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# Form **990**

Department of the Treasury

# **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)

2009

OMB No 1545-0047

Open to Public

'		Service	► The o	rganization may have to use a cop	y of this return to satisfy	state reporting	g requirements	Inspection		
A Fo	r the	2009 ca	lendar yea	ar, or tax year beginning 10-01-200	09 and ending 09-30-20	10				
<b>B</b> Ch	Check if applicable Please C Name of organization PathStone Corporation Inc						D Employer ider	ntification number		
☐ Add	dress ch	nange	use IRS label or	Doing Business As			16-0984913 E Telephone number			
∏ Na	Name change print or type. See									
┌ Init	Initial return Specific Number and street (or P.O. box if mail is not delivered to street addre					ress) Room/suite	(585) 546-7			
<b>Г</b> Теі	mınate	d	Instruc- tions.	400 East Avenue			<b>G</b> Gross receipts \$	30,724,488		
┌ Am	ended	return		City or town, state or country, and ZI	P + 4		1			
Г Арі	plication	n pending		Rochester, NY 14607						
			F Nar	me and address of principal officer	r	<b>H(a)</b> Is th	■ is a group return	for		
			Kevin F	•			ates?	⊤Yes <b>√</b> No		
				ast Avenue ster, NY 14607		H(b) Are a	II affiliates include	d?		
								(see instructions)		
<b>I</b> Ta	x-exem	npt status	<b>▽</b> 501(c	:) ( 3 ) ◀ (Insert no )	r <b>「</b> 527		up exemption nur			
J W	ebsite	e: ► www	v PathStor	ne org						
V For	m of or	ganization	☑ Corpora	ition Trust Association Other		I Year of fo	ormation 1971 <b>M</b>	State of legal domicile NY		
		Sumi		ition   Trust   Association   Other		L fear or it	omation 1971   M	state of legal dofficile. NT		
				ne organization's mission or most :	significant activities					
				family and individual self-sufficien		worker, rural ar	nd urban commun	ities Pathstone		
2		promote	es social ju	ustice through programs and advo	cacy					
룓										
Governance										
<u> </u>	2	Check t	hıs box 🛏	if the organization discontinued	its operations or dispose	ed of more than				
	3	Number	of voting	members of the governing body (P	art VI, line 1a)		3	27		
Activities &	4	Number	ofindeper	ndent voting members of the gove	rning body (Part VI, line 1	1b)	. 4	27		
톧	5	Total nu	ımber of er	mployees (Part V , line 2a)			5	868		
ू ब	6	Total nu	ımber of vo	olunteers (estimate if necessary)			6	67		
		_		ated business revenue from Part V			7a	0		
	b	Net unr	elated bus	iness taxable income from Form 9	90-T, line 34		7b	0		
						Pric	or Year	Current Year		
gı.	8	Contri	butions an	d grants (Part VIII, line 1h) .		563,787	462,082			
Rayente	9			revenue (Part VIII, line 2g) .	•	27,060,132	29,186,308			
ž.	10			me (Part VIII, column (A), lines 3		-84,447	-523			
_	11			Part VIII, column (A), lines 5, 6d,			375,749	1,073,971		
	12			ıdd lınes 8 through 11 (must equa		ne	27,915,221	30,721,838		
	13	12)						3,662,230		
	14	Benefi	ts paid to d	or for members (Part IX, column (A	A), line 4)			0		
	15	Salarıe	s, other c	ompensation, employee benefits (	Part IX, column (A), lines	: 5 –				
Expenses		10)					16,118,503	17,538,279		
ক	16a	Profes	sional fund	draising fees (Part IX, column (A),	, line 11e)			0		
五	Ь	Total fu	ndraising exp	penses (Part IX, column (D), line 25) $\blacktriangleright \frac{10}{2}$	)7,733					
	17		-	(Part IX, column (A), lines 11a-1		11,414,951	8,252,092			
	18			Add lines 13–17 (must equal Par			27,533,454	29,452,601		
- 00	19	Reven	ue less ex	penses Subtract line 18 from line	12		381,767	1,269,237		
ලිල් මිල්						_	g of Current Year	<b>End of Year</b>		
Set	20	Totals	issets (Pa	rt X, line 16)			17,646,209	19,201,857		
Not Assets or Fund Balances	21			Part X, line 26)			7,362,341	7,230,296		
を開	22		-	nd balances Subtract line 21 from			10,283,868	11,971,561		
Pai	t III		ature Bl				, ,	,		
		_		erjury, I declare that I have examined thi		ng schedules and s	statements, and to th	e best of my knowledge		
		and beli	ef, it is true,	correct, and complete Declaration of pre	parer (other than officer) is bas	sed on all informat	tion of which prepare	r has any knowledge		
Sigr		****	**			2011	-08-10			
Her			ature of office	er		Date	-08-10			
		k Kevi	n Ryck Chief	f Financial Officer						
			or print nam							
		Preparer	's <b>k</b>		Date	Check If	Preparer's identify	ring number		
Paid		signature		anie Annunziata		self- empolyed •	(see instructions)			
	arer's	Firm's no	me (or your	rs L Heveron & Heveron CPAs		cimpolyed F	<u> </u>			
Use (		ıf self-en	nployed),	P			EIN 🕨	EIN ►		
		address,	and ZIP + 4	260 Plymouth Avenue South			Phone no 🕨 (58	5) 232-2956		
		<u> </u>		Rochester, NY 14608	<u> </u>		,	<u> </u>		
May	the IR	.S discus	s this retu	ırn with the preparer shown above	? (see instructions) .			▼ Yes		

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

PathStone 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 adult training and employment opportunities, child development programs, health and safety programs, housing development, housing services, emergency and supportive services, youth and adult education, economic development programs, and advocacy and public policy initiatives. In 2009 - 2010 they have served 32,194 participants, benefiting 67,608 family members.

2	Did the organization unde the prior Form 990 or 99		ant program se	= -	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these r	new services on S	chedule O			
3	Did the organization ceas				ducts, any program	┌ Yes ┌ No
	If "Yes," describe these o	hanges on Scheo	lule O			
4		01(c)(4) organıza	tions and secti	on 4947(a)(1) trusts ar	argest program services b re required to report the am ervice reported	
4a	(Code	) (Expenses \$	8,727,294	ıncludıng grants of \$	1,380,062 ) (Revenue \$	9,559,470 )
	services, farmworker vocatio provide quality job training a	nal rehabilitation serv nd employment servi ntaged and/or disenfra	ices, senior training ces leading to gain	g and employment services, ful employment at livable wa	ouping which include farmworke and work ready - supported wor ages for individuals who are uner e services at the following locatio	k services These services help
4b	programs provide quality chil birth to 5 years and assist ch children of seasonal and migi and provide full-day child car family formation and healthy	d care, education, tra ildren to mature socia rant workers in rural a re at head start cente marriages Services	ınıng, famıly literad ılly, emotionally, ed areas of New Jerse rs 750 children we ınclude couples rela	cy, nutritious meals, and adv ducationally, and nutritionally y and Pennsylvania, and wo are served The Healthy Marri ationship workshops, parent-	ocacy services to establish sound  The program specifically provide	les early childhood education for ate parents on healthy life choices, hild well-being by strengthening shops, marriage counseling
	(Code	) (Expenses \$	E 00E 212	including grants of \$	370,657 ) (Revenue \$	6,214,567 )
4c	HOUSING SERVICES A many services, and the manufactur buying process, wealth and a	r faceted program, ho red home cooperative resset building, assist for the rehab and resale pr	ousing services inclu project Main prog amilies in moving t ogram, revolving l	udes home ownership service gram accomplishments includ loward self-sufficiency, renta oan fund, weatherization ass	es, housing choice services, hous e educating and counseling indiv l assistance programs, improving istance program, and technical a	ing rehabilitation and energy iduals and families about the home housing conditions, lead based
4d	Other program services	(Describe in Scl	hedule O ) <b>See</b> :	also Additional Data fo	r Description	
	(Expenses \$	5,789,105 inc	cluding grants o	of \$ 1,393,7	44 ) (Revenue \$	6,892,987)
4e	Total program service e	xpenses <b>+</b> \$	26,198,74	2		

Part TV	Checklis	st of De	auired 9	Schedules
	CHECKII	SL UI KE	uuneu s	cneuules

			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	Yes	
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 similar funds or 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		Νο
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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ		
13	Is the organization a school 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 United States?	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 United States? <i>If</i> " <i>Yes,"</i> 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 U S? <i>If</i> "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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</i> "Yes," complete Schedule G, Part I	17		No
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</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 25	24a		No
b	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		Νο
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? 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? If "Yes," complete Schedule R, Part I	33		No
	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	Section 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		Νo
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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (	(2009)		Page
Part V	Statements Regarding Other IRS Filings and Tax Compliance		
		Yes	No

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 49			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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 on line 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 (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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)?	4a		Νο
Ь	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? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
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 benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
3	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	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			
.1	Section 501(c)(12) organizations. Enter			
а	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 )			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year   12b			

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

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

	processes, or changes in Schedule O. See instructions.					
Se	ection A. Governing Body and Management		Yes	No		
			res	140		
1a	Enter the number of voting members of the governing body   1a   27	,				
b	Enter the number of voting members that are independent 1b 27	, ]				
2	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?	2		No		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No		
6	Does the organization have members or stockholders?	6		No		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the					
	governing body?	7a		No 		
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No		
	ection B. Policies (This Section B requests information about policies not required by the Internal					
Re	evenue Code.)		V	No		
100	Does the organization have local chapters, branches, or affiliates?	10a	Yes Yes	140		
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104	163			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	'  <sub>11</sub>	Yes			
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise					
	to conflicts?	12b	Yes			
C	describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13	Yes			
14						
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	Yes			
b	Other officers or key employees of the organization	15b	Yes			
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
b	taxable entity during the year?	16a		No		
	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				
Se	ection C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed <b>▶</b> NY					
18	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.					
19	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	he orga	anızatıoı	n ►		
	The Organization					

# Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

	Page <b>8</b>
0	62.046

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►7

			Yes	No
3	Did the organization list any <b>former</b> 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		No
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	4	Vas	
		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		No

#### **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>(B)</b> Description of services	<b>(C)</b> Compensation
Clean Edison Inc C/O the Organization Rochester, NY 14607	Training in Welding	195,200
Smith & Smith General Contractors C/O the Organization Rochester, NY 14607	Office renovations contactor	168,785
Zargar Mechanical Services Inc C/O the Organization Rochester, NY 14607	Weatherization Contractor	137,364
Penguin Life Safety Corp C/O the Organization Rochester, NY 14607	Weatherization Contractor	127,456
George's Transportation C/O the Organization Rochester, NY 14607	Bus transportation	119,347
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►7	) who received more than	

Part V	<b>/</b>	Statement of	of Revenue					
				76,000	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ \$	1a	Federated cam	paigns 1a	76,003				
克克	ь	Membership du	es					
్్ౖ	c	Fundraising eve	ents 1c					
£ ≝	d	Related organiz	ations 1d					
Contributions, gifts, grants and other similar amounts	l e	Government grants						
Sign Sign		_		386,079				
重量	f	similar amounts no						
金吉	g	Noncash contri	butions included in					
풀	_	lines 1a-1f \$		<u>.</u>	462.002			
ठँ ल	h	Total. Add lines	s 1a-1f	🏲	462,082			
<u>a</u>				Business Code				
en	2a	Adult Training and	Emp	561,300	9,558,176	9,558,176		
Rev	ь	Child Development	: Serv	624,200	7,254,744	7,254,744		
<u>.</u>	c c	Housing Services R	even	531,390	5,938,416	5,938,416		
ž	d	Housing Developm	ent	531,390	2,977,006	2,977,006		
8	_   e	Other Program Gra		624,100	1,937,146	1,937,146		
É	l _		<del></del>	624,100		· · ·		
Program Service Revenue	f	All other progra	ım service revenue		1,520,820	1,520,820		
<u></u>	g	Total. Add lines	s 2a – 2f	<u></u> <b>⊢</b>	29,186,308			
	3	Investment inc	ome (including dividenc	ls, interest				
		and other simila	aramounts)	▶	2,127			2,12
	4	Income from inves	tment of tax-exempt bond p	roceeds 🕨				
	5	Royalties		▶ [				
			(ı) Real	(II) Personal				
	6a	Gross Rents	332,603					
	ь	Less rental						
	<sub>c</sub>	expenses Rental income	332,603					
		or (loss)		<b>b.</b>	222 (02			222.60
	d	Net rental inco	me or (loss)		332,603			332,603
	7a	Gross amount	(ı) Securities	(II) O ther				
	<sup>7</sup>	from sales of						
		assets other than inventory						
	ь	Less cost or other basis and		2,650				
		sales expenses						
	c	Gain or (loss)		-2,650				
	d	Net gain or (los	s)		-2,650			-2,650
venue	8a	Gross income f events (not inc  \$ of contributions	-					
Other Revenue	ь	See Part IV, lin	e 18 a penses <b>b</b>					
<del>=</del>	c		loss) from fundraising e	vents -				
_	9a		rom gaming activities					
		See Part IV , lin	e 19 <b>a</b>					
	c c	Net income or (	penses b	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oodssold <b>b</b>					
	c	Net income or (	loss) from sales of inve	ntory 🟲				
		Miscellaneous	s Revenue	Business Code			· · · · · ·	
	11a	Other Income		900,099	741,368	741,368		
	ь							
	c							
	d	All other reven	ue					
		Total. Add lines	•					
	12		See Instructions		741,368			
	**	iotai ievenue.	see thistructions		30,721,838	29,927,676	(	332,080

	990 (2009)				Page <b>10</b>
Par	Statement of Functional Expenses		-1		
А	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) 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	3,662,230	3,662,230		
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	308,346		308,346	
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	11,420,376	10,379,676	997,375	43,325
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	802,553	718,903	80,429	3,221
9	Other employee benefits	3,723,859	3,283,315	425,831	14,713
10	Payroll taxes	1,283,145	1,129,526	148,558	5,061
11	Fees for services (non-employees)				
а	Management	180,164	11,688	168,476	
ь	Legal	119,657		119,657	
С	Accounting	65,936		65,936	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	575,990	524,966	47,182	3,842
12	Advertising and promotion				
13	Office expenses	2,998,291	2,827,500	137,652	33,139
14	Information technology	53,801		53,801	
15	Royalties				
16	Occupancy	2,419,107	2,285,583	130,264	3,260
17	Travel	1,169,035	1,102,071	66,942	22
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	178,621	91,844	85,920	857
20	Interest	16,919	541	16,378	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	87,862	15,400	72,169	293
23	Insurance	264,740	103,537	161,203	
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	Bad Debt Expenses	54,223	42,780	11,443	
b	Supportive Services	43,389		43,389	
c	Delegate Agencies	16,500	16,500		
d	Other Expenses	7,857	2,682	5,175	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	29,452,601	26,198,742	3,146,126	107,733
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational				<u> </u>
	campaign and fundraising solicitation				000 (2000)

Part X Balance Sheet (A) (B) Beginning of year End of year 404.540 671.593 1 Cash—non-interest-bearing . . . . . . . . . . . . 1 788,502 2 1.271.513 2 2,709,383 3,306,266 3 3 4 68.763 63.117 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net . . . . . 7,067,907 7,042,630 Inventories for sale or use . . . . . . 8 3,866 9 16,892 Land, buildings, and equipment cost or other basis Complete 5.234.979 10a 10a Part VI of Schedule D 3.438,425 **10c** 10b 1.578.699 3.656.280 b Less accumulated depreciation . . . . 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 3,050,619 13 3,050,619 13 Investments—program-related See Part IV, line 11 . . 14 71,224 14 71,224 42.980 15 51.723 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 17,646,209 16 19,201,857 4.812.806 4.807.268 17 17 Accounts payable and accrued expenses . 18 18 1,255,658 19 1,885,353 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 1,299,415 532,137 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 25 Other liabilities Complete Part X of Schedule D . . . . . 26 **Total liabilities.** Add lines 17 through 25 . . . . . 7,362,341 26 7,230,296 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 1.520.425 1.939.455 27 Unrestricted net assets . . . . 27 28 28 Temporarily restricted net assets . . . . . Fund 8.763.443 29 10.032.106 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 10,283,868 33 Total net assets or fund balances . . . . 33 11,971,561 34 Total liabilities and net assets/fund balances . . . . . 17.646.209 34 19.201.857

# Part XI 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 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis			
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? 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	3b	Yes	

Form **990** (2009)

# OMB No 1545-0047

# **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Inspection

Name of the organization

**Employer identification number** 

thS	tone Co	orporation Inc									
)a	rt I	16-0984913 <b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instruc	tions								
		zation is not a private foundation because it is (For lines 1 through 11, check only one box )									
1	- J	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).									
- 2	Ė	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E)									
- 3	<u>'</u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	r	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state									
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental uni	t describe	- d ın							
		section 170(b)(1)(A)(iv). (Complete Part II )									
5	Г	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>									
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from th described in section 170(b)(1)(A)(vi) (Complete Part II)	e general	public							
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II )									
9	~	An organization that normally receives (1) more than 331/3% 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 tha		_							
		its support from gross investment income and unrelated business taxable income (less section 511 tax) fr									
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )									
0	Г	An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b>									
L	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carr one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sectible box that describes the type of supporting organization and complete lines 11e through 11h	•	a)(3).	Check						
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more d other than foundation managers and other than one or more publicly supported organizations described in 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 sucheck this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the	pporting o	rganız	ation,						
		following persons?									
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No						
		and (III) below, the governing body of the 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	(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 US?		(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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						
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) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

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

(Complete only if you checked the box on line 9 of Part I.)

Se	ction A. Public Support	a circonoa circ	20X 011 III10 3 0	. r ure 11)			
	ndar year (or fiscal year beginning	(-) 2005	(1) 2006	(-) 2007	(4) 2000	(-) 2000	(6) T - 1 - 1
	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	( <b>e)</b> 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	330,510	213,253	300,173	563,787	462,082	1,869,80
2	grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt	21,428,034	22,104,300	25,300,055	27,060,132	29,186,308	125,078,82
3	purpose 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	21,758,544	22,317,553	25,600,228	27,623,919	29,648,390	126,948,63
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons			85,000	120,000	182,000	387,00
b	A mounts 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			85,000	120,000	182,000	387,00
8	Public Support (Subtract line 7c						126,561,63
	from line 6 )						
	ction B. Total Support						
Cale	ndar year (or fiscal year	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	beginning in) A mounts from line 6	21,758,544	22,317,553	25,600,228	27,623,919	29,648,390	126,948,63
y L0a	Gross income from interest,	21,730,344	22,517,555	23,000,220	21,023,313	27,040,370	120,540,05
lua	dividends, payments received on securities loans, rents, royalties and income from similar sources	376,250	351,483	320,278	377,821	334,730	1,760,56
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	376,250	351,483	320,278	377,821	334,730	1,760,56
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)	79,921	136,031			741,368	957,32
13	Total support (Add lines 9, 10c, 11 and 12)	22,214,715	22,805,067	25,920,506	•	30,724,488	129,666,51
14	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	iization, ►
Se	ction C. Computation of Pub						
15	Public Support Percentage for 200			13 column (f))		15	97 610 %
16	Public support percentage from 20	08 Schedule A , P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
<u>17</u>	Investment income percentage for				n (f))	17	1 360 %
18	Investment income percentage fro	·		•		18	
	33 1/3% support tests—2009. If th				d line 15 is more		l 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% support tests—2008. 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 3.3 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

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493222013001

OMB No 1545-0047

**Supplemental Financial Statements** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

> ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** PathStone Corporation Inc 16-0984913 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 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **\(\mathbb{F}\_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the 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. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, 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,

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Assets included in Form 990, Part X

(ii) Assets included in Form 990, Part X

provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

following amounts required to be reported under SFAS 116 relating to these items

Cat No 52283D

Schedule D (Form 990) 2009

ar	Organizations Maintaining Co	<u>llections of Art</u>	, His	toric	cal Tre	easu	res, or (	<u> 2the</u>	<u>r Simila</u>	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e foll	owing th	at ar	e a sıgnıfıc	ant ı	ise of its co	ollectio	n	
а	Public exhibition		d	Γ	Loan or	rexcl	nange prog	rams	;			
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
ļ	Provide a description of the organization's co	ollections and expla	ın how	v they	further	the o	rganızatıo	n's e	xempt purp	ose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t			,					nılar	Г	Yes	┌ No
Pa i	tt IV Escrow and Custodial Arrang						answere	ed "\	es" to Fo	rm 990	),	
	Part IV, line 9, or reported an ar		•									
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary	for co	ontributi	ions c	or other as	sets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	√ and complete the	follow	ıng ta	ble				T			
										A mou	ınt	
с	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
а	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Γ	Yes	Г No
	If "Yes," explain the arrangement in Part XI\											
Pa	rt V Endowment Funds. Complete	If the organizatior (a)Current Year		were )Prior '			Form 990 wo Years Bad		rt IV, line )Three Years		<b>\</b> Eour Vo	ars Back
а	Beginning of year balance	1,427,816	(D		,979,240	<u> </u>	WO TEALS DAG	.k (u	Jilliee feats	Dack (e	roui re	ais back
b	Contributions	29,015			2,550							
c	Investment earnings or losses	245,672			-433,974							
d	Grants or scholarships	·										
e	Other expenditures for facilities	85,000			120,000							
	and programs											
f	Administrative expenses											
g	End of year balance	1,617,503		1	,427,816							
	Provide the estimated percentage of the year	r end balance held a	as									
а	Board designated or quasi-endowment 🕨	6.910 %										
ь	Permanent endowment F 93.100 %											
c	Term endowment ►											
а	Are there endowment funds not in the posse	ssion of the organiza	ation t	:hat a	re held a	and a	dmınıstere	d for	the			
	organization by  (i) unrelated organizations									3a(i)	Yes	No No
	(ii) related organizations		• •	•			• •	•		3a(ii)	Yes	
ь	If "Yes" to 3a(II), are the related organization							٠.		3b	Yes	
	Describe in Part XIV the intended uses of th										1	
аг	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 99	0, Pa	art X, line	10.	_			
	Description of investment				Cost or o s (investm		( <b>b)</b> Cost or basis (oth		(c) Accum deprecia		( <b>d</b> ) Boo	ok value
a.	Land							8,150				8,150
b	Buildings						1,45	7,251		752,848		704,403
c	Leasehold improvements						15	3,996		123,196		30,800
d	Equipment						93	2,798		702,655		230,143
e	Other						2,68	2,784			2	2,682,784

3,656,280

(a) Description of security or category			d of valuation
(including name of security)	(b)Book value		year market value
Financial derivatives			
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 :	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
		Cost or end-of	year market value
Investment in Subsidiary	3,050,619		С
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	-//		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15. tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value

Schedule D (Form 990) 2009

30,721,030		otal revenue (Form 990, Part VIII, column (A.), line 12)	-
29,452,601	2	otal expenses (Form 990, Part IX, column (A), line 25)	2
1,269,237	3	cess or (deficit) for the year Subtract line 2 from line 1	3
81,627	4	et unrealized gains (losses) on investments	4
	5	onated services and use of facilities	5
	6	vestment expenses	6
3,524	7	or period adjustments	7
333,305	8	ther (Describe in Part XIV)	8
418,456	9	otal adjustments (net) Add lines 4 - 8	9
1,687,693	10	ccess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
'n	er Re		Par
31,084,477	1	otal revenue, gains, and other support per audited financial statements	1
		mounts included on line 1 but not on Form 990, Part VIII, line 12	2
		et unrealized gains on investments 2a 81,627	а
		onated services and use of facilities	b
		ecoveries of prior year grants	c
		ther (Describe in Part XIV) 2d	d
362,639	2e	dd lines 2a through 2d	e
30,721,838	3	ubtract line <b>2e</b> from line <b>1</b>	3
		mounts included on Form 990, Part VIII, line 12, but not on line 1	4
		nvestment expenses not included on Form 990, Part VIII, line 7b . 4a	а
		ther (Describe in Part XIV)	b
0	4c	dd lines <b>4a</b> and <b>4b</b>	С
30,721,838	5	otal Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5
	per F		Par
29,733,613	1	otal expenses and losses per audited financial	1
		mounts included on line 1 but not on Form 990, Part IX, line 25	2
		onated services and use of facilities	а
		rior year adjustments	Ь
		ther losses	c
		ther (Describe in Part XIV) 2d	d
281,012	2e	dd lines 2a through 2d	e
29,452,601	3	ubtract line <b>2e</b> from line <b>1</b>	3
		mounts included on Form 990, Part IX, line 25, but not on line 1:	4
		nvestment expenses not included on Form 990, Part VIII, line 7b 4a	а
		ther (Describe in Part XIV) 4b	b
0	4c	dd lines 4a and 4b	c
29,452,601	5	otal expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

# Part XIV 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Ident if ier	Return Reference	Explanat ion
Part V , Line 4	Description of Intended Use of Endowment Funds	A percentage of the Fund's market value as determined by the board of directors of a related organization of PathStone Corporation each year shall be distributed for the use by the related organization in support of its programs for women
Part X	Description of Uncertain Tax Positions Under FIN 48	The not-for-profit corporations included in these financial statements have been ruled as tax-exempt under Internal Revenue Code Section 501(c)(3) by the Internal Revenue Service and it has also been determined that they are publicly supported. The for-profit C-Corporations included in these financial statements are subject to federal and state income taxes. No income tax expense or benefit has been included in these financial statements for the limited partnerships since taxable income and losses pass through to, and are reportable by, the partners. FASB ASC #740, Income Taxes, requires entities to disclose in their financial statements the nature of any uncertainties in their tax position. Tax years including 2007 and later are subject to examination by tax authorities. Areas that IRS and state tax authorities consider when examining tax returns of a charity include, but may not be limited to, tax-exempt status and the existence and amount of unrelated business income. Areas with respect to pass-through entities' income tax returns include, but may not be limited to, the deductibility of expenses, classification of income, status as a pass-through entity, Nexus with other states, and entity liability for owner income taxes. The Organization does not believe that it has any uncertain tax positions with respect to these or other matters, and has not recorded any unrecognized tax benefits or liability for penalties or interest. The Organization is not aware of any circumstances or events that make it reasonably possible that tax benefits may increase or decrease within 12 months of the date of these financial statements.
Part XI, Line 8 - O ther Adjustment	s	Transfers 333305

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DLN: 93493222013001

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

# **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Open to Public

danie or the organization						Employer ruentinee	ition number
PathStone Corporation Inc						16-0984913	
Part I General Infor	mation on Gra	nts and Assistance				<b>,</b>	
the selection criteria us	ed to award the gra	substantiate the amount of t nts or assistance? edures for monitoring the us					▼ Yes
Form 990, Part	IV, line 21 for a	e to Governments and ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	no one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of se	ction E01/c)/2\ and	d government organizations					

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Training	3200		1,899,904	FMV	Skills and job training leading to unsubsidized placement in the labor market Training includes Work Experience Training, ESL and GED training, classroom training, Occupational Skills training, Onthe-job training, Occupational Safety training, Health and Safety training, Pesticide awareness training
Supportive Services	10500		1,226,593	FM V	Supportive services include emergency food, lodging, health, and relocation assistance These supportive services are also provided to individuals enrolled in training activities who need assistance while completing their training plan Training Related supportive services includes such services as transportation, work boots, tools, work clothes, rental assistance, and other support that assists the individual achieve a positive job placement and job retention
Weatherization	300		535,733	FM V	Weatherization services includes assessment, repairs and upgrades to residences of program eligible clients This is in the form of testing, caulking and sealing, door and window replacement, roofing repairs, attic and wall insulation, installation of efficient furnaces, hot water tanks and appliances

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 Program eligibility is determined and entered into the MIS system Enrollment into a specific program is required and eligibility testing identifies what programs the individual or family is eligible for A development plan is completed for every client, and training is provided based upon the identified needs. All services provided to individuals and families are recorded in the family's MIS records. Case management reviews are conducted with senior staff and ongoing assessment of supportive services and additional training plans are developed for the clients. Internal audits are conducted by the corporation to assess success of programs and to gauge effectiveness of staff and utilization of resources.

DLN: 93493222013001

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Pat	hStone Corporation Inc							
			16-0984913					
Рa	rt I Questions Regarding Compensation			1		l		
			ı		Yes	Νo		
1a	Check the appropriate box(es) if the organization provided an 990, Part VII, Section A, line 1a Complete Part III to provi							
	First-class or charter travel	Housing allowance or residence for	personal use					
	Travel for companions	Payments for business use of perso	nal residence					
		Health or social club dues or initiat	ion fees					
	Discretionary spending account	Personal services (e g , maid, chau	ffeur, chef)					
b	b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain							
2	Did the organization require substantiation prior to reimbursi officers, directors, trustees, and the CEO/Executive Directo			2				
3	Indicate which, if any, of the following the organization uses to organization's CEO/Executive Director Check all that apply Compensation committee		<b>:</b>					
	·	Compensation survey or study						
		Approval by the board or compensa	tion committee					
	, Tomasso or other organizations	Typical by the beara of compensa	tion committee					
4	During the year, did any person listed in Form 990, Part VII, or a related organization	, Section A , line 1a with respect to t	he filing organization					
а	Receive a severance payment or change-of-control payment	t?		4a		Νo		
b	Participate in, or receive payment from, a supplemental nonc	qualified retirement plan?		4b		Νo		
c	Participate in, or receive payment from, an equity-based con	npensation arrangement?		4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and provide the	e applicable amounts for each item i	n Part III					
	Only 501(c)(3) and 501(c)(4) organizations only must comp							
5	For persons listed in form 990, Part VII, Section A, line 1a, compensation contingent on the revenues of	did the organization pay or accrue a	ny					
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, line 1a, compensation contingent on the net earnings of	did the organization pay or accrue a	ny					
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, line 1a, payments not described in lines 5 and 6? If "Yes," describe		n-fixed	7		No		
8	Were any amounts reported in Form 990, Part VII, paid or ac subject to the initial contract exception described in Regs's in Part III			8		No		
۵	If "Vas" to line 8, did the organization also follow the rebutta	bla procumption procedure describe	d in Bogulations					

section 53 4958-6(c)?

# 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name			W-2 and/or 1099-MI		(C) Retirement and other deferred	( <b>D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(1)-(D)	<b>(F)</b> Compensation reported in prior
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	23	(=)(.)	Form 990 or Form 990-EZ
Stuart Mitchell	(ı) (ıı)	158,826 0	0	I -	7,782 0	3,000 0		0

# 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	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

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DLN: 93493222013001

OMB No 1545-0047

2000

Open to Public Inspection

# **SCHEDULE 0**

Department of the Treasury
Internal Revenue Service

(Form 990)

**Supplemental Information to Form 990** 

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

► Attach to Form 990.

Name of the organization
PathStone Corporation Inc

Employer identification number

16-0984913

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		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, line 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 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. The CEO 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 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.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The wages and benefits of all top management employees are determined by the personnel committee of 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 Division 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 PathStone was reviewed by Astron Solutions in late 2008 and into 2009 to determine market comparability Reports were made to PathStone Executive Staff and Board of Directors. Recommendations were made for makin

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Pathstone Corporation makes its governing documents (Bylaw's and Certificate of Incorporation) available to the public upon written request 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.

ldentifier	Return Reference	Explanation
		Schedule R, Part II Pathstone Corporation is also related to other tax-exempt organizations included in a group return

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE R (Form 990)

Name of the organization

PathStone Corporation Inc

Department of the Treasury

Internal Revenue Service

# **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.

OMB No 1545-0047

**Employer identification number** 

DLN: 93493222013001

2009

Open to Public Inspection

				16-0984913	
Part I Identification of Disregarded Entities (Complete	e if the organization a	answered "Yes" on	Form 990, Part	•	
<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the		ne organization an	swered "Yes" on	Form 990, Part IV	, line 34 because it had one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity
PathStone Development Corporation					
7 Prince Street  Rochester, NY 14607 16-1265765	Affordable Housing	NY	501(c)(3)	Line 9	N/A
Housing Opportunities Housing Development Fund Corporation					
7 Prince Street Rochester, NY 14607	Affordable Housing	NY	501(c)(3)	Line 11a, I	PathStone Development Corporation
16-1386456 Alloway Housing Development Fund Corporation					
7 Prince Street	Affordable Housing	NY	501(c)(3)	Line 11a, I	PathStone Development Corporation
Rochester, NY 14607 20-3574586					
PathStone Housing Action Corporation					
400 East Avenue  Rochester, NY 14607 16-1183242	Affordable Housing	NY	501(c)(3)	Line 9	N/A
Soujourner House at PathStone Inc					
30 Millbank Street Rochester, NY 14619	Provide temporary housing for women and children	NY	501(c)(3)	Line 7	N/A
16-1170113 Sojourner Development Corporation					
30 Millbank Street	Provide permanent housing for women and children	NY	501(c)(3)	Line 9	Sojourner House at PathStone Inc
Rochester, NY 14619 16-1370403	Ginal GII				

Part III Identification because it	ation of Related had one or more	Organiz related o	z <b>ations Taxable a</b> organizations treate	<b>s a Partnership</b> (C d as a partnership d	Complete if the orguring the tax year	anızatıon ans .)	wered '	'Yes" c	on For	m 990, I	Part IV, line	34		
(a) Name, address, and EIN of related organization	<b>(b)</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 asset	of-year Disprop		(h) Disproprtionate allocations?		sproprtionate Code V—UBI		( <b>j</b> Gener mana partr	ral or iging
								Yes	No			Yes	No	
See Additional Data Table													-	
												1		
												-		
				s a Corporation or s treated as a corpor			ar.)		ed "Y	es" on Fo	orm 990, Pa	art IV,		
<b>(a)</b> Name, address, and EIN of related organization		<b>(b)</b> Primary activity		<b>(c)</b> 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 e		Sh end-	Share of end-of-year assets (h) Percenta ownersh		-		
See Additional Data Table														

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, II	ne 34, 35, or 36.)			
Note	Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
<b>1</b> During	the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	>			
<b>a</b> Rec	eipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
<b>b</b> Gift,	grant, or capital contribution to other organization(s)		1b		No
<b>c</b> Gıft,	grant, or capital contribution from other organization(s)		<b>1</b> c		No
<b>d</b> Loai	ns or loan guarantees to or for other organization(s)		1d	Yes	
<b>e</b> Loai	ns or loan guarantees by other organization(s)		1e		No
<b>f</b> Sale	of assets to other organization(s)		1f		No
<b>g</b> Puro	hase of assets from other organization(s)		<b>1</b> g		No
h Exc	hange of assets		1h		No
i Leas	e of facilities, equipment, or other assets to other organization(s)		<b>1</b> i	Yes	
j Leas	e of facilities, equipment, or other assets from other organization(s)		<b>1</b> j		No
<b>k</b> Perf	ormance of services or membership or fundraising solicitations for other organization(s)		1k		No
I Perfo	ormance of services or membership or fundraising solicitations by other organization(s)		11		No
<b>m</b> Shai	ring of facilities, equipment, mailing lists, or other assets		1m	Yes	
<b>n</b> Sha	ring of paid employees		1n	Yes	
o Rein	nbursement paid to other organization for expenses		10		No
<b>p</b> Rein	nbursement paid by other organization for expenses		1р		No
<b>q</b> Oth	er transfer of cash or property to other organization(s)		<b>1</b> q	Yes	
r Othe	er transfer of cash or property from other organization(s)		1r	Yes	
	e answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships	and transaction thres	sholds		
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)		(c) nt involv	ed
(1)					
(2)					
(3)					
(4)					
(E)					
(5)					
(6)					

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets	(f) Disproprtio allocations		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
									+-	╁
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Software ID: Software Version:

**EIN:** 16-0984913

Name: PathStone Corporation Inc

# Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	<b>(f)</b> Direct Controlling Entity
PathStone Development Corporation  7 Prince Street Rochester, NY14607 16-1265765	A ffordable Housing	NY	501(c) (3)	Line 9	N/A
Housing Opportunities Housing Development Fund Corporation  7 Prince Street Rochester, NY14607 16-1386456	A ffordable Housing	NY	501(c) (3)	Line 11a, I	PathStone Development Corporation
Alloway Housing Development Fund Corporation  7 Prince Street Rochester, NY14607 20-3574586	A ffordable Housing	NY	501(c) (3)	Line 11a, I	PathStone Development Corporation
PathStone Housing Action Corporation  400 East Avenue Rochester, NY14607 16-1183242	A ffordable Housing	NY	501(c) (3)	Line 9	N/A
Soujourner House at PathStone Inc  30 Millbank Street Rochester, NY14619 16-1170113	Provide temporary housing for women and children	NY	501(c) (3)	Line 7	N/A
Sojourner Development Corporation  30 Millbank Street Rochester, NY14619 16-1370403	Provide permanent housing for women and children	NY	501(c) (3)	Line 9	Sojourner House at PathStone Inc

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax	(f) Share of total income (\$)	and-of-year	(h) Dispro allocat	ortionate ions?	(i) Code V-UBI amount on Box 20 of K-1 (\$)	Gen o Mana	r agıng
Anthony Square LP		NY		under sections 512-514) N/A			Yes	<b>No</b>		Yes	<b>No</b>
	Housing										
16-1589159 Aprıl Meadows LP	A ffordable Housing	NY	N/A	N/A				No			Νo
7 Prince Street Rochester, NY14607	Trousing										
	A ffordable Housing	NY	N/A	N/A				No			Νo
7 Prince Street Rochester, NY14607 16-1544146											
Canal Place LP	A ffordable Housing	NY	N/A	N/A				No			Νo
Rochester, NY14607 75-2975899											
	A ffordable Housing	NY	N/A	N/A				Νο			Νo
Rochester, NY14607 90-0347268											
7 Prince Street	A ffordable Housing	NY	N/A	N/A				No			Νo
Rochester, NY14607 16-1520376	A. (C. )	NV	N. (A	D. (0							
Clayton Heights LP 7 Prince Street Rochester,	Affordable Housing	NY	N/A	N/A				No			Νo
NY14607 41-2124095 Creekside Clearing	A ffordable	NY	N/A	N/A				No			Νο
_	Housing	l N I	N/A								NO
Rochester, NY14607 05-0607089											
7 Prince Street	A ffordable Housing	NY	N/A	N/A				No			Νo
Rochester, NY14607 20-4754791	V et = 1	RIST	NI / A	N /A				N c			V1
Elmgrove Place LP 7 Prince Street Rochester,	A ffordable Housing	NY	N/A	N/A				No			Νo
NY14607 06-1716252	A ffordable	NY	N/A	N/A				No			Νο
7 Prince Street Rochester,	A flordable Housing										
NY 14607 20-4754992 Marketview	A ffordable	NY	N/A	N/A				No			Νο
7 Prince Street	Housing										
Rochester, NY14607 16-1435368											
	A ffordable Housing	NY	N/A	N/A				No			Νo
Rochester, NY14607 16-1458119											
MJ Estates II LLC	A ffordable Housing	NY	N/A	N/A				No			Νo
Rochester, NY14607 27-1006415											
	A ffordable Housing	NY	N/A	N/A				Νο			Νo
Rochester, NY14607 20-8685429											
7 Prince Street	A ffordable Housing	NY	N/A	N/A				No			Νo
Rochester, NY14607 61-1592249	A ffordable	NY	N/A	N/A				No			Νο
•	Housing	IN T	N/A	IN/A				IN O			N O
NY14607 16-1478044	A ffordable	NY	N/A	N/A				No			Νο
7 Prince Street Rochester,	Housing										
	A ffordable	NY	N/A	N/A				No			Νο
7 Prince Street Rochester,	Housing										
,	A ffordable	NY	N/A	N/A				No			Νo
7 Prince Street Rochester,	Housing										
NY14607 04-3812069 Westminister Place	A ffordable	NY	N/A	N/A				No			Νο
LP 7 Prince Street	Housing		, , .	,							
Rochester, NY14607 16-1476222	-										
	A ffordable Housing	NY	N/A	N/A				No			Νo
Rochester, NY14607 16-1489242 Ada Ridge Partners	A ffordable	NY	N/A	N/A				No			Νο
II LLC 400 East Avenue	A Hordable Housing		, - •								
Rochester, NY14607 26-2373989											
	A ffordable Housing	NY	N/A	N/A				No			Νo
400 East Avenue Rochester, NY14607 16-1592991											
Albion Senior	A ffordable Housing	NY	N/A	N/A				No			Νo
400 East Avenue Rochester, NY14607											
26-0345950 Alliance Homes II	A ffordable Housing	NY	N/A	N/A				No			Νo
400 East Avenue Rochester,	_										
	A ffordable	NY	N/A	N/A				No			Νo
400 East Avenue	Housing										
Rochester, NY 14607 20 - 3947099 Andrews Terrace	A ffordable	NY	N/A	N/A				No			Νο
	Affordable Housing	I IV T	/M					IN U			14 0
400 East Avenue Rochester, NY14607 20-3199493											
Beechwood Apartments LLC	A ffordable Housing	NY	N/A	N/A				No			Νo
400 East Avenue Rochester, NY14607											
	A ffordable Housing	NY	N/A	N/A				No			Νo
				1	İ	I	1	1	I	1	l

Form 990, Schee	dule R, Part	1	lentificatio	I I	d Organiza	ations Taxa	able a	s a Par	tnership		<del></del> 1
<b>(a)</b> Name, address, and EIN of related organization	activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under	(\$)	land-of-vaar	(h) Disprop allocati	ortionate ions?	amount on	(j) Gene or Mana Partn	eral - ging
400 East Avenue	A ffordable Housing			tax under sections 512-514) N/A			Yes	No No		Yes	<b>No</b> N o
Rochester, NY14607 03-0485949											
Canal View Senior Housing LLC 400 East Avenue Rochester,	A ffordable Housing	NY	N/A	N/A				No			N o
Square Partners LP	A ffordable Housing	NY	N/A	N/A				No			N o
400 East Avenue Rochester, NY14607											
22-3607775 Essex Albion Credit LP	A ffordable Housing	NY	N/A	N/A				No			N o
	A ffordable Housing	NY	N/A	N/A				No		1	N o
400 East Avenue	A ffordable Housing	NY	N/A	N/A				No		1	N o
Rochester, NY14607 16-1537986 Highland Meadows Partners LLC	A ffordable Housing	NY	N/A	N/A				No			N o
Partners II LP	A ffordable Housing	NY	N/A	N/A				No		ı	N o
400 East Avenue Rochester, NY14607 06-1473326											
Lander Street Partners III LLC  400 East Avenue Rochester,	A ffordable Housing	NY	N/A	N/A				No			No
NY14607 56-2523429 Lander Street Partners LP	A ffordable Housing	NY	N/A	N/A				No			N o
400 East Avenue Rochester, NY14607 06-1445495 New Home	Afforda!	MV	N /A	N/A				No			<u></u>
	A fford a ble Housing	NY	N/A	N/A				No			N o
Olde Theatre Apartments LP 400 East Avenue Rochester, NY14607	A ffordable Housing	NY	N/A	N/A				No			N o
34-1844633 Salem Senior Housing LLC 400 East Avenue Rochester,	A ffordable Housing	NY	N/A	N/A				No			N o
NY14607 38-3711378 Sandy Creek	A ffordable	NY	N/A	N/A				No			N o
Associates LP  400 East Avenue Rochester, NY14607	Housing										
LLC 400 East Avenue	A ffordable Housing	NY	N/A	N/A				No			N o
Rochester, NY14607 35-2182907 Stonewood Village LLC 400 East Avenue	A ffordable Housing	NY	N/A	N/A				No			N o
Rochester, NY14607 26-4557007 Thompson	A ffordable Housing	NY	N/A	N/A				No			N o
Rochester, NY14607 16-1421270 Apple Meadow Ltd LP	A ffordable Housing	NY	N/A	N/A				No		L	N o
Rochester, NY14607 31-0970627 Castle Street Associates LP	A ffordable Housing	NY	N/A	N/A				No			N o
Rochester, NY14607 16-1311570 Clifton Commons Associates LP	A ffordable Housing	NY	N/A	N/A				No			N o
400 East Avenue Rochester, NY14607 16-1386724											
Crosman LLC	A ffordable Housing	NY	N/A	N/A				No			N o
Crossman LP	A ffordable Housing	NY	N/A	N/A				No		Į	N o
10-0007242 Foster Block Associates LP 400 East Avenue	A ffordable Housing	NY	N/A	N/A				No		1	N o
Rochester, NY14607 16-1351625 Stanton Meadows		NY	N/A	N/A				No			N o
Townhomes LP  400 East Avenue Rochester, NY14607 16-1551902 Washington Park	Housing A ffordable			N/A				No			N o
Associates LP  400 East Avenue Rochester, NY14607 16-1299635	Housing										
	A ffordable Housing	NY	N/A	N/A				No			N o
,						<u>.                                    </u>					

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

Form 990, Schedule K, Pa	ittiv ident	incation of	Related Orga	mzations	Taxabic as a	corporation	ii oi iiust
(a) Name, address, and EIN of related organization	<b>(b)</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 (\$)	<b>(h)</b> Percentage ownership
Housing Opportunities Management Enterprise Inc 7 Prince Street Rochester, NY14607 16-1467395	Managing Affordable Housing Developments	NY	N/A	С			
Marketview Housing Inc 7 Prince Street Rochester, NY14607 16-1435367	General Partner in L P Transactions	NY	N/A	С			
Slater Neighborhood Inc 7 Prince Street Rochester, NY14607 27-1006036	General Partner in L P Transactions	NY	N/A	С			
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	С			
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			
Stanton Meadows Corporation 400 East Avenue Rochester, NY14607 16-1556454	General Partner in L P Transactions	NY	N/A	С			
Monica Homes LTD 400 East Avenue Rochester, NY14607 80-0360791	General Partner in L P Transactions	NY	N/A	С			
Lehigh Managing Member LLC 400 East Avenue Rochester, NY14607 27-0212774	General Partner in L P Transactions	NY	N/A	С			

#### **Additional Data**

Software ID: Software Version:

**EIN:** 16-0984913

Name: PathStone Corporation Inc

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

#### 4d. Other program services

(Code ) (Expenses \$ 5,789,105 including grants of \$ 1,393,744 ) (Revenue \$ 6,892,987 )

OTHER SERVICES INCLUDING Health and safety education, prevention and intervention services, economic development services to provide guidance to low- to moderation-income individuals wishing to start or expand their businesses and provide credit to businesses that provide jobs to low- to moderate-income individuals, emergency and support services assisting disadvantaged families, including farmworkers and those with limited English skills to overcome basic need barriers and enable them to pursue self-sufficiency, youth and adult education which enables youth to recognize the educational and career opportunities as they pursue lifelong goals, and real estate development which develops and manages affordable housing for low- and moderate-income people and provides supportive services for residents thereof Areas served include Indiana, New Jersey, New York, Ohio, Pennsylvania, Puerto Rico, and Vermont

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		tion ( hat a	che	)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation		
	we e k	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
Sheila Banks Chairperson	1 50	Х		×				0	0	0		
Andres Ramos	1 50	×		х				0	0	0		
Vice Chairperson Velma Wright	1 30	^		<u> </u>				, and the second	0			
Secretary	1 50	Х		Х				0	0	0		
Mark St John Treasurer	1 50	х		х				0	0	0		
Keith Talbot Esq Board Member	1 50	Х						0	0	0		
Bill Kilgore Board Member	1 50	Х						0	0	0		
Evan Martinez Board Member	1 50	Х						0	0	0		
Arlene Wilson Board Member	1 50	Х						0	0	0		
Monica Gloria Board Member	1 50	Х						0	0	0		
April Colson Board Member	1 50	Х						0	0	0		
Eileen Torres Board Member	1 50	Х						0	0	0		
Lisa Marcello Board Member	1 50	Х						0	0	0		
Joy Pacheco Board Member	1 50	Х						0	0	0		
Henry Warren Board Member	1 50	Х						0	0	0		
Berrisford Anderson Board Member	1 50	Х						0	0	0		
Carlos Rosa Board Member	1 50	Х						0	0	0		
Maria Teresa Diaz Board Member	1 50	Х						0	0	0		
Arlene Velez Ramos Board Member	1 50	Х						0	0	0		
Jose Vega Rivera Board Member	1 50	Х						0	0	0		
Miguel Sanchez Board Member	1 50	Х						0	0	0		
Chrıs Wagner Board Member	1 50	Х						0	0	0		
Pauline Passio Board Member	1 50	Х						0	0	0		
BK Gaur Board Member	1 50	Х						0	0	0		
Paul Baker Board Member	1 50	Х						0	0	0		
Patricia Mogan Board Member	1 50	Х						0	0	0		

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Independ	dent C	Onti	acı	LUIS	<u> </u>				-
(A) Name and Title	(B) A verage hours	1	(C tion ( hat a	che		II		( <b>D</b> ) Reportable compensation from the	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Heather A bbott Board Member	1 50	х						0	0	0
Epıfanıo Martinez Board Member	1 50	Х						0	0	0
Stuart Mitchell President and CEO	40 00			х				158,826	0	10,782
Kevin Ryck Chief Financial Officer	40 00			х				131,572	0	9,447
Jeffrey Lewis Sr VP Planning and Research	40 00					×		114,642	0	8,617
Susan Ottenweller Sr VP Real Estate Development	40 00					×		112,704	0	8,522
Willard Beaulac Sr VP Comm and Econ Development	40 00					х		111,333	0	8,455
Kay Washington Sr VP PA and NJ	40 00					Х		107,862	0	8,285
Velma Hullum Sr VP NY, OH, and VT	40 00					х		100,781	0	7,938

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Adult Training and Emp	561,300	9,558,176	9,558,176		
Child Development Serv	624,200	7,254,744	7,254,744		
Housing Services Reven	531,390	5,938,416	5,938,416		
Housing Development	531,390	2,977,006	2,977,006		
Other Program Grants a	624,100	1,937,146	1,937,146		