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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
PathStone Corporation Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
400 East Avenue

City or town, state or country, and ZIP + 4
Rochester, NY 14607

D Employer identification number
16-0984913

E Telephone number
(585) 546-7180

G Gross receipts $ 35,633,050

F Name and address of principal officer
Kevin Ryck
400 East Avenue
Rochester, NY 14607

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www PathStone org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1971 | **M** State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PathStone builds family and individual self-sufficiency by strengthening farmworker, rural and urban communities Pathstone promotes social justice through programs and advocacy

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	24
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	919
6	Total number of volunteers (estimate if necessary)	**6**	63
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	462,082	318,859
9	Program service revenue (Part VIII, line 2g)	29,186,308	34,390,978
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-523	1,453
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,073,971	921,760
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,721,838	35,633,050
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,662,230	5,646,475
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	17,538,279	19,354,336
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶152,835		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	8,252,092	8,796,594
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	29,452,601	33,797,405
19	Revenue less expenses Subtract line 18 from line 12	1,269,237	1,835,645

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	19,201,857	23,586,091
21	Total liabilities (Part X, line 26)	7,230,296	8,239,927
22	Net assets or fund balances Subtract line 21 from line 20	11,971,561	15,346,164

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-08-10
Signature of officer | Date

Kevin Ryck Chief Financial Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Stephanie Annunziata	Stephanie Annunziata			

Firm's name ▶ Heveron & Heveron CPAs | Firm's EIN ▶

Firm's address ▶ 260 Plymouth Avenue South
Rochester, NY 14608 | Phone no ▶ (585) 232-2956

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 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 (see Sch O)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 2010 - 2011 they have served 39,473 participants, benefiting 82,893 family members

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 11,772,700 including grants of $ 2,962,619) (Revenue $ 12,829,156)

EMPLOYMENT AND TRAINING SERVICES There are four sub-programs offered within this main grouping which include farmworker training and employment services, farmworker vocational rehabilitation services, senior training and employment services, and work ready - supported work services These services help provide quality job training and employment services leading to gainful employment at livable wages for individuals who are unemployed, underemployed, farm workers, rural poor, disadvantaged and/or disenfranchised The organization currently offers these services at the following locations New Jersey, New York, Ohio, Pennsylvania, Puerto Rico, Vermont, and Virginia

4b (Code) (Expenses $ 6,337,412 including grants of $ 460,817) (Revenue $ 7,033,612)

CHILD AND FAMILY DEVELOPMENT Programs under this heading help to provide holistic family development services for both children and parents The Head Start programs provide quality child care, education, training, family literacy, nutritious meals, and advocacy services to establish sound development for children from birth to 5 years and assist children to mature socially, emotionally, educationally, and nutritionally The program specifically provides early childhood education for children of seasonal and migrant workers in rural areas of New Jersey and Pennsylvania, and works to assess family needs, educate parents on healthy life choices, and provide full-day child care at head start centers 675 children were served The Healthy Marriage Initiative helps to improve child well-being by strengthening family formation and healthy marriages Services include couples relationship workshops, parent-adolescent communication workshops, marriage counseling services, domestic violence prevention education, financial literacy education, and drug and alcohol prevention activities in Pennsylvania

4c (Code) (Expenses $ 7,163,155 including grants of $ 1,587,474) (Revenue $ 8,000,729)

HOUSING SERVICES A many faceted program, housing services includes home ownership services, housing choice services, housing rehabilitation and energy services, and the manufactured home cooperative project Main program accomplishments include educating and counseling individuals and families about the home buying process, wealth and asset building, assist families in moving toward self-sufficiency, rental assistance programs, improving housing conditions, lead based paint remediation, acquisition, rehab and resale program, revolving loan fund, weatherization assistance program, and technical assistance and training to manufactured home communities Areas served include Indiana, New York, Ohio, Pennsylvania, and Puerto Rico

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses $ 4,846,253 including grants of $ 635,565) (Revenue $ 7,133,995)

4e **Total program service expenses** ▶ $ 30,119,520

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
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		No
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? *If "Yes," complete Schedule F, Parts I and IV*	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 ? *If "Yes," complete Schedule F, Parts II and IV*	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, Parts III and IV*	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? *If "Yes," complete Schedule G, Part I (see instructions)*	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? *If "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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part 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**		No
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 lines 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**		No
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? *If "Yes," complete Schedule L, Part III*	**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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "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**		No
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
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **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**		No
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? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	85		
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	**2a**	919		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	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**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	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**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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**	No
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**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** 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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

Part VI **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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant 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
b	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				
a	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

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	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 15a or 15b, 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 taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ NY

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 ☑ Upon request

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 organization ▶

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								869,578	0	64,479

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 9

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* **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**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **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) Description of services	(C) Compensation
Michelle Sudgen Castillo C/O the Organization Rochester, NY 14607	Consultant	153,941
Express Services Inc C/O the Organization Rochester, NY 14607	Temporary Employment Services	135,662

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a	92,571				
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	226,288				
	g Noncash contributions included in lines 1a-1f $	41,845				
	h **Total.** Add lines 1a-1f . . . . . ▶		318,859			
Program Service Revenue		Business Code				
	2a Adult Training and Emp	561300	12,816,186	12,816,186		
	b Housing Services Reven	531390	7,641,347	7,641,347		
	c Child Development Serv	624200	7,008,492	7,008,492		
	d Housing Development	531390	3,637,209	3,637,209		
	e Health and Safety	624100	1,600,306	1,600,306		
	f All other program service revenue		1,687,438	1,687,438		
	g **Total.** Add lines 2a–2f . . . . . ▶		34,390,978			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,453			1,453
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents	315,246				
	b Less rental expenses					
	c Rental income or (loss)	315,246				
	d Net rental income or (loss) . . . . . ▶		315,246			315,246
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) . . . . . ▶					
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a Other Income	900099	606,514	606,514		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		606,514			
	12 **Total revenue.** See Instructions . . . ▶		35,633,050	34,997,492	0	316,699

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	5,646,475	5,646,475		
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	319,528		319,528	
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	12,669,365	11,469,589	1,158,028	41,748
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	695,514	622,212	70,803	2,499
9	Other employee benefits	4,382,652	3,843,618	523,600	15,434
10	Payroll taxes	1,287,277	1,127,408	155,342	4,527
a	Fees for services (non-employees) Management	833,115	678,377	148,113	6,625
b	Legal	52,262		52,262	
c	Accounting	60,789		60,789	
d	Lobbying				
e	Professional fundraising services *See Part IV, line 17*				
f	Investment management fees				
g	Other	602,721	539,764	36,917	26,040
12	Advertising and promotion				
13	Office expenses	2,692,375	2,414,899	242,936	34,540
14	Information technology	46,908		46,908	
15	Royalties				
16	Occupancy	2,587,945	2,443,565	141,673	2,707
17	Travel	1,137,090	1,051,952	83,394	1,744
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	212,483	107,602	92,441	12,440
20	Interest	11,209		11,209	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	166,651	15,400	151,251	
23	Insurance	313,809	129,225	184,584	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Supportive Services	41,639		37,158	4,481
b	Delegate Agencies	17,000	17,000		
c	Bad Debt Expenses	9,176	9,176		
d					
e					
f	All other expenses	11,422	3,258	8,114	50
25	**Total functional expenses.** Add lines 1 through 24f	33,797,405	30,119,520	3,525,050	152,835
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		671,593	1	302,080
	2	Savings and temporary cash investments		1,271,513	2	2,784,520
	3	Pledges and grants receivable, net		3,306,266	3	3,325,674
	4	Accounts receivable, net		63,117	4	179,282
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		7,042,630	7	9,449,895
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		16,892	9	33,973
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 5,886,355			
	b	Less accumulated depreciation	10b 1,746,782	3,656,280	10c	4,139,573
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		3,050,619	13	3,250,619
	14	Intangible assets		71,224	14	71,224
	15	Other assets See Part IV, line 11		51,723	15	49,251
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		19,201,857	16	23,586,091
Liabilities	17	Accounts payable and accrued expenses		4,812,806	17	4,887,260
	18	Grants payable			18	
	19	Deferred revenue		1,885,353	19	2,425,999
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		532,137	23	926,668
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		7,230,296	26	8,239,927
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,939,455	27	3,918,324
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		10,032,106	29	11,427,840
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		11,971,561	33	15,346,164
	34	Total liabilities and net assets/fund balances		19,201,857	34	23,586,091

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,633,050
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,797,405
3	Revenue less expenses Subtract line 2 from line 1	3	1,835,645
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,971,561
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,538,958
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	15,346,164

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	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 separate basis, consolidated 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	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PathStone Corporation Inc

Employer identification number
16-0984913

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
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)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	213,253	300,173	563,787	462,082	318,859	1,858,154
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	22,104,300	25,300,055	27,060,132	29,186,308	34,390,978	138,041,773
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	22,317,553	25,600,228	27,623,919	29,648,390	34,709,837	139,899,927
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		85,000	120,000	182,000	110,000	497,000
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b		85,000	120,000	182,000	110,000	497,000
8 **Public Support** (Subtract line 7c from line 6)						139,402,927

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	22,317,553	25,600,228	27,623,919	29,648,390	34,709,837	139,899,927
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	351,483	320,278	377,821	334,730	316,699	1,701,011
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	351,483	320,278	377,821	334,730	316,699	1,701,011
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)	136,031			741,368	606,514	1,483,913
13 **Total support** (Add lines 9, 10c, 11 and 12)	22,805,067	25,920,506	28,001,740	30,724,488	35,633,050	143,084,851

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	97 430 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	97 610 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	1 190 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	1 360 %

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:
Software Version:
EIN: 16-0984913
Name: PathStone Corporation Inc

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sheila Banks Chairperson	1 50	X		X				0	0	0
Andres Ramos Vice Chairperson	1 50	X		X				0	0	0
Mark St John Treasurer	1 50	X		X				0	0	0
Keith Talbot Esq Board Member	1 50	X						0	0	0
Bill Kilgore Board Member	1 50	X						0	0	0
Evan Martinez Board Member	1 50	X						0	0	0
Arlene Wilson Board Member	1 50	X						0	0	0
April Colson Board Member	1 50	X						0	0	0
Eileen Torres Board Member	1 50	X						0	0	0
Lisa Marcello Board Member	1 50	X						0	0	0
Joy Pacheco Board Member	1 50	X						0	0	0
Carlos Rosa Board Member	1 50	X						0	0	0
BK Gaur Board Member	1 50	X						0	0	0
Paul Baker Board Member	1 50	X						0	0	0
Patricia Mogan Board Member	1 50	X						0	0	0
Heather Abbott Board Member	1 50	X						0	0	0
Sergio Gonzalez Board Member	1 50	X						0	0	0
Margaret Keller Board Member	1 50	X						0	0	0
Abraham Hernandez Board Member	1 50	X						0	0	0
Michael Green Board Member	1 50	X						0	0	0
Nicole Terry Board Member	1 50	X						0	0	0
Darinel Tapia Board Member	1 50	X						0	0	0
Joel Sanchez Colon Board Member	1 50	X						0	0	0
Jose Garcia Degro Board Member	1 50	X						0	0	0
Stuart Mitchell President and CEO	40 00			X				158,858	0	10,943

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kevin Ryck Chief Financial Officer	40 00			X				132,012	0	9,601
Jeffrey Lewis Sr VP Planning and Researc	40 00					X		125,237	0	9,262
Susan Ottenweller Sr VP Real Estate Developm	40 00					X		114,355	0	8,718
Willard Beaulac Sr VP Comm and Econ Deve	40 00					X		110,422	0	8,521
Kay Washington Sr ED PA and NJ	40 00					X		118,525	0	8,926
Velma Hullum Sr VP NY, OH, and VT	40 00					X		110,169	0	8,508

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

4d. Other program services

(Code) (Expenses $ 4,846,253 including grants of $ 635,565) (Revenue $ 7,133,995)

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PathStone Corporation Inc

Employer identification number
16-0984913

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 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 ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 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
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

1a 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

b 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, provide the following amounts relating to these items

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,617,503	1,427,816	1,979,240		
b Contributions	55,600	29,015	2,550		
c Investment earnings or losses	363,984	245,672	-433,974		
d Grants or scholarships					
e Other expenditures for facilities and programs	80,000	85,000	120,000		
f Administrative expenses					
g End of year balance	1,957,087	1,617,503	1,427,816		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 6 990 %
- b Permanent endowment ▶ 79 780 %
- c Term endowment ▶ 13 230 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,150		8,150
b Buildings		1,080,437	863,584	216,853
c Leasehold improvements		764,769	138,596	626,173
d Equipment		958,358	744,602	213,756
e Other		3,074,641		3,074,641
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				4,139,573

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) 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) Method of valuation Cost or end-of-year market value
(1) Investment in Subsidiary	3,250,619	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	3,250,619	

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

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

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	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
Description of Uncertain Tax Positions Under FIN 48	Part X	Accounting standards require entities to disclose in their financial statements the nature of any uncertainties in their tax position Tax years including 2008 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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PathStone Corporation Inc

Employer identification number
16-0984913

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other 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) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Training	2992		3,169,896	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, On-the-job training, Occupational Safety training, Health and Safety training, Pesticide awareness training
(2) Supportive Services	11347		978,396	FMV	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
(3) Weatherization	205		1,498,183	FMV	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.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PathStone Corporation Inc

Employer identification number
16-0984913

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Stuart Mitchell	(i)	158,858	0	0	7,943	3,000	169,801	0
	(ii)	0	0	0	0	0	0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PathStone Corporation Inc

Employer identification number
16-0984913

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		41,854	Fair Market Value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PathStone Corporation Inc

Employer identification number
16-0984913

Identifier	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

Identifier	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

Identifier	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 making revisions to the salary system, however existing salaries were found to be within range of the market The recommendations are being phased in during 2010 and 2011 d) PathStone provided Astron Solutions with job descriptions representing various salary levels and positions throughout the organization 8 data sources were used for the comparison Salary survey data for non-profit organizations in the benchmark position's specific location, with a similar size to PathStone, were selected as a first priority for use Additionally, real estate industry data were included for those benchmark positions with a specific real estate focus Matches to the salary surveys were based on job duties and experience requirements as described in PathStone's job descriptions, not job titles If local pay data was not available, national salary survey data for the selected data cuts were utilized and factored for the job specific location Once the market rates were determined for each of the benchmark positions, an analysis of all PathStone employees was performed to determine whether actual salaries fell within an acceptable range of the market rate

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	Pathstone Corporation makes its governing documents (Bylaws and Certificate of Incorporation) readily available to the public on its website, www pathstone org PathStone bylaws, 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

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 304,286 Transfers 1,234,672 Total to Form 990, Part XI, Line 5 1,538,958

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SCHEDULE R (Form 990)

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

2010

Open to Public Inspection

Name of the organization
PathStone Corporation Inc

Employer identification number
16-0984913

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) PathStone Development Corporation 7 Prince Street Rochester, NY 14607 16-1265765	Affordable Housing	NY	501(c)(3)	Line 11a, I	PathStone Corporation		No
(2) Housing Opportunities Housing Development Fund Corporation 7 Prince Street Rochester, NY 14607 16-1386456	Affordable Housing	NY	501(c)(3)	Line 11a, I	PathStone Development Corporation		No
(3) Alloway Housing Development Fund Corporation 7 Prince Street Rochester, NY 14607 20-3574586	Affordable Housing	NY	501(c)(3)	Line 11a, I	PathStone Development Corporation		No
(4) PathStone Housing Action Corporation 400 East Avenue Rochester, NY 14607 16-1183242	Affordable Housing	NY	501(c)(3)	Line 9	PathStone Corporation		No
(5) Soujourner House at PathStone Inc 30 Millbank Street Rochester, NY 14619 16-1170113	Provide temporary housing for women and children	NY	501(c)(3)	Line 7	PathStone Corporation		No
(6) Sojourner Development Corporation 30 Millbank Street Rochester, NY 14619 16-1370403	Provide permanent housing for women and children	NY	501(c)(3)	Line 9	Sojourner House at PathStone Inc		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

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

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

		Yes	No
1	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?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**Yes**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**Yes**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**
n	Sharing of paid employees	**1n**	**Yes**
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**
q	Other transfer of cash or property to other organization(s)	**1q**	**Yes**
r	Other transfer of cash or property from other organization(s)	**1r**	**Yes**

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 16-0984913
Name: PathStone Corporation Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
PathStone Development Corporation 7 Prince Street Rochester, NY14607 16-1265765	Affordable Housing	NY	501(c)(3)	Line 11a, I	PathStone Corporation		No
Housing Opportunities Housing Development Fund Corporation 7 Prince Street Rochester, NY14607 16-1386456	Affordable Housing	NY	501(c)(3)	Line 11a, I	PathStone Development Corporation		No
Alloway Housing Development Fund Corporation 7 Prince Street Rochester, NY14607 20-3574586	Affordable Housing	NY	501(c)(3)	Line 11a, I	PathStone Development Corporation		No
PathStone Housing Action Corporation 400 East Avenue Rochester, NY14607 16-1183242	Affordable Housing	NY	501(c)(3)	Line 9	PathStone Corporation		No
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	PathStone Corporation		No
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		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Anthony Square LP 7 Prince Street Rochester, NY14607 16-1589159	Affordable Housing	NY	N/A	N/A				No			No	
April Meadows LP 7 Prince Street Rochester, NY14607 16-6498924	Affordable Housing	NY	N/A	N/A				No			No	
Briarwood Place LP 7 Prince Street Rochester, NY14607 16-1544146	Affordable Housing	NY	N/A	N/A				No			No	
Canal Place LP 7 Prince Street Rochester, NY14607 75-2975899	Affordable Housing	NY	N/A	N/A				No			No	
Cedar Creek Housing LLC 7 Prince Street Rochester, NY14607 90-0347268	Affordable Housing	NY	N/A	N/A				No			No	
Central Place LP 7 Prince Street Rochester, NY14607 16-1520376	Affordable Housing	NY	N/A	N/A				No			No	
Clayton Heights LP 7 Prince Street Rochester, NY14607 41-2124095	Affordable Housing	NY	N/A	N/A				No			No	
Creekside Clearing LP 7 Prince Street Rochester, NY14607 05-0607089	Affordable Housing	NY	N/A	N/A				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Elliott's Landing LP 7 Prince Street Rochester, NY14607 20-4754791	Affordable Housing	NY	N/A	N/A				No			No	
Elmgrove Place LP 7 Prince Street Rochester, NY14607 06-1716252	Affordable Housing	NY	N/A	N/A				No			No	
Hale Court LP 7 Prince Street Rochester, NY14607 20-4754992	Affordable Housing	NY	N/A	N/A				No			No	
Marketview Housing LP 7 Prince Street Rochester, NY14607 16-1435368	Affordable Housing	NY	N/A	N/A				No			No	
Marketview Phase II LP 7 Prince Street Rochester, NY14607 16-1458119	Affordable Housing	NY	N/A	N/A				No			No	
MJ Estates II LLC 7 Prince Street Rochester, NY14607 27-1006415	Affordable Housing	NY	N/A	N/A				No			No	
MJ Estates LP 7 Prince Street Rochester, NY14607 20-8685429	Affordable Housing	NY	N/A	N/A				No			No	
Monica Homes LLC 7 Prince Street Rochester, NY14607 61-1592249	Affordable Housing	NY	N/A	N/A				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Niagara Place LP 7 Prince Street Rochester, NY14607 16-1478044	Affordable Housing	NY	N/A	N/A				No			No	
Ontario Place LP 7 Prince Street Rochester, NY14607 75-2975886	Affordable Housing	NY	N/A	N/A				No			No	
Rexford Place LP 7 Prince Street Rochester, NY14607 20-2201905	Affordable Housing	NY	N/A	N/A				No			No	
Susan B Anthony LP 7 Prince Street Rochester, NY14607 04-3812069	Affordable Housing	NY	N/A	N/A				No			No	
Westminister Place LP 7 Prince Street Rochester, NY14607 16-1476222	Affordable Housing	NY	N/A	N/A				No			No	
Woodward LP 7 Prince Street Rochester, NY14607 16-1489242	Affordable Housing	NY	N/A	N/A				No			No	
Ada Ridge Partners II LLC 400 East Avenue Rochester, NY14607 26-2373989	Affordable Housing	NY	N/A	N/A				No			No	
Ada Ridge Partners LP 400 East Avenue Rochester, NY14607 16-1592991	Affordable Housing	NY	N/A	N/A				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Albion Senior Living LLC 400 East Avenue Rochester, NY14607 26-0345950	Affordable Housing	NY	N/A	N/A				No			No	
Alliance Homes II LLC 400 East Avenue Rochester, NY14607 56-2397229	Affordable Housing	NY	N/A	N/A				No			No	
Alturas de Castaner LP 400 East Avenue Rochester, NY14607 20-3947099	Affordable Housing	NY	N/A	N/A				No			No	
Andrews Terrace LLC 400 East Avenue Rochester, NY14607 20-3199493	Affordable Housing	NY	N/A	N/A				No			No	
Beechwood Apartments LLC 400 East Avenue Rochester, NY14607 27-3685642	Affordable Housing	NY	N/A	N/A				No			No	
Beechwood Associates LP 400 East Avenue Rochester, NY14607 16-1240013	Affordable Housing	NY	N/A	N/A				No			No	
Brower Road LLC 400 East Avenue Rochester, NY14607 03-0485949	Affordable Housing	NY	N/A	N/A				No			No	
Canal View Senior Housing LLC 400 East Avenue Rochester, NY14607 20-4440054	Affordable Housing	NY	N/A	N/A				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Clarkson-Seldon Square Partners LP 400 East Avenue Rochester, NY14607 22-3607775	Affordable Housing	NY	N/A	N/A				No			No	
Essex Albion Credit LP 400 East Avenue Rochester, NY14607 16-1482648	Affordable Housing	NY	N/A	N/A				No			No	
Gettysburg Scattered Sites Associates 400 East Avenue Rochester, NY14607 25-1645782	Affordable Housing	NY	N/A	N/A				No			No	
Heritage Meadows Partners LP 400 East Avenue Rochester, NY14607 16-1537986	Affordable Housing	NY	N/A	N/A				No			No	
Highland Meadows Partners LLC 400 East Avenue Rochester, NY14607 13-4220309	Affordable Housing	NY	N/A	N/A				No			No	
Lander Street Partners II LP 400 East Avenue Rochester, NY14607 06-1473326	Affordable Housing	NY	N/A	N/A				No			No	
Lander Street Partners III LLC 400 East Avenue Rochester, NY14607 56-2523429	Affordable Housing	NY	N/A	N/A				No			No	
Lander Street Partners LP 400 East Avenue Rochester, NY14607 06-1445495	Affordable Housing	NY	N/A	N/A				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
New Home Alliance LP 400 East Avenue Rochester, NY14607 06-1527135	Affordable Housing	NY	N/A	N/A				No			No	
Olde Theatre Apartments LP 400 East Avenue Rochester, NY14607 34-1844633	Affordable Housing	NY	N/A	N/A				No			No	
Salem Senior Housing LLC 400 East Avenue Rochester, NY14607 38-3711378	Affordable Housing	NY	N/A	N/A				No			No	
Sandy Creek Associates LP 400 East Avenue Rochester, NY14607 16-1351950	Affordable Housing	NY	N/A	N/A				No			No	
Seldon Square II LLC 400 East Avenue Rochester, NY14607 35-2182907	Affordable Housing	NY	N/A	N/A				No			No	
Stonewood Village LLC 400 East Avenue Rochester, NY14607 26-4557007	Affordable Housing	NY	N/A	N/A				No			No	
Thompson Building Associates LP 400 East Avenue Rochester, NY14607 16-1421270	Affordable Housing	NY	N/A	N/A				No			No	
Apple Meadow Ltd LP 400 East Avenue Rochester, NY14607 31-0970627	Affordable Housing	NY	N/A	N/A				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Castle Street Associates LP 400 East Avenue Rochester, NY14607 16-1311570	Affordable Housing	NY	N/A	N/A				No			No	
Clifton Commons Associates LP 400 East Avenue Rochester, NY14607 16-1386724	Affordable Housing	NY	N/A	N/A				No			No	
Crosman LLC 400 East Avenue Rochester, NY14607 10-0007244	Affordable Housing	NY	N/A	N/A				No			No	
Crossman LP 400 East Avenue Rochester, NY14607 10-0007242	Affordable Housing	NY	N/A	N/A				No			No	
Foster Block Associates LP 400 East Avenue Rochester, NY14607 16-1351625	Affordable Housing	NY	N/A	N/A				No			No	
Stanton Meadows Townhomes LP 400 East Avenue Rochester, NY14607 16-1551902	Affordable Housing	NY	N/A	N/A				No			No	
Washington Park Associates LP 400 East Avenue Rochester, NY14607 16-1299635	Affordable Housing	NY	N/A	N/A				No			No	
Waterloo Heights Associates LP 400 East Avenue Rochester, NY14607 16-1379435	Affordable Housing	NY	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
Marketview Housing Inc 7 Prince Street Rochester, NY14607 16-1435367	General Partner in L P Transactions	NY	N/A	C			
Slater Neighborhood Inc 7 Prince Street Rochester, NY14607 27-1006036	General Partner in L P Transactions	NY	N/A	C			
PDC Towpath Corporation 7 Prince Street Rochester, NY14607 45-3667522	General Partner in L P Transactions	NY	N/A	C			
Alliance Homes II Corp 400 East Avenue Rochester, NY14607 56-2397228	General Partner in L P Transactions	OH	N/A	C			
PHEDCO Investments Inc 400 East Avenue Rochester, NY14607 25-1663084	General Partner in L P Transactions	NY	N/A	C			
RHOC Crossman Inc 400 East Avenue Rochester, NY14607 27-0017600	General Partner in L P Transactions	NY	N/A	C			
Rural Housing Opportunities Development Corp 400 East Avenue Rochester, NY14607 05-0575748	General Partner in L P Transactions	NY	N/A	C			
Salem Senior Housing Corp 400 East Avenue Rochester, NY14607 30-0308905	General Partner in L P Transactions	OH	N/A	C			
RHAC Development Corporation 400 East Avenue Rochester, NY14607 16-1262619	General Partner in L P Transactions	NY	N/A	C			
Stanton Meadows Corporation 400 East Avenue Rochester, NY14607 16-1556454	General Partner in L P Transactions	NY	N/A	C			
Monica Homes LTD 400 East Avenue Rochester, NY14607 80-0360791	General Partner in L P Transactions	NY	N/A	C			
Beechwood Managing Member LLC 400 East Avenue Rochester, NY14607 27-4656938	General Partner in L P Transactions	NY	N/A	C			
Lehigh Managing Member LLC 400 East Avenue Rochester, NY14607 27-0212774	General Partner in L P Transactions	NY	N/A	C			