEACHES COPING SKILLS AND RELAPSE PREVENTION THROUGH AN INTENSIVE DAILY PROGRAM OF INDIVIDUAL AND GROUP COUNSELING AS WELL AS EDUCATION WORKSHOPS AND WELLNESS ACTIVITIES. SUPPORT IS PROVIDED THROUGH A CASE MANAGEMENT MODEL, WITH CLINICIANS PROVIDING COUNSELING WHILE ALSO COORDINATING ON-SITE MEDICAL AND MENTAL HEALTH CARE, LEGAL SERVICES AND MORE.

EXPENSES \$ 1,448,113. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

JOB TRAINING AND EMPLOYMENT SERVICES:

THE GOAL OF PSI'S WORKFORCE DEVELOPMENT EFFORTS IS TO HELP HOMELESS AND LOW-INCOME INDIVIDUALS RE-ENTER THE WORKFORCE WITH SKILLS AND SUPPORTS TO SUCCESSFULLY OBTAIN AND MAINTAIN EMPLOYMENT. TO ACCOMPLISH THIS, PINE STREET OFFERS COMPREHENSIVE JOB TRAINING AND PERSONALIZED EMPLOYMENT SERVICES TO ITS CLIENTS. JOB TRAINING INCLUDES CLASSROOM INSTRUCTION AND PRACTICAL HANDS-ON TRAINING AND WORK EXPERIENCE THROUGH ONE OF THREE PROGRAMS: FOOD SERVICES, BUILDING MAINTENANCE/WOODWORKING, AND HOUSEKEEPING. PARTICIPATION IN OUR ALUMNI CAREER NETWORK PROVIDES CURRENT TRAINEES AND GRADUATES WITH NETWORKING OPPORTUNITIES AND ACCESS TO EMPLOYMENT SEMINARS. ROBUST AND PERSONALIZED EMPLOYMENT SERVICES ARE PROVIDED TO CLIENTS THROUGH PSI'S IMPACT PROGRAM.

THE FOOD SERVICES TRAINING PROGRAM (FSTP) IS TWO-PHASE 8-26 WEEK PROGRAM THAT PROVIDES CLASSROOM INSTRUCTION IN FOOD SAFETY, FOOD

Name of the organization PINE STREET INN, INC.	Employer identification number 04-2516093
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PREPARATION, NUTRITION AND MEASUREMENTS TO APPROXIMATELY 80 INDIVIDUALS ANNUALLY. IN PHASE ONE (CAFETERIA OPERATIONS), STUDENTS OPERATE OUR STAFF CAFE WHERE THEY LEARN CUSTOMER SERVICE AND OPERATIONS MANAGEMENT. DURING PHASE TWO (FOOD PREPARATION), STUDENTS WORK SIDE BY SIDE WITH PSI PROFESSIONAL STAFF TO PREPARE 2,100 MEALS DAILY IN OUR STATE-OF-THE-ART INDUSTRIAL KITCHEN. APPROXIMATELY ONE-THIRD OF ALL OF THE MEALS PREPARED ARE SOLD THROUGH PSI'S SOCIAL ENTERPRISE, ICATER, WHICH PROVIDES INSTITUTIONAL MEALS TO OTHER AREA NONPROFITS AND DROP-OFF CATERING SERVICES TO AREA BUSINESSES AND ORGANIZATIONS.

OUR BUILDING MAINTENANCE TRAINING PROGRAM (BMTP) PREPARES APPROXIMATELY 30 TRAINEES ANNUALLY FOR EMPLOYMENT IN FACILITIES MAINTENANCE AND WOODWORKING ENVIRONMENTS THROUGH AN 8-24 WEEK PROGRAM. THE CURRICULUM INCLUDES INSTRUCTION IN WOODWORKING, PAINTING, CARPENTRY AND CONTRACT CLEANING. THROUGH BOSTON HANDYWORKS, PSI'S SECOND SOCIAL ENTERPRISE, TRAINEES WORK IN IN COMMERCIAL OR RESIDENTIAL BUILDINGS PROVIDING BASIC REPAIR, MAINTENANCE AND CONTRACT CLEANING SERVICES. TRAINEES LEARN WOODWORKING AND PRODUCE HANDCRAFTED, WOOD CUTTING BOARDS THAT ARE SOLD TO THE GENERAL PUBLIC AND INSTITUTIONAL CUSTOMERS.

IN THE HOUSEKEEPING TRAINING PROGRAM (HTP) APPROXIMATELY 24 TRAINEES ANNUALLY LEARN CLEANING AND SANITIZING TECHNIQUES, AS WELL AS HOW TO HANDLE CLEANING CHEMICALS SAFELY, DURING AN 8-16 WEEK PROGRAM. TECHNIQUES ARE PRACTICED IN THE REAL WORLD ENVIRONMENT OF PROFESSIONAL OFFICES, EMERGENCY SHELTER AND FOOD SERVICES FACILITIES. GRADUATES ARE READY FOR EMPLOYMENT IN INSTITUTIONAL AND COMMERCIAL CLEANING ENVIRONMENTS.

Name of the organization PINE STREET INN, INC.	Employer identification number 04-2516093
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IMPACT PROVIDES TARGETED, PERSONALIZED SERVICES TO MEET THE SPECIFIC NEEDS OF APPROXIMATELY 600 CLIENTS LOOKING FOR WORK. THESE SERVICES INCLUDE SKILLS ASSESSMENTS, COMPUTER INSTRUCTION, INTERVIEWING, JOB SEARCH SKILLS, PORTFOLIO DEVELOPMENT AND GOAL SETTING, AS WELL AS JOB RETENTION AND CAREER ADVANCEMENT SUPPORTS ONCE THE CLIENT IS EMPLOYED. EACH CLIENT WORKS WITH AN ASSIGNED EMPLOYMENT COUNSELOR WHO STAYS WITH THE INDIVIDUAL CLIENT FROM PROGRAM ORIENTATION THROUGH INTAKE, ASSESSMENT, JOB PLACEMENT AND RETENTION SERVICES. IMPACT ASSISTS CLIENTS DURING THEIR TRANSITION TO EMPLOYMENT BY PROVIDING ESSENTIAL ITEMS SUCH AS TRANSPORTATION, INTERVIEW CLOTHING, WORK UNIFORMS, TOOLS, LICENSE RENEWALS, AND APPLICATION FEES. EXPENSES \$ 816,616. INCLUDING GRANTS OF \$ 0. REVENUE \$ 10,808.

STRENGTHS/ACCOMPLISHMENTS

THE LARGEST, AND ONLY, AGENCY IN THE REGION WITH THE LENGTH AND BREADTH OF EXPERIENCE TO PROVIDE THE FULL SPECTRUM OF SERVICES FOR HOMELESS INDIVIDUALS, FROM STREET OUTREACH TO HOUSING.

AN EXCEPTIONAL TRACK RECORD OF IMPLEMENTING INNOVATIVE AND COMPREHENSIVE SOLUTIONS TO HOMELESSNESS, ALONG WITH CONTINUOUS ASSESSMENT AND EVALUATION OF PROGRAMS TO CONTINUE AND EXPAND THEIR SUCCESS.

IN THE 29 YEARS THAT PINE STREET HAS BEEN PROVIDING SUPPORTIVE HOUSING, 90 PERCENT OF TENANTS HAVE REMAINED IN SOME FORM OF PERMANENT HOUSING.

PINE STREET IS THE ONLY ORGANIZATION THAT PROVIDES STREET OUTREACH FOR THE UNSHELTERED HOMELESS AT NIGHTTIME.

Name of the organization PINE STREET INN, INC.	Employer identification number 04-2516093
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IN 2001, PINE STREET EMBARKED ON A MICRO-ENTERPRISE, A BUSINESS THAT PROVIDES 900 MEALS DAILY TO SMALL TO MID-SIZE HUMAN SERVICE AGENCIES WHILE PRODUCING REVENUE THAT ENHANCES ITS JOB TRAINING PROGRAMS.

MORE THAN 880 VOLUNTEERS EACH MONTH, INCLUDING A 25-MEMBER BOARD WITH A UNIQUE MIX OF BUSINESS AND COMMUNITY LEADERS.

ITS PRESIDENT AND EXECUTIVE DIRECTOR, LYNDIA DOWNIE, WHO HAS BEEN WITH PINE STREET FOR 29 YEARS (13 AS PRESIDENT), AND WAS SELECTED AS A BARR FOUNDATION FELLOW TO RECOGNIZE HER EXCEPTIONAL LEADERSHIP IN THE NONPROFIT COMMUNITY AND AS A BOSTON GLOBE INNOVATIVE LEADER.

STRONG FISCAL MANAGEMENT AND A LARGE, DIVERSE POOL OF DONORS IN AN UNPREDICTABLE FUNDING ENVIRONMENT.

PINE STREET SEEKS COLLABORATIONS WITH OTHER HUMAN SERVICE AGENCIES TO PROVIDE BETTER SERVICES FOR HOMELESS MEN AND WOMEN. SIGNIFICANT CURRENT PARTNERSHIPS INCLUDE BOSTON HEALTHCARE FOR THE HOMELESS PROGRAM, MORGAN MEMORIAL GOODWILL INDUSTRIES AND THE GREATER BOSTON FOOD BANK.

ON MARCH 31, 2012, PINE STREET INN, INC. MERGED WITH ANOTHER BOSTON BASED SHELTERING AND HOUSING ORGANIZATION, HOPEFOUND, INC. THIS EXPANDED THE SCOPE OF PINE STREET INN'S SHELTER AND HOUSING PROGRAMS AND ALLOWED PINE STREET TO INTEGRATE ITS JOB TRAINING PROGRAMS WITH JOB PLACEMENT SERVICES PREVIOUSLY AVAILABLE THROUGH HOPEFOUND. IN ADDITION, THE SUBSTANCE ABUSE TREATMENT PROGRAMS PROVIDED BY BOTH ORGANIZATIONS WERE MERGED INTO ONE LARGER PROGRAM.

Name of the organization PINE STREET INN, INC.	Employer identification number 04-2516093
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THE CONSOLIDATED FINANCIAL STATEMENTS FOR FY'2012 COMBINE TWELVE MONTHS OF OPERATION AT PINE STREET INN WITH THREE MONTHS OF FINANCIAL ACTIVITY FROM THE FORMER HOPEFOUND ENTITY. THIS IMPACTS ANY YEAR TO YEAR COMPARISONS OF THE CONSOLIDATED FINANCIAL INFORMATION BETWEEN FY'13 AND FY'12.

FORM 990, PART VI, SECTION A, LINE 4: IN JUNE, 2013, THE BOARD OF DIRECTORS AMENDED THE ORGANIZATIONS BY LAWS IN ORDER TO:

- CONFORM WITH CHAPTER 180 OF MASSACHUSETTS GENERAL LAWS
- EXPAND THE POWERS OF THE BOARD OF DIRECTORS TO MAINTAIN THE STATUS AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE
- ESTABLISH 30 AS THE MAXIMUM NUMBER OF DIRECTORS
- SET TERM LIMITS FOR DIRECTORS
- REDEFINE THE TERM AND FUNCTION OF THE VICE CHAIR
- ESTABLISH THE CATEGORY OF DIRECTOR REFERRED TO AS LIFE TRUSTEE AND MAKE SUCH PERSON A NON-VOTING DIRECTOR.
- REDEFINE THE FUNCTION OF THE TREASURER
- ADD LANGUAGE DEALING WITH CONFLICT OF INTEREST

FORM 990, PART VI, SECTION B, LINE 11: THE CFO, TREASURER AND BOARD OF DIRECTORS WAS PROVIDED A COPY OF THE 990.

FORM 990, PART VI, SECTION B, LINE 12C: THERE IS AN ANNUAL QUESTIONNAIRE THAT IS GIVEN TO THESE OFFICERS, DIRECTORS, AND TRUSTEES TO DISCLOSE ANNUAL INTEREST THAT COULD GIVE RISE TO CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING

Name of the organization PINE STREET INN, INC.	Employer identification number 04-2516093
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COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR AND TOP MANAGEMENT INCLUDES A REVIEW AND APPROVAL BY BOARD OF DIRECTORS WHO ARE INDEPENDENT. THE EXECUTIVE DIRECTOR'S COMPENSATION IS BASED ON COMPARABILITY DATA SUCH AS OTHER SIMILAR ORGANIZATIONS AND COMPENSATION SURVEY AND STUDIES. IN FY'13 A COMPREHENSIVE ANALYSIS OF ALL SENIOR LEVEL COMPENSATION WAS CONDUCTED.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENT AND THE ANNUAL COMBINED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AS A RESULT OF FILINGS WITH THE COMMONWEALTH'S SECRETARY OF STATE AND ATTORNEY GENERAL. THE CONFLICT OF INTEREST STATEMENT IS AVAILABLE UPON REQUEST. BINED

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
 FORGIVENESS OF DEBT 102,828.

FORM 990, PART XI, LINE 2C
 THE AUDIT/FINANCE COMMITTEE ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS COMBINED FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDIT FIRM.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **PINE STREET INN, INC.** Employer identification number **04-2516093**

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PARKER HILL LLC - 00-0889411 18-20 PARKER HILL AVENUE BOSTON, MA 02118	LOW INCOME HOUSING	MASSACHUSETTS	0.	0.	PINE STREET INN, INC.
1734 WASHINGTON STREET LP - 04-3033009 1734 WASHINGTON ST. BOSTON, MA 02118	LOW INCOME HOUSING	MASSACHUSETTS	0.	0.	PINE STREET INN, INC.

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PINE STREET INN HOUSING, INC. - 04-3184824 444 HARRISON AVE. BOSTON, MA 02118	LOW INCOME HOUSING	MASSACHUSETTS	501(C)(3)	170(B)(1)(A)	PINE STREET INN, INC.		X
PINE STREET INN HOUSING II, INC. - 31-1642552, 444 HARRISON AVE., BOSTON, MA 02118	LOW INCOME HOUSING	MASSACHUSETTS	501(C)(3)	170(B)(1)(A)	PINE STREET INN, INC.		X

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
1734 WASHINGTON STREET CORPORATION - 04-3032481, 1734 WASHINGTON ST., BOSTON, MA 02118	LOW INCOME HOUSING	MA	PINE STREET INN, INC.	C CORP	0.	0.	100.00%		X

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

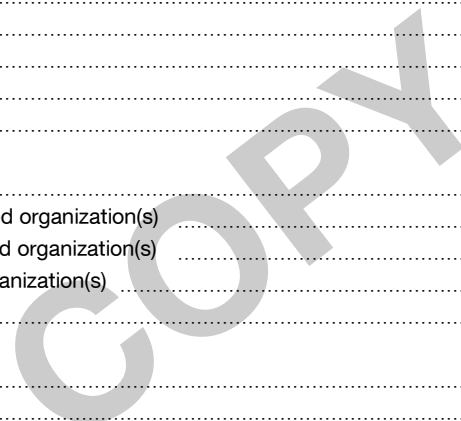
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d	X	
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X
1s		X



2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PINE STREET INN HOUSING II, INC.	D	71,619.	ACTUAL EXPENSES PAID
(2)			
(3)			
(4)			
(5)			
(6)			

