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DLN: 93493225010270

Form **990**

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)

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public . Inspection

Fo	rthe 2	2008 calend	ar vea	r, or tax year beginning 10-01-2008 and	d ending 09-30-200	9		·
		l l- l-		C Name of organization	a chang 03 30 200		D Employer iden	tification number
_	ress ch		ase :IRS	PathStone Housing Action Corporation and Affiliates			16-1183242	
_		labe	el or nt or	Doing Business As			E Telephone nun	nber
_	ne char	type	e. See				(716) 546-71	180
Init _	ıal retur		cific truc-	Number and street (or P O box if mail is not do	elivered to street addre	ss) Room/suite	G Gross receipts	
Ter	mınatıo			400 East Avenue			-	·,·,·
Am	ended r	return		City or town, state or country, and ZIP + 4				
- App	lication	pending		Rochester, NY 14607				
		<u> </u>	E Nam	ne and address of Principal Officer				
			Cevin R	•		affiliat	s a group return fo es?	or ▼Yes 「No
		l l		st Avenue				, 105 , 110
т				ter, NY 14607		H(b) Are all	affiliates included	?
ıa	x-exem	pt status 🔽	501(c)	(3) ◀ (Insert no)	, 	1	•	See instructions)
W	eb site	e: 🟲 www pat	thstone	org		H(c) Group	Exemption Num	ber 🕨 9113
						1		
Тур	e of org	anization 🔽 C	Corporat	on		L Year of For	mation 1979 M St	ate of legal domicile NY
Pa	rt I	Summar	-у					
	1	Briefly desci	rıbe th	e organization's mission or most significa	ant activities			
		To develop l	hıgh-qı	uality affordable housing for low and mode	erate income famili	es, to professi	onally manage th	e housing, to assist
			-	dents participation to ensure that develo	•		nvironment, and	to create
	1			are assets to residents, the larger commu	-			
			•	If the organization discontinued its opera				
	1			nembers of the governing body (Part VI,				5
	4	Number of ir	ndepen	dent voting members of the governing bo	dy (Part VI, line 11)	· · · · · · · · · · · · · · · · · · ·	5
	5	Total numbe	erofen	nployees (Part V , line 2a)	•		5	0
	6	Total numbe	erofvo	lunteers (estimate if necessary)			6	285
	7a	Total gross	unrela	ed business revenue from Part VIII, line	12, column (C)		7a	0
	b	Net unrelate	ed busi	ness taxable income from Form 990-T, li	ine 34		7b	0
						Prio	r Year	Current Year
	8	Contributio	ons and	grants (Part VIII, line 1h)			347,500	0
Ì	9	Program se	ervice	evenue (Part VIII, line 2g)			12,505,092	17,866,273
	10	Investmen	ıt ıncor	ne (Part VIII, column (A), lines 3, 4, and	7d)		428,294	-553,418
Ë	11	O ther reve	nue (P	art VIII, column (A), lines 5, 6d, 8c, 9c,	10c, and 11e)		353,400	379,729
	12	Total rever	nue — a c	ld lines 8 through 11 (must equal Part V	III, column (A), lın	e		· · · · · · · · · · · · · · · · · · ·
		12)					13,634,286	17,692,584
	13	Grants and	Isimila	r amounts paid (Part IX, column (A), line	s 1-3)			0
	14	Benefits pa	aid to o	r for members (Part IX, column (A), line 4	4)			0
'n	15		therco	mpensation, employee benefits (Part IX,	column (A), lines !	5 -		
		10)						0
<u> </u>	16a	Profession	al fund	raising fees (Part IX, column (A), line 11	e)			0
ਤੋਂ	ь	(Total fundra	ısıng ex	penses, Part IX, column (D), line 25 0)			
	17	Otherexpe	enses (Part IX, column (A), lines 11a-11d, 11f-	–24f)		10,987,116	15,091,170
	18	Total expe	nses —	add lines 13–17 (must equal Part IX, line	e 25, column (A))		10,987,116	15,091,170
	19	Revenue le	ss exp	enses Subtract line 18 from line 12			2,647,170	2,601,414
90						Beginni	ng of Year	End of Year
Œ.	20	Total asset	ts (Par	t X, line 16)			55,125,722	61,878,154
Œ	21			art X, line 26)			20,153,333	24,280,650
Fund Balances			•	•			· · ·	
	22			d balances Subtract line 21 from line 20			34,972,389	37,597,504
Pali	t II	Signatu				1 1 1 1 1		
				rjury, I declare that I have examined this return, i correct, and complete Declaration of preparer (oth				
lea	se	*****	,		,	1	08-12	
ign		Signature	of office	r		Date	~~ <u>12</u>	
ere	2	Kevin Rvo	k Chief	Financial Officer				
		Type or pr						
		D		Date	Ι.	Check If	Preparer's PTIN (S	ee Gen Inst \
.!.!		Preparer's signature	Stepha	nie Annunziata	;	self-	Tricpaters FIIN (S	cc och msc)
aid		, , ,				empolyed 🕨 🦵		
-	arer's	Firm's name (if self-employe		Heveron & Heveron CPAs PC			EIN Þ	
se (Only	address, and 2	ZIP + 4	260 Plymouth Avenue South				
				Rochester, NY 14608			Phone no 🕨 (585	5) 232-2956
av t	ha IR	S discuss thi	ic ratii	n with the preparer shown above? (See in	netructions)		1	Vas E No

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

See A	Additional Data Table				
2	Did the organization undertake any set the prior Form 990 or 990-EZ? . If "Yes," describe these new services		ices during the year v	which were not listed on	ΓYes √ No
3	Did the organization cease conductin services?	g or make significant c	hanges in how it cond	lucts any program · · · · · ·	┌ Yes ┌ No
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven	ements for each of the ones and 4947(a)(1) tru	sts are required to re	port the amount of grants a	
4a	(Code) (Expenses \$ Housing Services - Development of affordat 2700 units have been developed in partners	ole housing for rent and for s) (Revenue \$ eds of low income families, seni	10,904,912) ors, and disabled citizens Over
4b	(Code) (Expenses § Senior Program - PathStone Opportunities for Community Services Employment Program New York, Pennsylvania, New Jersey and Vi unsubsidized employment 85% of the prograt Community Services, Non Profit and gove	or Seniors Inc , receives fund The program provides job t Irginia The goal of the progr ram expenditures are paid a	raining and job placement am is to enroll, provide jo	services to over 750 citizens over b training to program participant	er the age of 55 un rural areas of is and to place them in
4c	(Code) (Expenses \$; in	cluding grants of \$) (Revenue \$)
4d	Other program services (Describe (Expenses \$	in Schedule O) including grants of \$) (Revenue \$)
4e	Total program service expenses \$	14,402,923	Must equal Part IX, L		,

Part IV	Check	dist of	Required	Schedules
	CIICCE		NC dull Cd	Schodules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
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, Part II</i>	15		Νο
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</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return		Yes	No
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. b If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? b If "Yes," to 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to 5a or 5b, did the organization that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deduct			
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Statements filed for the calendar year ending with or within the year covered by this return	1 c	Yes	
return			
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b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a		No
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	3b		NO
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country	30		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? b Did the organization solicit any contributions that were not tax deductible? c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? c Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	4a		No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? b Did the organization solicit any contributions that were not tax deductible? c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? c Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Did the organization solicit any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?			
c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5a		No
Tax Shelter Transaction?	5b		Νο
Tax Shelter Transaction?			
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	5с		
were not tax deductible?	6a		No
a Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	6b		
more?			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		No
	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	_		
	7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)	,		
supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		
year [?]			
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	_		
—	9a		
	9Ь		<u> </u>
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12 10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations Enter			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?1			ļ
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		

6

8

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	ı, desc	ribe the circumstances,
а	Enter the number of voting members of the governing body	1a	į
b	Enter the number of voting members that are independent	1b	į

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

other officer, director, trustee, or key employee?	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	٠
Did the organization delegate control over manage	eme	nt d	lutie	s cı	usto	ma	rıly	per	form	ne d	bу (or u	nde	rthe	e dii	rect	:
supervision of officers, directors or trustees, or ke	у е	mpl	oye	es t	o a i	mar	nage	me	nt c	om	pan	y or	oth	erp	ers	on?	

supervision of officers of tradecas, of key employees to a management company of ether person
Did the organization make any significant changes to its organizational documents since the prior Form 990 was
filed?

Diat	ne organizat	ion b	ecome av	vare du	ring	the year or a	mat	eria	I aiv	ers	поп	OT L	ne c	orga	nıza	itior	ısa	sse	ts /	•	•	
Does	the organiz	atıon	have me	mbers	ors	tockholders?																
_																					٠.	. [

Does the organiza	tıor	ıha	ve r	nem	ıber	rs, s	stoc	kho	lder	s, o	r oth	er	pers	ons	who	o ma	ау	elec	t on	e o	r m	ore	mer	nber	s of th	ne
governing body?																										
	٠.												i		i										_	

•	Are any decisions of the governing body subject to approval by members, stockholders, or other persons.
	Did the organization contemporaneously document the meetings held or written actions undertaken during the
	vear by the following

	year by the following													
а	the governing body?													

ь	each committee with authority to act on behalf of the governing body?	٠	•	•	•	•	•	•	•	•	•	•	-
9a	Does the organization have local chapters, branches, or affiliates? .												

Ь	If "Yes," does the organization have written policies and procedures governing the activities of su	ıc h	cha	pter	·s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?				

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	;
must describe in Schedule O the process, if any, the organization uses to review the Form 990	

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached a	at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NY, NJ, OH
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Kevin Ryck 400 East Avenue Rochester, NY 14607 (585) 546-7180

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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 the organization did no	ot compens	te any	offic e	r, dı	rect	or, tru	stee	or key employee		
		Posit t	(C tion (hat a	chec		I				(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
LEE BEAULAC , PRESIDENT/DIRECTOR	20	Х		Х				0	109,446	7,989
JOHN WILTSE , SECRETARY	20	Х						0	70,481	6,524
VELMA WRIGHT , BOARD MEMBER	20	Х						0	0	0
SHARON LILLA, BOARD MEMBER	20	Х						0	0	0
APRIL COLSON, BOARD MEMBER	20	Х						0	0	0
KEVIN RYCK , CHIEF FINANCIAL OFFICER	20			Х				0	136,828	9,191
STUART MITCHELL, CHEIF EXECUTIVE OFFICER	20			Х				0	146,282	10,314
					<u> </u>					

Part VII Continued

		Posi				all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	_	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			 							
			-		_		\vdash			
			\vdash		\vdash					
1b Total			•				>		463,037	34,018

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

			1 63	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed online 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	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	0

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a	<u> </u>				
新	b	Membership dues 1b	·				
Contributions, gifts, grants and other similar amounts	с	Fundraising events					
% giff milar	d e	Related organizations 1d Government grants (contributions)					
tions er sin	f	All other contributions, gifts, grants, and similar amounts not included above	·				
tribu Official	g	1f Noncash contributions included in					
and Brand		lines 1a-1f \$ Total (Add lines 1a-1f)					
	h	Total (Add lines 1a-11)	<u> </u>				
œ.	_		Business Code				
enn	2a	Contract Income	531,390	8,805,339	8,805,339		
Es Es	ь	Developer Fees	531,390	4,868,148	4,868,148		
- 33 - 33	С	Rental Income	531,110	3,412,891	3,412,891		
is is	d	Management Fees	531,310	779,895	779,895		
Ø ⊊	e						
Program Serwce Revenue	f	All other program service revenue					
_ <u>₹</u> 	g	Total. Add lines 2a-2f					
	3	Investment income (including div	·	145 104			145 104
		other similar amounts)	▶	145,184			145,184
	4	Income from investment of tax-exempt b	oond proceeds				
	5	Royalties					
	6a	(ı) Real Gross Rents	(II) Personal				
	b	Less rental					
		expenses					
	d	Rental income or (loss) Net rental income or (loss)					
			<u> </u>				
	7a	Gross amount from sales of	(II) O ther 394,550				
	ь	assets other than inventory Less cost or	1,093,152				
		other basis and sales expenses Gain or (loss)	-698,602				
	d	Net gain or (loss)	→	-698,602	-698,602		
	8a	Gross income from fundraising	i i				
ine		events (not including \$ of contributions reported on line					
Other Revenue		1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000					
<u>.</u>	ь	Less direct expensesb					
ğ	c	Net income or (loss) from fundrais					
_	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
	ь	Less direct expensesb					
	с	Net income or (loss) from gaming					
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of					
	11a	Miscellaneous Revenue	Business Code 531,390	379,729	379,729		
		Miscellaneous	- 331,330	373,729	3. 3,129		
	b c		-				
			 				
	d	All other revenue					
	e	Total. Add lines 11a-11d	• • • • \$ 379,729				
	12	Total Revenue. Add lines 1h, 2g, 8c,		17,692,584	17,547,400	0	145,184
		9c, 10c, and 11e	▶				

Part IX Statement of Functional Expenses

	ll other organizations must complete column (A) but are not re not include amounts reported on lines 6b, 7b,		(B)	(C)	(D)
ו טכ	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	19,508		19,508	
c	Accounting	49,160		49,160	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	601,950	560,123	41,827	
.2	Advertising and promotion				
3	Office expenses	252,144	252,144		
4	Information technology				
5	Royalties				
6	Occupancy	620,469	620,469		
.7	Travel	233,806	233,806		
8	Payments of travel or entertainment expenses for any Federal, state or local public officials				
9	Conferences, conventions and meetings	69,193	69,193		
0	Interest	356,151	356,151		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	744,142	744,142		
23	Insurance	187,104	187,104		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Client Assistance Costs	6,942,008	6,942,008		
b	Property Management	2,688,157	2,688,157		
c	Contracted Services	949,527	949,527		
d	Allocated Indirect Expe	577,752		577,752	
e	Homebuyer Assitance	355,473	355,473		
f	All other expenses	444,626	444,626		
25	Total functional expenses. Add lines 1 through 24f	15,091,170	14,402,923	688,247	
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint				
	costs from a combined educational campaign and fundraising solicitation				

Part X B	lance	Sheet
----------	-------	-------

1 Cash—non-interest-bearing 1,028,435 1 2 Savings and temporary cash investments 4,980,645 2 3 Pledges and grants receivable, net 1,480,916 3 4 Accounts receivable, net 578,791 4 5 Receivables from current and former officers, directors, trustees, key employees or other related parties Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 49,58 (f)(1)) and persons described in section 4958 (c)(3)(8) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 4,222,588 7 8 Inventories for sale or use 8 10a 26,674,469 9 Prepaid expenses and deferred charges 332,531 9 10a 26,674,469 Less accumulated depreciation Complete Part VI of Schedule D 11 Investments—publicly traded securities 10a 26,674,469 12 Investments—publicly traded securities 12 Investments—publicly traded securities 12 Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D 12 13 Interest See Part IV, line 11 Complete Part VIII 1,204,604 13 14 Intangible assets 14 10 12 12 15 Other assets See Part IV, line 11 Complete Part VIII 1,204,604 13 16 Total assets. Add lines I through 15 (must equal line 34) 55,125,722 16 16 Accounts payable and accrued expenses 1,239,602 17 17 Accounts payable and accrued expenses 1,239,602 17 18 Grants payable 20 21 22 20 Tax-exempt bond liabilities 20 20 21 21 Escrow account liability Complete Part IV of Schedule D 21 22 23 24 22 Payable to current and former officers, directors, trustees, key employees, injected employees, and disqualified persons 24 25 20,153,333 26 21 Secured mortages and notes payable to unrelated third parties 24 25 20,153,333 26 23 Total liabilities Complete Part IV of Schedule D 24 25 20,153,333 26 26 26 27 27 27 27 27	(B) of year
3 Pledges and grants receivable, net	4,196,446
4 Accounts receivable, net	2,947,056
Sequence of the related parties Complete Part II of Schedule L. 10a 26,874.469 11a Investments—publicity traded securities 12 Investments—publicity traded securities 13 Investments—program—related See Part IV, line 11 Complete Part VII of Schedule D. 14 Intangible assets 15 Other assets See Part IV, line 11 Complete Part VIII 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow account liability Complete Part IV of Schedule D. 22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Congilete Part II of Schedule D. 21 Escrow account liability Complete Part IV of Schedule D. 22 Other labilities. Add lines 17 through 25 . 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 25 Other liabilities. Add lines 17 through 25 . 26 Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34. 26 Temporarily restricted net assets 34,972,389 27 Temporarily restricted net assets	1,449,132
other related parties. Complete Part II of Schedule L	415,584
persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	
7 Notes and loans receivable, net 4,222,588 7 8 8 Inventories for sale or use 332,531 9 10a	
Prepaid expenses and deferred charges 332,531 9	4,915,823
b Less accumulated depreciation Complete Part VI of Schedule D	
b Less accumulated depreciation Complete Part VI of Schedule D	170,898
b Less accumulated depreciation Complete Part VI of Schedule D	
11 Investments—publicly traded securities	18,101,627
12 Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D. 13 Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D. 14 Intangible assets	
13	
14 Intangible assets	1,152,115
15 Other assets See Part IV, line 11 Complete Part IX of Schedule D	
16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 10 Escrow account liability Complete Part IV of Schedule D 11 Escrow account liability Complete Part IV of Schedule D 12 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 10 Secured mortgages and notes payable to unrelated third parties 11 Escrow account liabilities 12 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 12 Unsecured notes and loans payable 13 Secured mortgages and notes payable to unrelated third parties 14 Unsecured notes and loans payable 15 Other liabilities. Add lines 17 through 25 16 Organizations that follow SFAS 117, check here ▶ ▼ and complete lines 27 through 29, and lines 33 and 34. 17 Unrestricted net assets 18 S5,125,722 16 18 1,239,627 17 18 B 18 Deferred revenue 18 454,079 19 20 21 21 22 22 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Temporarily restricted net assets 28 Temporarily restricted net assets	28,529,473
17 Accounts payable and accrued expenses 1,239,627 17 18 Grants payable	
18 Grants payable	61,878,154
19 Deferred revenue	2,380,261
20 Tax-exempt bond liabilities	
21 Escrow account liability Complete Part IV of Schedule D	369,803
23 Secured mortgages and notes payable to unrelated third parties	
23 Secured mortgages and notes payable to unrelated third parties	
23 Secured mortgages and notes payable to unrelated third parties	
24 Unsecured notes and loans payable	
25 Other liabilities Complete Part X of Schedule D	21,530,586
26 Total liabilities. Add lines 17 through 25	
Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets	
through 29, and lines 33 and 34. 34,972,389 27 Unrestricted net assets	24,280,650
Temporarily restricted net assets	
Temporarily restricted net assets	37,597,504
□ 29 Permanently restricted net assets	
29	
Permanently restricted net assets Organizations that do not follow SFAS 117, check here F and complete lines 30 through 34.	
30 Capital stock or trust principal, or current funds	
32 Retained earnings, endowment, accumulated income, or other funds	
33 Total net assets or fund balances	37,597,504
Total liabilities and net assets/fund balances	61,878,154
Part XI Financial Statements and Reporting	

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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?	2c	Yes	
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?	3a	Yes	
b	If "Yes" did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493225010270

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

	one Ho filiates	ousing Action Co	orporation					16	-118324:	2		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio					
				ation because it is (Please								
1	Γ	A church, c	onvention of ch	urches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)((A)(i).			
2	Г	A school de	escribed in Sect	ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	Г	A hospital	or a cooperative	e hospital service organizati	on descril	bed in Sec	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedu	le H)	
4	Г	A medical i	research organı	zation operated in conjuncti	on with a l	hospital d	escribed i	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Г	An organiza	ation operated f	or the benefit of a college or	universit	y owned o	roperated	by a gove	rnmental	unit desc	rıbed ın	
				(Complete Part II)			•					
6	Г			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7		•		ally receives a substantial p						n the gene	eral public	3
		_		o)(1)(A)(vi) (Complete Par			_			-	·	
8	Γ	A communi	ıty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	~	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ıs, membe	ership fees	s, and gro	SS
		receipts fro	om activities rel	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331,	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sinesses	
		acquired by	y the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (S	ee instruc	tions)	
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpo:	ses of
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check										
				type of supporting organiza			nes 11e t nally Integ		_		iIII - Otl	h a u
_	_	a ∏T							d			
е	ļ	•		rtify that the organization is agers and other than one or			•			•	•	
		section 50		agers and other than one or	more pub	iici, supp	ortou orga		405011504	5000.01	. 505 (4)(_, 0.
f		_		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supporti	ng organiz	zatio <u>n,</u>
		check this			J £ t.		6	6 4 1				ı
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any or the	•			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	y member of a p	erson described in (i) above	7					11g(
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	bove?				11g(
h				nation about the organizatio			supports				-	
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) An	nount of
		orted		(described on lines 1 - 9	_	ation in		inization		ation in .	supp	ort?
	Organ	I I		above or IRC section (See Instructions))		listed in verning		i) of your oort?		rganized US?		
				(See Instructions))		ment?	Japp	,010	"" ""	0 3 .		
					Yes	No	Yes	No	Yes	No		

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15					15			
16a	a 33 1/3% Test - 2008. 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 a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008. 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 circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

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

	(Complete only if you check	<u>ked the box or</u>	n line 9 of Part	t I.)				
Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not	310,454	500,000	222,000	347,500			1,379,954
	ınclude any "unusual grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services performed,							
	or facilities furnished in any activity that	10,595,160	11,840,521	15,781,715	12,505,092	-	7,866,273	68,588,761
	ıs 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 1-5	10,905,614	12,340,521	16,003,715	12,852,592	-	7,866,273	69,968,715
	Amounts included on lines 1, 2, and 3	, ,				-	17,000,275	
/a	received from disqualified persons	265,454	431,000	196,500	300,000			1,192,954
L	Amounts included on lines 2 and 3							
U	received from other than disqualified							
	persons that exceed the greater of 1% of	238,547	1,454,985	6,338,197	5,821,443	:	.0,094,602	23,947,774
	the total of lines 9, 10c, 11, and 12 for	,		, ,	. ,			
	the year or \$5,000							
	Total of lines 7a and 7b	504,001	1,885,985	6,534,697	6,121,443		.0,094,602	25,140,728
8	Public Support (Substract line 7c from			, ,				
Ŭ	line 6)							44,827,987
To	tal Support	•	•	•				
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
9	A mounts from line 6	10,905,614	12,340,521	16,003,715	12,852,592		7,866,273	69,968,715
	Gross income from interest, dividends,	,,	,_,_,		,,		, , , , , , , , , , ,	,,
10a	payments received on securities loans,							
	rents, royalties and income from similar	669,194	702,672	553,506	428,294		145,184	2,498,850
	sources							
ь	Unrelated business taxable income (less							
_	section 511 taxes) from businesses							
	acquired after 30 June, 1975							
С	Add lines 10a and 10b	669,194	702,672	553,506	428,294		145,184	2,498,850
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	221,827	504,205	4,807,087	353,400		-318,873	5,567,646
	(Explain in Part IV)							
13	Total Support (Add lines 9, 10c, 11 and							78,035,211
	12)							
14	First Five Years If the Form 990 is for the o	rganızatıon's fir	st, second, third	l, fourth, or fifth f	tax year as a 50	01(c)(3) organiza	
	check this box and stop here							► □
<u> </u>	moutation of Dublic Connect Days	nto 66						
15	mputation of Public Support Perce Public Support Percentage for 2008 (line 8		ad by line 12 co	dumn (f))		T		
		• •	•	Jidiiii (1))		15		57 450 %
16	Public Support Percentage for 2007 Sched	uie A, Part IV-A	, iine 2/g			16		85 480 %
		_						
	mputation of Investment Income Investment Income Percentage for 2008 (II		(f) duuded his li	a 12 column (f)		T		
17	Investment Income Percentage for 2008 (II					17		3 200 %
או	Investment Income Percentage from 2007	Schodillo A. Par	r 17 - 4 line 27h	1		10	ı	4 4 1 0 0/

17	3 200	%
18	4 410	%

19a 33 1/3% Tests - 2008. 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 33 1/3% Tests - 2007. 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 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions



►V

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public

Ciliui	The vertice deriving		Inspection
Path	me of the organization hStone Housing Action Corporation Affiliates		Employer identification number
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		
	organization answered Tes to Form 95	(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
1	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or advised Yes No
,	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		·
Pai	rt II Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part IV, line 7.
L 2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of an Preservation of ce	n historically importantly land area ertified historic structure n of a conservation easement
	on the last day of the tax year		Held at the Find of the Vern
-	-		Held at the End of the Year
a b	Total number of conservation easements		2a
	Total acreage restricted by conservation easement		2b
С .	Number of conservation easements on a certified h		2c
d	Number of conservation easements included in (c)	•	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	ed by the organization during
	the taxable year 🟲		
ŀ	Number of states where property subject to conserva	ation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ations, and Yes No
•	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year -
,	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	?(d) above satisfy the requirements of sec	tion Yes No
)	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easer	the footnote to the organization's financial	· ·
ar	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.	
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	
	(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, hist following amounts required to be reported under SFA		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		► \$
			· T

Part	***	Organizations Maintaining Coll	ections of Art,	His	<u>tori</u>	<u>cal Treasu</u>	res, or Oth	er Similar	r Asse	ts (co	ntınued)		
3	Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)												
а	Γ	Public exhibition		d	Γ	Loan or excl	nange progran	ns					
b	Γ	Scholarly research		e	Γ	Other							
С	Γ	Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV												
5	During the year, did the organization 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												
Par	t IV	Trust, Escrow and Custodial Ar Part IV, line 9, or reported an amo					nızatıon ans	wered "Yes	s" to Fo	orm 9	90,		
1a		he organization an agent, trustee, custodia uded on Form 990, Part X?	n or other intermed	diary	for c	ontributions c	or other asset	s not	Γ	Yes	┌ No		
b	If "۱	es," explain why in Part XIV and complete	the following table	9									
									A mou	nt			
С	Beg	inning balance					10	;					
d	Add	litions during the year					10	I					
е	Dıs	tributions during the year					16	:					
f	End	ing balance					1f						
2a	Dıd	the organization include an amount on Forr	n 990, Part X, line	21?					Γ	Yes	┌ No		
	7 1 3												
Pai	rt V	Endowment Funds. Complete if	the organization (a)Current Year		were Prior Y		Form 990, P o Years Back (NE aur Va	na ra Da ak		
1a	Bea	Inning of year balance	(a)Cullellt Teal	(0)	FIIOI I	eai (C)IW	o rears back (u)Tillee Tears L	back (e	ji oui Te	ars back		
ь		itributions	_										
c		estment earnings or losses											
d		nts or scholarships											
e		er expenditures for facilities											
	and	programs											
f	Adr	ninistrative expenses											
g	End	of year balance											
2	Prov	vide the estimated percentage of the year o	end balance held as	5									
а	Boa	rd designated or quasi-endowment 🕨											
b	Peri	nanent endowment 🕨											
c	Terr	m endowment 🕨											
3a		there endowment funds not in the possess inization by	ion of the organiza	tion t	hat a	re held and a	dministered f	or the		Yes	Na		
	_	inrelated organizations							3a(i)	res	No		
		related organizations							3a(ii)				
b		es" to 3a(II), are the related organizations			ched	ule R?			3b	İ			
4		cribe in Part XIV the intended uses of the	organization's endo	owme	nt fu	nds							
Par	t VI	Investments—Land, Buildings,	and Equipmen	t. S	<u>ee F</u>	orm 990, Pa	art X, line 10).					
		Description of investment				Cost or other (Investment)	(b)Cost or othe basis (other)	(c) Deprecia	ation	(d) Boo	k value		
1a	Land	· · · · · · · · · · · · · · · · · · · 				1,776,306					1,776,306		
b I	Build	ngs				24,559,087		8,24	5,852	16	5,313,235		
c I	Lease	ehold improvements											
d I	Equip	ment				339,076		32	6,990		12,086		
е (Othe	r											

Part VII Investments—Other Securities. S	<u>ee Form 990, Part X, line 12</u>		
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation - year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related.	See Form 990, Part X, line 1	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
	` '	Cost or end-of	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X			(h) Baak yalua
Deposits Held in Trust	cription		(b) Book value 288,259
Other Assets			
			44,360
Loan Acquisition Costs - Net of Accum Amort			69,382
Construction in Progress			3,331,225
Receivable From Related Party			17,499,640
Cash - Loan Funds			3,242,727
Organization Costs			4,053,880
Total. (Column (b) should equal Form 990, Part X, col.(B) In			28,529,473
Part X Other Liabilities. See Form 990, Pa			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	▶		

Part	XI Reconciliation of Cl	hange in Net Assets from Fori	m 99	0 to F	inancial Stateme	nts	
1	Total revenue (Form 990, Part V	VIII, column (A), line 12)				1	17,692,584
2	Total expenses (Form 990, Par	t IX, column (A), line 25)				2	15,091,170
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	2,601,414
4	Net unrealized gains (losses) oi	n investments				4	322,405
5	Donated services and use of fac	cilities				5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	-298,704
9	Total adjustments (net) Add Irr	nes 4 - 8				9	23,701
10	-	per financial statements Combine line	s 3 ar	nd 9		10	2,625,115
		evenue per Audited Financial			ts With Revenue i	oer R	
1	Total revenue, gains, and othe statements	-				1	19,847,200
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	ments		2a	322,405		
b	Donated services and use of fa	acılıtıes		2b	1,832,211		
c	Recoveries of prior year grants	5		2c			
d	Other (Describe in Part XIV)			2d			
e	Add lines 2a through 2d .					2e	2,154,616
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	17,692,584
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b		4a			
b	Other (Describe in Part XIV)		•	4b			
C	Add lines 4a and 4b					4c	0
5		d 4c. (This should equal Form 990, Par				5	17,692,584
		<u>kpenses per Audited Financia</u>		<u>teme</u> ı	nts With Expense:	Т	
1		audited financial statements				1	16,923,381
2		t not on Form 990, Part IX, line 25		1 - 1			
а		acilities		2a	1,832,211	1	
b	Prior year adjustments			2b		1	
с		Part IX, line 25		. 2c		-	
d	Other (Describe in Part XIV)		•	2d		_ ا	1 022 211
e	Add lines 2a through 2d					2e	1,832,211
3	Subtract line 2e from line 1 .					3	15,091,170
4		O, Part IX, line 25, but not on line 1:		4-			
a		uded on Form 990, Part VIII, line 7b	• •	4a		1	
b	Other (Describe in Part XIV)		•	4b		4.	
С -	Add lines 4a and 4b	nd 4c. (This should equal Form 990, Pa	 T I			4c 5	15.001.170
5 Date	Supplemental Inf		irt I, II	ne 18)		<u> </u>	15,091,170
	•	criptions required for Part II, lines 3,	5 and		t III lings 1a and 4 D	art VII	/ lines 1 h and 2 h
		Part XII, lines 2d and 4b, and Part XI				ait Al	v, iiiles ID allu ZD,
	Ident if ier	Return Reference			Explanat	ion	
Part X	I, Line 8 - Other Adjustments		Trans	fers to	Affiliates -298704		

Identifier Return Reference Explanation

Part XI, Line 8 - Other Adjustments Transfers to Affiliates -298704

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493225010270

OMB No 1545-0047

2008

Inspection

Open to Public

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization PathStone Housing Action Corporation **Employer identification number**

16-1183242

Pa	rt I Questions Regarding Compensation	n					
					Yes	Νo	
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III						
	First class or charter travel		Housing allowance or residence for personal use		ĺ		
	Travel for companions	Γ	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees		ĺ		
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N		1b				
2	Did the organization require substantiation prior to						
	officers, directors, trustees, and the CEO/Executive	Direct	or, regarding the items checked in line 1a?	2			
3	Indicate which, if any, of the following the organizatiorganization's CEO/Executive Director Check all the		·				
	Compensation committee		Written employment contract				
	✓ Independent compensation consultant	<u> </u>	Compensation survey or study				
	Form 990 of other organizations	<u> - </u>	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a				
а	Receive a severance payment or change of control p	4a		Νo			
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III				
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.				
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any				
а	The organization?			5a		Νo	
b	Any related organization?			5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any				
а	The organization?			6a		Νo	
b	Any related organization?			6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o		•	7		Νο	
8	Were any amounts reported in Form 990, Part VII, public subject to the initial contract exception described in Part III		•	8		No	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
STUART MITCHELL (I)					10,314	156,596		
(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, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	•	

(Form 990)

SCHEDULE 0

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for

OMB No 1545-0047 2008

DLN: 93493225010270

responses to specific questions for the Form 990 or to provide any additional information. Inspection

Name of the organization PathStone Housing Action Corporation and Affiliates

Employer identification number

16-1183242

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A draft copy of the return is distributed to the members of the board for comments before filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 12c		During the new board member orientation, the policy is fully explained by the President and attorney. The board member understands that it is important to follow the policy at all times during his or her term on the board. It is made clear that if any conflict arises, that the policy is in effect and should be followed. This is also re-emphasized annually when the policy is signed on a yearly basis. In addition to the Conflict of Interest Policy, the organization's parent Company, PathStone Corporation, has a questionnaire that all employees must fill out annually to determine whether they have a real or potential conflict of interest. If any potential conflicts are learned about through this or any other method, they are reviewed by the Executive Staff member for that division, and ultimately by the President/CEO of PathStone Corporation. The CEO of PathStone Corporation has the ultimate responsibility for determining whether or not a conflict exists and he or she, in conjunction with the Senior Vice President for Human Resources of PathStone and the Executive Staff member for that employee's division, will determine the course of action necessary. PathStone Corporation, the parent company, also has an Asset Management Committee which must review any purchases or contracts that are more than \$5,000. Any potential conflicts are taken into consideration before approving these purchases and contracts.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 15		Pathstone Housing Action Corporation and Affiliates do not have any direct compensation expense since all employees are officially employed by the parent company, PathStone Corporation. The wages and benefits of all top management employees are determined by the personnel committee of the Parent company, PathStone Corporation, as part of its ongoing wage comparative studies and benefit budgeting process. The process includes independent review, comparability data, and deliberation by a compensation committee. PathStone utilizes a salary scale to determine the salary of each employee. Job descriptions are evaluated based on a 17 point rating system. The number of points corresponding to each job description determines which of 11 salary groups the job falls into Within each salary group, there is a base salary and then a range is available to accommodate employees who have more experience, education, skills, etc. than are required for that position. Before hiring an employee, the hiring manager sends a request for offer letter to Human Resources. With this request, a salary range justification form is sent if the salary is to be above the base. The Executive Staff member for that Dixino reviews and approves the request, then forwards it to Human Resources for final approval. Human Resources reviews the request for offer and the salary range request to determine if the steps are warranted, and sends out an offer letter if the request is approved. Periodically, the salary scale is reviewed. There have been times when the entire scale has been revised, and other times when salaries for specific positions have been adjusted by resolution from the Board of Directors. Most recently, a review of the salary scale was conducted as follows a) PathStone engaged the services of an independent company, Astron Solutions, to conduct a wage comparability study. b) Astron Solutions used data from non-profit companies of similar size and industry, and adjusted for location where necessary. c) The current salary scale for PathSton

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, Ine 19		Pathstone Housing Action Corporation and Affiliates makes its governing documents (Bylaw's and Certificate of Incorporation) available to the public upon written request. The parent company, PathStone Corporation has the following policy in place. PathStone bylaw's, policies and other governing documents are available on the PathStone Electronic Library, which may be accessed by employees. The company may grant access to the Electronic Library to non-employees as well, when there is a need for others to access information, for example auditors and funders. PathStone prints an annual report which is made public each year. Copies are mailed to stakeholders and it is readily available to the public.

Identification of Disregarded Entities

DLN: 93493225010270

2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part I

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Related Organizations and Unrelated Partnerships

Name of the organization PathStone Housing Action Corporation and Affiliates

Employer identification number

16-1183242

(A) Name, address, and EIN 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
Part II Identification of Related Tax-Exempt Organizat	ions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code secti	on Public charity sta (if section 501(c)	(F) Direct controlling (3)) entity
PathStone Corporation Inc 400 East Avenue Rochester, NY14607 16-0984913	Education, Training, Childhood Education, etc	NY	501(c)3	7	N/A
PathStone Development Corporation 7 Prince Street Rochester, NY14607 16-1265765	Affordable Housing	NY	501(c)3	9	N/A

Part III Identification of Related Organizations Taxable as a Partnership															
(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, investment, unrelated)	Share of total income nvestment,		(H) Disproprtionate allocations?		Disproprtionate		Disproprtionate		(I) Code V—UBI amount on Box 20 of K-1	Gener mana partr	gıng
							Yes	No		Yes	No				
See Additional Data Table															

Pailly	Identification of Related Of	yanızanınıs	Taxable as a C	orporation or in	ust
	(A)	/B)	(C)	(D)	

(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
Rural Housing Opportunities Development Corp 400 East Avenue Rochester, NY14607 05-0575748	General Partner in LP Transactions	NY	N/A	С			
Alliance Homes II Corp 400 East Avenue Rochester, NY14607 56-2397228	General Partner in L P Transactions	NY	N/A	С			
PHEDCO Investments Inc 400 East Avenue Rochester, NY14607 25-1663084	General Partner in LP Transactions	NY	N/A	С			
RHOC Crossman Inc 400 East Avenue Rochester, NY14607 27-0017600	General Partner in LP Transactions	NY	N/A	С			
Salem Senior Housing Corp 400 East Avenue Rochester, NY14607 30-0308905	General Partner in LP Transactions	NY	N/A	С			
RHAC Development Corporation 400 East Avenue Rochester, NY14607 16-1262619	General Partner in LP Transactions	NY	N/A	С	288	83,356	100 000 %
Stanton Meadows Corporation 400 East Avenue Rochester, NY14607 16-1556454	General Partner in L P Transactions	NY	N/A	C		13,395	100 000 %

(6)

Part V	Transactions w	ith Related	Organizations
	II ulibuctions w	Itii ittiatta	OI guille a divilo

Par	t V	Transactions with Related Organizations					
	Not e.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 Du	ırıng tl	ne tax year, did the orgranization engage in any of the following transaction	s with one or more related organizations listed in Parts II-	IV?			
а	Recei	pt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entı	ıty		1a		No
b	Gıft, ç	rant, or capital contribution to other organization(s)			1b		No
c	Gıft, g	rant, or capital contribution from other organization(s)			1c		No
d	Loans	or loan guarantees to or for other organization(s)			1d	Yes	
e	Loans	or loan guarantees by other organization(s)			1e	Yes	
f	Sale	of assets to other organization(s)			1f		No
g	Purch	ase of assets from other organization(s)			1g		No
h	Excha	ange of assets			1h		No
i	Lease	of facilities, equipment, or other assets to other organization(s)			1i		No
j	Lease	of facilities, equipment, or other assets from other organization(s)			1j	Yes	
k	Perfo	rmance of services or membership or fundraising solicitations for other org	ianization(s)		1k		No
ı	Perfor	mance of services or membership or fundraising solicitations by other orga	anization(s)		11		No
m	Sharır	ng of facilities, equipment, mailing lists, or other assets			1m	Yes	
n	Sharı	ng of paid employees			1n	Yes	
o	Reiml	oursement paid to other organization for expenses			10		No
р	Reiml	pursement paid by other organization for expenses			1р		No
q	Other	transfer of cash or property to other organization(s)			1q	Yes	
r	Other	transfer of cash or property from other organization(s)			1r	Yes	
	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relationsh	nips and transaction thresholds			
		(A)	(B)	(C)			
		Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)							
(2)							
(3)							
(4)							
(5)							

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section		partners		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No				
			•	•		•		Cabadul	D / Form					

related organization

400 East Avenue

400 East Avenue

400 East Avenue

400 East Avenue

400 Fast Avenue

400 East Avenue

400 East Avenue

400 East Avenue Rochester, NY14607 20-4440054

400 East Avenue Rochester, NY14607 22-3607775

400 East Avenue

400 East Avenue Rochester, NY14607 25-1645782

400 East Avenue

400 East Avenue Rochester, NY14607 13-4220309

400 East Avenue

400 East Avenue Rochester, NY14607 16-1421270

Rochester, NY14607 16-1351950

Seldon Square II LLC

Rochester, NY14607 35-2182907 Thompson Building Associates LP

Rochester, NY14607 38-3711378

Rochester, NY14607 34-1844633

Rochester, NY14607 56-2523429

New Home Alliance LP

Rochester, NY14607 06-1527135

Olde Theatre Apartments LP

Salem Senior Housing LLC

Sandy Creek Associates LP

Rochester, NY14607 06-1445495

Rochester, NY14607 06-1473326

Lander Street Partners LP

Landers Street Partners III LP

LLC

Rochester, NY14607 16-1537986

Associates

Partners LP

Rochester, NY14607 03-0485949

Canal View Senior Housing

Clarkson-Seldon Square

Essex Albion Credit LP

Rochester, NY14607 16-1482648

Gettysburg Scattered Sites

Heritage Meadows Partners LP

Highland Meadows Partners

Lander Street Partners II LP

Rochester, NY14607 16-1240013 Brower Road LLC

Rochester, NY14607 56-2397228

Alturas de Castaner LP

Rochester, NY14607 20-3947099

Andrews Terrace LLC

Rochester, NY14607 20-3199493

Beechwood Associates

Rochester, NY14607 26-0345950

Alliance Homes II LLC

Rochester, NY14607 16-1592991

Albion Senior Living LLC

(I)

Code V-UBI amount

on

Box 20 of Schedule K-

1 (Form 1065)

(J)

General or

Managing

Partner?

Yes No

Νo

Νo

lΝο

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

Yes

Yes

Νo

Νo

Νo

Νo

Νo

Yes

Yes

Yes

(H)

allocations?

Yes

assets

(\$)

Disproprtionate

No

Νo

5,717

421,367

153,957

391,224

458,519

206,149

146,594

EIN: 16-1183242 Name: PathStone Housing Action Corporation

income(related,

N/A

N/A

N/A

N/A

N/A

Related

N/A

N/A

Related

N/A

N/A

Related

N/A

Related

Related

N/A

N/A

N/A

N/A

Related

N/A

Related

and Affiliates

(\$)

-613

-12

- 5

-11

-20,474

-50,864

-2,911

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership											
		(C)									
(4)	(B)	Legal	(D)	(E)	/E)	(G)					

related organ	nzation		or Foreign Country)	Entity	investment, unrelated)	(\$)	
Ada Ridge Partne	rs II LLC						
400 East Avenue Rochester, NY14 26-2373989		Affordable Housing	NY	N/A	N/A		
Ada Ridge Partne	rs LP						

N/A

(State

NΥ

NΥ

NY

NΥ

NΥ

NY

NΥ

NY

NY

NΥ

NΥ

NY

NΥ

Affordable Housing

m 990, Schedule R, Part III - Identificati	ion of Related O	rganizations Ta	xable as a Partne	rship

Controlling

orm 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership											
		(c)				4-5					
(A) Name, address, and EIN of	(B) Primary activity	Legal Domicile	(D) Direct	(E) Predominant	(F) Share of total income	(G) Share of end-of-year					

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
Rural Housing Opportunities Development Corp 400 East Avenue Rochester, NY14607 05-0575748	General Partner in L P Transactions	NY	N/A	С			
Alliance Homes II Corp 400 East Avenue Rochester, NY14607 56-2397228	General Partner in L P Transactions	NY	N/A	c			
PHEDCO Investments Inc 400 East Avenue Rochester, NY14607 25-1663084	General Partner in L P Transactions	NY	N/A	С			
RHOC Crossman Inc 400 East Avenue Rochester, NY14607 27-0017600	General Partner in L P Transactions	NY	N/A	С			
Salem Senior Housing Corp 400 East Avenue Rochester, NY14607 30-0308905	General Partner in L P Transactions	NY	N/A	С			
RHAC Development Corporation 400 East Avenue Rochester, NY14607 16-1262619	General Partner in L P Transactions	NY	N/A	С	288	83,356	100 000 %
Stanton Meadows Corporation 400 East Avenue Rochester, NY14607 16-1556454	General Partner in L P Transactions	NY	N/A	С		13,395	100 000 %

Additional Data

Software ID:

Software Version: EIN: 16-1183242

Name: PathStone Housing Action Corporation

and Affiliates

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

PathStone Housing Action Corporation creates and provides opportunities for farmworkers and other disenfranchised people to confront and overcome barriers that systematically prevent them from gaining access to economic, educational, social and political resources. The organization provides housing development; housing services; services to seniors and emergency and supportive services. In 2008-2009 the organization and its affiliates have served 36,072 participants, benefiting 68,537 family members.