

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493204009024

# 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)

OMB No 1545-0047

Open to Public

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

Δ Fo	r the	2012 cal	endar year, or tax year beginning 10-01-2012 , 2012, and ending 09-	30-2013		_			
		applicable	C Name of organization	30 2013	D Employe	er ider	ntification number		
		• •	PATHSTONE CORPORATION INC						
Address change Name change			Doing Business As	16-098	16-0984913				
Na	me cha	ange							
Init	tıal retu	ım	Number and street (or P O box if mail is not delivered to street address) Room/s	uite	E Telephon	e numl	oer		
— Tei	rmınate	ed	400 EAST AVENUE						
– <sub>Am</sub>	ended	return	City or town, state or country, and ZIP + 4		(585) 5	46-7	180		
_ <sub>^ ^n</sub>	nlication	n pending	ROCHESTER, NY 14607						
ΛPI	plication	ii pending					29,392,996		
			F Name and address of principal officer Kevin Ryck		this a group r	eturn	for		
			400 EAST AVENUE	ап	filiates?		j Yesj♥ No		
			ROCHESTER,NY 14607	H(b) Ar	e all affiliates	ınclud	ded?		
							(see instructions)		
[ Ta	x-exen	npt status	▼ 501(c)(3)						
ı w	ebsite	e: 🕨 ww	w PathStone org	H(c) G	roup exemption	on nun	nber 🟲		
			✓ Corporation Trust Association Other ►	<b>L</b> Year o	f formation 197	1 <b>M</b>	State of legal domicile NY		
Pa	rt I	Sum	mary						
aı.		PathSto	escribe the organization's mission or most significant activities ne builds family and individual self-sufficiency by strengthening farmw s social justice through programs and advocacy	orker, rural	and urban con	nmuni	ties Pathstone		
<u>≊</u>	.								
₫	.								
<u> </u>	3	Chack th	his box 🛏 if the organization discontinued its operations or disposed	of more tha	n 25% of its r	ot ac	cotc		
Governance	1	CHECK (	mis box Fig. in the organization discontinued its operations of disposed	or more tha	11 2 3 70 OI ILS [	iet dS:	3613		
	3	Number	of voting members of the governing body (Part VI, line 1a)		1	3	32		
Activities &			of independent voting members of the governing body (Part VI, line 1b			4	32		
			mber of individuals employed in calendar year 2012 (Part V, line 2a)			5	884		
ទ្ធ	1		mber of volunteers (estimate if necessary)		+	6	11		
•			related business revenue from Part VIII, column (C), line 12		· · · · · · · · · · · · · · · · · · ·				
			, , , , , , , , , , , , , , , , , , , ,		· · ·	7a	0		
	D	Net unre	elated business taxable income from Form 990-T, line 34		• • •	7b	0		
				P	Prior Year		Current Year		
G)	8		butions and grants (Part VIII, line 1h)	·	392,24	-	532,503		
Revenue	9	Progra	am service revenue (Part VIII, line 2g)	·	32,609,9	-	28,282,819		
3 2	10	Inves	tment income (Part VIII, column (A ), lines 3, 4, and 7d) . . . .	·	14,2		1,101		
_	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		924,17	178 576,57			
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), lir	ne	33,940,6	615 29,392,99			
	12		and analysis and (Bark IV, asluma (A) lines (2)			-			
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		5,511,7				
	14		its paid to or for members (Part IX, column (A), line 4)	•		0	0 0		
Ø.	15	Saları 5-10	es, other compensation, employee benefits (Part IX, column (A), lines		19,897,78	8 2	18,337,147		
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)			0	0		
क्				•					
Δ	Ь		ındraısıng expenses (Part IX, column (D), line 25) ▶237,229						
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	•	8,259,88	-	7,419,759		
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		33,669,4		29,309,820		
	19	Reven	nue less expenses Subtract line 18 from line 12	_	271,19	_	83,176		
දීල්	1			Beginr	ning of Current	t	End of Year		
9 44 4 44 4 44 4 44					Year				
Net Assets of Fund Balances	20		assets (Part X, line 16)		26,119,7	_	26,669,478		
2 E	21		liabilities (Part X, line 26)		8,062,4		7,883,873		
	22		ssets or fund balances Subtract line 21 from line 20		18,057,26	63	18,785,605		
<b>Pa</b> l Unde my k	r <b>t III</b> r pena nowled	<b>Sign</b> alties of dge and	perjury, I declare that I have examined this return, including accompa belief, it is true, correct, and complete Declaration of preparer (other inowledge		lules and state	ement	s, and to the best of		
		****	<**		2014 07 17				
2i~-		I B	ature of officer		2014-07-17 Date				
Sigr Her		'			_				
	_		n Ryck CFO e or print name and title						
		17		Date /	Charalter of To	PTIN			
D-:	<b>~</b>		Stephanie Annunziata	1.		P00195	472		
Paid		F	Firm's name   Heveron & Company CPAs		Firm's EIN 🕨 16-	118798	38		
	pare		- Luk Basani wa a sa		<b>.</b>	255			
Jse	On	ly ∣⁵	Firm's address ► 260 Plymouth Avenue South		Phone no (585)	232-29	56		
		1							

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes No

orm	990 (2012) Page
Par	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
oarrı orga deve	Stone Corporation creates and provides opportunities for farmworkers and other disenfranchised people to confront and overcome ers that systematically prevent them from gaining access to economic, educational, social, and political resources (see Sch O)The fization provides adult training and employment opportunities, child development programs, health and safety programs, housing opment, housing services, emergency and supportive services, youth and adult education, economic development programs, and cacy and public policy initiatives
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 8,561,277 including grants of \$ 1,310,131 ) (Revenue \$ 9,542,465 )
	EMPLOYMENT AND TRAINING SERVICES There are five sub-programs offered within this main grouping which include adult farmworker training and employment services (NFJP), farmworker vocational rehabilitation services (FAVR), senior training and employment services (SCSEP), work ready - supported work services (TANF), and youth training and employment. These services provide quality job training and job placement services leading to gainful employment at livable wage for individuals who are unemployed or underemployed at program entry. Those served include low wage workers, farm workers, rural poor, seniors, and youth who are disadvantaged and/or disenfranchised. Over 900 individuals were placed in improved situations through the program. (Continued on Schedule O)The organization currently offers these services at the following locations. New Jersey, New York, Ohio, Pennsylvania, Puerto Rico, Vermont, and Virginia.
4b	(Code ) (Expenses \$ 6,284,930 including grants of \$ 456,657 ) (Revenue \$ 6,997,515 )
	CHILD AND FAMILY DEVELOPMENT Programs under this heading provide holistic family development services for both children and parents. The Migrant/Seasonal Head Start, Head Start / Early Head Start and State Funded Pre-K programs provide quality child care, education, training, family literacy, fatherhood initiative, school readiness, and advocacy services to establish sound development for children from birth until school age eligible. Families participating in the program acquire knowledge on their growing child's development and how to advocate for their children prior to entering the school system. Head Start and Early Head Start located in Carbon County, Pennsylvania served 405 children. (Continued on Schedule O)Migrant/Seasonal Head Start specifically provides early childhood education for children of seasonal and migrant workers in rural areas of New Jersey and Pennsylvania served 387 children. Pre-K Counts, a State Funded Pennsylvania program, served 47 children in Adams and Carbon Counties.
4c	(Code ) (Expenses \$ 5,748,530 including grants of \$ 913,549 ) (Revenue \$ 6,546,562 )
	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 hom 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
	(Code ) (Expenses \$ 4,854,418 including grants of \$ 872,577 ) (Revenue \$ 5,479,147 )
	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
4d	Other program services (Describe in Schedule O )
.41	(Expenses \$ 4,854,418 including grants of \$ 872,577 ) (Revenue \$ 5,479,147 )
4e	Total program service expenses ► 25,449,155

Form **990** (2012)

Part TV	Check	list of	Required	<b>Schedules</b>

			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 instructions)? 🕏	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	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 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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, line 10?  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 $X^{f CD}$	11e	Yes	
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 and XII	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 United States? 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 United States? 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 hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? 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, line 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 through 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		
С	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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part <i>IV</i>	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 $M$ $\footnote{M}$	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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot . \cdot .$	35b		
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 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

αГ	Statements Regarding Other 1RS Fillings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   122		. 03	.40
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
3	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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
,	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			
ı	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
:	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
•	2. 100/ to the building and the organization menorial to the first to	5c		
	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 as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).  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		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
)	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	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	-		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

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.

Se	ction A. Governing Body and Management						
			Yes	No			
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent						
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		Νo			
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	Did the organization have members or stockholders?	6		No			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	a The governing body?						
b	8b	Yes					
9	Each committee with authority to act on behalf of the governing body?	9		No			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes				
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b					

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶NY, NJ, PA
- 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 made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 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 (585) 546-7180

Form	990	(2012)
------	-----	--------

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	tion ( han d n is l	ne b both	oox, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-		(F) Estima mount of compens from t	other ation he		
	for related organizations below dotted line)	Individual trustee or director	Key employee Officei Institutional Trustee		6		Highest compensated employee  Key employee  Officer		Former	2/1099-MISC)	2/1099-MISC)		ganızatı relate organıza	d
										+				
										-				
the Cole Tabel							<b></b>			_				
1b Sub-Total c Total from continuation shee	· · · · · · · · ts to Part VII, S	ection A	٠.				-							
d Total (add lines 1b and 1c) .							•	926,994	ı	0		67,907		
Total number of individuals (ii \$100,000 of reportable comp	-					d abov	e) wl	ho received more th	an					
											Yes	No		
3 Did the organization list any f on line 1 a? If "Yes," complete					key •	emplo	yee, •	or highest compen	sated employee	3		No		
For any individual listed on lir organization and related organization.										4	Yes			
5 Did any person listed on line services rendered to the orga										5		No		
Section B. Independent Co	ontractors													
Complete this table for your fi compensation from the organi	ve highest comp										2V V222			

, , , , , , , , , , , , , , , , , , , ,		,
(A) Name and business address	(B) Description of services	(C) Compensation
Penguin Life Safety Corp C/O the Organization Rochester NY 14607	Weatherization Contractor	417,219
Zargar Mechanical Service Inc C/O the Organization Rochester NY 14607	Weatherization Contractor	256,028
Marsh Insulation & Air Seal C/O the Organization Rochester NY 14607	Weatherization Contractor	181,855
Cornerstone Contracting C/O the Organization Rochester NY 14607	Weatherization Contractor	137,797
Express Services Inc C/O the Organization Rochester NY 14607	Temporary Employment Services	133,768
2 Total number of independent contractors (including but not limited to those listed above	) who received more than	

\$100,000 of compensation from the organization  $\blacktriangleright 6$ 

Part V	/ • • •	Statement of Revenue Check if Schedule O contains a respon	se to any question i	in this Part VIII .			
			, ,	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
10	1a	Federated campaigns 1a	176,342				311
Giffs, Grants illar Amounts	ь	Membership dues 1b					
Gra not	c	Fundraising events 1c					
E A	_						
Gif ia	d	Related organizations 1d					
ış,	e	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	356,161				
g ja	g	Noncash contributions included in lines 1a-1f \$	69,896				
Coni	h	Total. Add lines 1a-1f		532,503			
			Business Code				
E E	2a	Adult Training and Employment	561300	9,542,465	9,542,465		
ex. exe	ь	Child Development Services	624200	6,973,490	6,973,490		
9.0 H	c	Housing Services Revenue	531390	6,426,251	6,426,251		
ja Š	d	Housing Development	531390	3,470,462	3,470,462		
ਔ ⊊	e	Health and Safety	624100	1,243,698	1,243,698		
ing.	f	All other program service revenue		626,453	626,453		
ş	g	<b>Total.</b> Add lines 2a-2f		28,282,819			
	3	Investment income (including dividence			1 101		
	_	and other similar amounts)		1,101	1,101		
	4   5	Income from investment of tax-exempt bond properties	oroceeds				+
		(ı) Real	(II) Personal				
	6a	Gross rents 294,804	(ii) i cissiidi				
	ь	Less rental 0					
Other Revenue Program Service Revenue	l c	expenses Rental income 294,804					
	d	or (loss)  Net rental income or (loss)		294,804			294,804
	"	(i) Securities	(II) O ther	,			<u> </u>
	7a	Gross amount from sales of assets other	(,				
	ь	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
Jevenue Jevenue	8a	Gross income from fundraising events (not including  \$ of contributions reported on line 1c) See Part IV, line 18					
<u>.</u>	.	a					
¥	Ь	Less direct expenses b	yonts :				
•	9a	Net income or (loss) from fundraising e Gross income from gaming activities See Part IV, line 19	events				
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activ	/ities <b>.</b>				
	10a	Gross sales of inventory, less returns and allowances .	,				
		a					
	b	Less cost of goods sold <b>b</b> L Net income or (loss) from sales of inve	entory				
	F-	Miscellaneous Revenue	Business Code				+
	11a	O ther I ncome	900099	281,769	281,769		
	ь						
	c						+
	d	All other revenue					+
	e	Total. Add lines 11a-11d	🕨	204 760			
	12	Total revenue. See Instructions		281,769	20 555 55		1 224 - 1
	J		-	29,392,996	28,565,689	(	294,804

Form	990 (2012)				Page <b>10</b>
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ions must comp	lete column (A )	
	Check if Schedule O contains a response to any question in this Pa	rt IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	3,552,914	3,552,914		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	364,220		345,499	18,721
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	12,110,949	10,771,639	1,274,306	65,004
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	789,980	693,525	91,705	4,750
9	Other employee benefits	3,706,293	3,189,372	491,275	25,646
10	Payroll taxes	1,365,705	1,173,329	182,837	9,539
11	Fees for services (non-employees)				
а	Management	186,692	19,842	166,850	
b	Legal	21,736	,	21,736	_
c	Accounting			,	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	817,783	602,612	159,918	55,253
12	Advertising and promotion	, , , , , ,			
13	Office expenses	2,089,001	1,846,396	220,406	22,199
14	Information technology	63,390	1,010,050	63,390	22,133
15	Royalties	03,390		03,390	
16	Occupancy	2,715,029	2 507 120	117 110	10.702
17			2,587,128	117,119 45,894	10,782
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	841,214	789,531	45,694	5,789
19	Conferences, conventions, and meetings	172,669	70,353	85,457	16,859
20	Interest	6,218	, 0,333	6,218	20,000
21	Payments to affiliates	0,210		5,210	
22	Depreciation, depletion, and amortization	131,436		131,436	
23	Insurance	253,801	128,538	<del>                                     </del>	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	233,801	120,330	123,203	
а	Supportive Services	53,872		51,185	2,687
b	Bad Debt Expenses	39,455		39,455	
c	Delegate Agencies	20,450	20,450		
d					
е	All other expenses	7,013	3,526	3,487	
25	Total functional expenses. Add lines 1 through 24e	29,309,820	25,449,155		237,229
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check		,	-,-25,150	
	here F   If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	τX	Check if Schedule O contains a response to any question in this	Part	x			
					(A) Beginning of year		( <b>B)</b> End of year
	1	Cash—non-interest-bearing			428,097	1	754,134
	2	Savings and temporary cash investments			2,575,342	2	2,241,895
	3	Pledges and grants receivable, net			3,479,143	3	2,842,859
	4	Accounts receivable, net			64,659	4	265,546
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees Complete Pa Schedule L	rt II d	of		5	
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and cand sponsoring organizations of section $501(c)(9)$ voluntary enorganizations (see instructions) Complete Part II of Schedule L	ontrib nploye	outing employers		6	
20	7	Notes and loans receivable, net			12,665,055	7	13,317,379
₹	8	Inventories for sale or use			12,000,000	8	10,011,010
	9	Prepaid expenses and deferred charges			26,496	9	200,557
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	 10a	5,587,704			200,007
	ь	Less accumulated depreciation	10b	2,041,505	3,521,058	10c	3.546.199
	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			3,250,619	13	3,394,387
	14	Intangible assets			67,487	14	66,241
	15	Other assets See Part IV, line 11			41,762	15	40,281
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			26,119,718	16	26,669,478
	17	Accounts payable and accrued expenses			4,925,847	17	4,497,271
	18	Grants payable			1,020,011	18	.,,2
	19	Deferred revenue			1,537,092	19	1,109,405
	20	Tax-exempt bond liabilities			1,007,002	20	1, 100, 400
	21	Escrow or custodial account liability Complete Part IV of Sche				21	
lities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualif	rs, tr			21	
Liabiliti		persons Complete Part II of Schedule L				22	
ä	23	Secured mortgages and notes payable to unrelated third parties			1,599,516	23	2,060,205
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pai	ed thi	rd parties,			
		D			0	25	216,992
	26	Total liabilities. Add lines 17 through 25			8,062,455	26	7,883,873
ses		Organizations that follow SFAS 117 (ASC 958), check here ► Fines 27 through 29, and lines 33 and 34.	√ and	complete			
e G	27	Unrestricted net assets			7,171,548	27	8,446,638
<u> </u>	28	Temporarily restricted net assets				28	
₽	29	Permanently restricted net assets			10,885,715	29	10,338,967
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere 🟲	┌ and			
ō	30	Capital stock or trust principal, or current funds				30	
ets Ets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Assets	32	Retained earnings, endowment, accumulated income, or other fu				32	
	33	Total net assets or fund balances			18,057,263	33	18,785,605
Net							, ,
	34	Total liabilities and net assets/fund balances	•	• •	26,119,718	34	26,669,478

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
	Check if Schedule O Contains a response to any question in this raft XI	· ·	• •	<u> </u>	,
1	Total revenue (must equal Part VIII, column (A), line 12)	1		29,3	392,996
2	Total expenses (must equal Part IX, column (A), line 25)	2		-	309,820
3	Revenue less expenses Subtract line 2 from line 1	3			83,176
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		18.0	57,263
5	Net unrealized gains (losses) on investments	5			,
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			545,166
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			785,605
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

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

Form 990, Part VII - Compensation of Compensated Employees, and Independent	Officers, Dir ndent Contra	ectors	,Tru	ıste	es,	Key	En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list	Positio more unless an dire	than	not one on is rand trust	box s bot d a :ee)	th		(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
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
Mark St John Treasurer	2 00	х		х				0	0	0
Hugo Rıvera Board Member	2 00	х						0	0	0
Sergio Ceballos Board Member	2 00	x						0	0	0
Tayler Gottschall Board Member	2 00	×						0	0	0
Abraham Hernandez Board Member	2 00	×						0	0	0
Arlene Wilson Secretary	2 00	Х		X				0	0	0
Joy Pacheco Board Member	2 00	X						0	0	0
Lisa Marcello Board Member	2 00	Х						0	0	0
Paul Baker Board Member	2 00	X						0	0	0
BK Gaur Board Member	2 00	×						0	0	0
Henry Byrd Board Member	2 00	x						0	0	0
Nicole Terry Board Member	2 00	Х						0	0	0
Aprıl Colson Board Member	2 00	Х						0	0	0
Fernando Santiago Board Member	2 00	X						0	0	0
Eric Shoen Board Member	2 00	Х						0	0	0
Ida Perez Board Member	2 00	Х						0	0	0
Heather Abbott Board Member	2 00	Х						0	0	0
Bill Kilgore Chairperson	2 00	х		х				0	0	0
Allen Joshua Board Member	2 00	Х						0	0	0
Sarah Bonilla Board Member	2 00	Х						0	0	0
George Master Board Member	2 00	х						0	0	0
Patricia Mogan Board Member	2 00	х						0	0	0
Mırıam Diaz Board Member	2 00	Х						0	0	0
Wilguere Juste Board Member	2 00	х						0	0	0
Andres Ramos Vice Chairperson	2 00	х		х				0	0	0

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 (list		than pers office ctor/f	o not n one son is er and	box s bot d a tee)	(, th		(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
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			related organizations
Miguel Sanchez Aponte Board Member	2 00	х						0	0	0
Manlyn Negron Board Member	2 00	х						0	0	0
Clifford Patterson Board Member	2 00	х						0	0	0
Melody Goldberg Board Member	2 00	х						0	0	0
Scott Mouery Board Member	2 00	х						0	0	0
Arline Santiago Board Member	2 00	х						0	0	0
Carolyn Hererra Board Member	2 00	х						0	0	0
Stuart Mitchell President and CEO	40 00			х				181,753	0	12,197
Kevin Ryck Chief Financial Officer	40 00			х				136,937	0	9,929
Jeffrey Lewis Sr VP Planning and Researc	40 00					х		128,334	0	9,494
Kathryn Bryan Sr VP Property Management	40 00					х		124,057	0	9,277
Susan Ottenweller Sr VP Real Estate Developm	40 00					х		121,789	0	9,163
Kay Washington Sr Executive Director - PA	40 00					х		119,607	0	9,052
Velma Hullum Sr Executive Director - NY	40 00					х		114,517	0	8,795

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493204009024

**Employer identification number** 

OMB No 1545-0047

## **Public Charity Status and Public Support**

Department of the Treasury Internal Revenue Service

Total

**SCHEDULE A** 

(Form 990 or 990EZ)

Name of the organization

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.

2012

Open to Public Inspection

PATHS	TONE (	CORPORAT	TON INC										
					- (				16-09849				
	rt I			blic Charity Sta						nstructions	•		
	organı			te foundation becaus									
1	<u> </u>		•	ion of churches, or as				ection 170(	b)(1)(A)(i).				
2	<u> </u>			d in <b>section 170(b)(1</b>			•						
3		A hosp	ital or a coo	perative hospital se	rvice organiz	atıon descri	bed in <b>sectio</b>	n 170(b)(1)	)(A)(iii).				
4	Г	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the											
_	_			ity, and state									
5	ļ	=	•	erated for the benefi	_	or universit	y owned or o	perated by	a government	tal unit desc	ribed in		
	_			( <b>A)(iv).</b> (Complete P	•								
6	<u> </u>	A feder	al, state, or	local government or	government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(:	1)(A)(v).				
7	Г	_		at normally receives		•	support from	a governme	ental unit or fi	rom the gen	eral public		
	_			on 170(b)(1)(A)(vi). : described in <b>sectior</b>			anlata Dart II						
8 9	  -								utiona mam	harabın faas	and areas		
9	۱۳	_		at normally receives					•	-	=		
				rities related to its ex	•	,			` '				
		-	-	oss investment inco				•		tax) from bu	isinesses		
	_			ganızatıon after June 									
10	<u> </u>	_		ganized and operated									
11	ı	one or the box	more public that descri	ganized and operated ly supported organiz ibes the type of supp <b>b</b> Type II <b>c</b>	ations descr orting organ	ibed in secti ization and c	on 509(a)(1) complete line	) or section s 11e throu	509(a)(2) Solgh 11h	ee <b>section 5</b>	<b>09(a)(3).</b> Check		
e f	Γ	other the section	han foundatı n 509(a)(2) organızatıon	ox, I certify that the ion managers and other received a written de	her than one	or more pub	licly support	ed organıza	tions describ	ed in sectio	n 509(a)(1) or		
g			this box August 17	2006, has the organi	ization accer	ted any dift	or contribution	on from any	of the		l		
9			ng persons?		izacion accep	rea an, gne	or corneribation	on nom un,	01 1110				
		(i) A p	erson who d	irectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons de	scribed in (ii)		Yes No		
		and (111	) below, the	governing body of th	e supported	organızatıor	1?			11g	(i)		
		(ii) A f	amıly memb	er of a person descri	ıbed ın (ı) abo	ove?				11g	(ii)		
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g	(iii)		
h		Provide	e the followi	ng information about	the supporte	ed organizati	on(s)				<u> </u>		
(i	i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	he	(v) Did you	notify	(vi) Is	the	(vii) A mount of		
	suppor			organization	organizati		the organiz		organizati		monetary		
OI	rganiza	ation		(described on	col (i) list		ın col (i) o		col (i) org		support		
				lines 1 - 9 above or IRC section	your gove docume	_	suppor	L *	in the U	o ′			
				(see	aocaine	iic:							
				instructions))	Yes	No	Yes	No	Yes	No			
					162	NO	162	INO	1 1 1 2 3	INO			
						ļ			+		-		

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>	
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q		
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)		
	ection A. Public Support endar year (or fiscal year beginning					1			
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(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	<b>Total.</b> 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								
6	(f) <b>Public support.</b> Subtract line 5 from								
	line 4								
S	ection B. Total Support								
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 20	)12	(f) Total	
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,	
7 8	Gross income from interest,								
0	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar								
9	sources Net income from unrelated								
9	business activities, whether or not								
	the business is regularly carried								
	on								
10	Other income Do not include gain or loss from the sale of capital								
	assets (Explain in Part IV )								
11	Total support (Add lines 7 through								
4.0	10)		<u> </u>						
12	Gross receipts from related activitie					12			
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check	
	ection C. Computation of Pub				<u> </u>	<u> </u>			
14	Public support percentage for 2012			11, column (f))		14			
15	Public support percentage for 2011			, , , , , , ,		15			
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov	
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □	
b	33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this								
	box and <b>stop here.</b> The organization						. 4 4	▶□	
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•	
	in Part IV how the organization mee								
	organization				4	r	,rF3	<b>▶</b> □	
b	10%-facts-and-circumstances test-								
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv	
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□	
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·	
	instructions							<b>▶</b> ┌	

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.)

	ction A. Public Support	1					
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	563,787	462,082	318,859	392,240	532,503	2,269,471
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	27,060,132	29,186,308	34,390,978	32,609,942	29,317,215	152,564,575
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	<b>Total.</b> Add lines 1 through 5	27,623,919	29,648,390	34,709,837	33,002,182	29,849,718	154,834,046
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	120,000	182,000	110,000	80,000	5,000	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	120,000	182,000	110,000	80,000	5,000	497,000
8	Public support (Subtract line 7c from line 6)		·	·	·	·	154,337,046
Se	ction B. Total Support	•					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	27,623,919	29,648,390	34,709,837	33,002,182	29,849,718	154,834,046
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	377,821	334,730	316,699	309,059	295,905	1,634,214
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	377,821	334,730	316,699	309,059	295,905	1,634,214
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)		741,368	606,514	629,374	281,769	2,259,025
13	Total support. (Add lines 9, 10c, 11, and 12)	28,001,740	30,724,488	35,633,050	33,940,615	30,427,392	158,727,285
14	First five years. If the Form 990 is check this box and stop here			l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orga	nization, ▶┌
	ction C. Computation of Pul			45 1 15:			
15	Public support percentage for 201			13, column (f))		15	97 230 %
16	Public support percentage from 20		· ·			16	97 270 %
<u>Se</u>	ction D. Computation of Inv Investment income percentage for				nn (f))	17	1 030 %
18	Investment income percentage fro	om <b>2011</b> Schedule	A, Part III, line 1	.7		18	1 080 %
19a	<b>33</b> 1/3% support tests—2012. If th	e organization did	not check the bo	x on line 14, and	line 15 is more t	than 33 1/3%, and	

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

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

Schedule A (Fo	rm 990 or 990-EZ) 2012 Page	4						
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (Sinstructions).								
	Facts And Circumstances Test							
		_						
	Explanation							
Schedule A, Pa	rt II, Line 12, Explanation of Other Income Other Income							

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493204009024

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

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

Open to Public

	me of the organization "HSTONE CORPORATION INC		Employer identification number
			16-0984913
Pa	organizations Maintaining Donor Adv organization answered "Yes" to Form 990		inds or Accounts. Complete if the
	organization answered res to form 550	(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 advisor	ors in writing that the assets held in done	or advised
-	funds are the organization's property, subject to the or		☐ Yes ☐ No
5	Did the organization inform all grantees, donors, and d		
	used only for charitable purposes and not for the beneficonferring impermissible private benefit?	fit of the donor or donor advisor, or for an	y other purpose Yes No
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" to	
1	Purpose(s) of conservation easements held by the org		
_	Preservation of land for public use (e.g., recreation		historically important land area
	Protection of natural habitat	☐ Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a	a qualified conservation contribution in th	ne form of a conservation
	easement on the last day of the tax year		
		-	Held at the End of the Year
а	Total number of conservation easements	-	2a
b	Total acreage restricted by conservation easements	-	2b
С	Number of conservation easements on a certified history	` '	2c
d	Number of conservation easements included in (c) acc historic structure listed in the National Register	quired after 8/17/06, and not on a	2d
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminated	d by the organization during
	the tax year ►		
4	Number of states where property subject to conservat	ion easement is located 🕨	
5	Does the organization have a written policy regarding		— ling of violations, and
	enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation easem	ents during the year
	<u> </u>		
7	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements	during the year
	<b>►</b> \$		
8	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sect	tion 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial	
aı	t III Organizations Maintaining Collection	s of Art, Historical Treasures, o	or Other Similar Assets.
	Complete if the organization answered "Y  If the organization elected, as permitted under SFAS 1		us statement and balance about
1a	works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ets held for public exhibition, education, c	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ets held for public exhibition, education, c	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>-</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
	, · · · · · · · <del>-</del>		

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Co	<u>llections of Ar</u>	t, HIS	<u>storical i</u>	<u>reasu</u>	ires, or O	tne	r Similar <i>i</i>	<u> Asset</u>	<b>S</b> (co.	<u>ntınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other reco	rds, cł	heck any of	the foll	owing that a	re a	sıgnıfıcant ı	ise of it	:s	
а	Public exhibition		d	┌ Loar	orexc	hange progr	ams				
b	Scholarly research		e	┌ Othe	er.						
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expl	aın hov	w they furth	er the d	organization	's ex	empt purpos	e in		
5	During the year, did the organization solicit	or receive donation	s of ar	rt, historica	l treasu	ıres or other	sım	ılar			_
	assets to be sold to raise funds rather than t		-						<u> </u>	es	│ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					n answered	J "Y	es" to Forn	า 990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other ass	ets r	iot	Гγ	es	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing table							
									Amoun	t	
С	Beginning balance						<b>1</b> c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	•					ΓY	es	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anation has	been p	rovided in P	art X	III			$\sqcap$
Pa	rt V Endowment Funds. Complete								0.		
		(a)Current year	(b)	Prior year			_	hree years bad			ears back
1a	Beginning of year balance	1,765,597		1,957,087	1	1,617,503		1,427,8			1,979,240
Ь	Contributions	2,923		250	<u> </u>	55,600		29,0	15		2,550
С	Net investment earnings, gains, and losses	228,768		-76,204	ļ	363,984		245,6	72		-433,974
d	Grants or scholarships										
e	Other expenditures for facilities and programs	85,000		115,536	5	80,000		85,0	00		120,000
f	Administrative expenses										
g	End of year balance	1,912,288		1,765,597	7	1,957,087		1,617,5	03		1,427,816
2	Provide the estimated percentage of the cur	ent year end balan	ice (lir	ne 1g, colur	nn (a))	held as					
а	Board designated or quasi-endowment 🕨	7 600 %									
ь	Permanent endowment ► 81 820 %										
c	Temporarily restricted endowment ► 10	580 %									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiz	zatıon	that are he	ld and a	admınıstered	for	the			
	organization by							_		Yes	No
	(i) unrelated organizations						•	<u> </u>	3a(i)		No
	(ii) related organizations							🖺	<del>``</del>	Yes	
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second or the seco				· · ·		•		3b	Yes	
	t VI Land, Buildings, and Equipme				10						
	Description of property	Jie See Form 5.	50, 10	(a) Cost of basis (inve	r other	(b)Cost or or basis (other		(c) Accumula depreciatio		d) Bo	ok value
	Land			1		328	,150				328,150
	Buildings					1,965		1,029	9,157		936,543
	Leasehold improvements						,996		3,996		0
	Equipment						,798		3,352		74,446
	• •								-		
e	Other					2,207	,060 I		- 1	4	2,207,060

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Other		
Total. (Column (b) must equal Form 990. Part X. col (B) line 12)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. See		13
(a) Description of investment type	(b) Book value	(c) Method of valuation
	( )	Cost or end-of-year market value
(1) Investment in Subsidiary	3,394,387	С
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	3,394,387	
Part IX Other Assets. See Form 990, Part X, III		
(a) Descrip		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	<u> </u>	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of liability	(b) Book value	
Federal Income taxes		
Notes payable to related parties	216,992	
·		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	216,992	

					, age :
Part	Reconciliation of Revenue per Audited Financial State	<u>emen</u>	ts With Revenue p	er Re	turn
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				
а	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 XIII )	2d			
e	Add lines <b>2a</b> through <b>2d</b>			2e	
3	Subtract line $2e$ from line $1$			3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII )	4b			
C	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue $$ Add lines $\textbf{3}$ and $\textbf{4c.}$ (This must equal Form 990, Part I, line	12).		5	
Part :	Reconciliation of Expenses per Audited Financial Sta	temer	nts With Expenses	per F	leturn
1	Total expenses and losses per audited financial statements $\ \ . \ \ . \ \ .$			1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII )	2d			
e	Add lines <b>2a</b> through <b>2d</b>			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b		1	
c	Add lines <b>4a</b> and <b>4b</b>			] 4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18 )		5	
Part	Supplemental Information				
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and				

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	I and the second	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		Accounting standards require entities to disclose in their financial statements the nature of any uncertainties in their tax position. Tax years including 2010 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.

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

**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

DLN: 93493204009024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Employer identification	on number
16-0984913	
•	
	✓ Yes
	es" to
(g) Description of non-cash assistance	<b>(h)</b> Purpose of gran or assistance
<del>-</del>	lo I (Form 000) 2012
	nce, and

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. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	, <b>(f)</b> Description of non-cash assistance
(1) Training	1716		1,736,088	3 FMV	Skills and job training leading to unsubsidized placement in the labor market Training includes Work Experience Training, ESL and GED training, classroom training, Occupational Skills training, Onthe-job training, Occupational Safety training, Health and Safety training, Pesticide awareness training
(2) Supportive Services	7323		1,140,141	. 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	216	1	676,685	5 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
Dark TV Supplemental Inform	4!				

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

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

DLN: 93493204009024

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

**Compensation Information** 

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization PATHSTONE CORPORATION INC **Employer identification number** 

16-0984913

Par	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	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 or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		<u></u>
2	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
3	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	✓ 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			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	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			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νo
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)Stuart Mitchell President and CEO	(i) (ii)	181,753 0	0 0	0	9,197 0	3,000 0	193,950 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493204009024

**Employer identification number** 

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury

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

**Noncash Contributions** 

► Attach to Form 990. Internal Revenue Service Name of the organization

PATHSTONE CORPORATION INC 16-0984913 Part I Types of Property (d) (a) (b) (c) Check Number of contributions Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g 1 Art—Works of art . . . 2 Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . . Cars and other vehicles . . Boats and planes . . . Intellectual property . . . 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 . . . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles . . . . 100 1,355 Fair Market Value 19 Food inventory . . . Χ 20 Drugs and medical supplies . **21** Taxidermy . . . . . 22 Historical artifacts . . . . 23 Scientific specimens . . 24 Archeological artifacts . 250 47,956 Fair Market Value Х Other (Supplies 25 26 Other ► ( Equipment ) Х 20 20,585 Fair Market Value **27** Other ▶ (\_ 28 Other ► ( Number of Forms 8283 received by the organization during the tax year for contributions 0 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . 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? . . . . . . . . . 30a No **b** If "Yes," describe the arrangement in Part II 31 Νo 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Νo **b** If "Yes," describe in Part II

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493204009024

OMB No 1545-0047

2012

Open to Public
Inspection

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.

Name of the organization PATHSTONE CORPORATION INC

Employer identification number

16-0984913

Identifier	Return Reference	Explanation
	,	The Pennsylvania division of PathStone has been awarded the Pennsylvania Association of Nonprofit Organizations' Standards for Excellence Seal

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, Iine 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 rev

ldentifier	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.

ldentifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 9	Transfers from Affiliate 510,582 Unrealized Interest 134,584

SCHEDULE R Related Organizations

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization PATHSTONE CORPORATION INC

## **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.

**DLN: 93493204009024**OMB No 1545-0047

2012

Open to Public Inspection

**Employer identification number** 

Part I Identification of Disregarded Entities (Comp					1	(6)		
(a) Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) controlling entity		
Part II Identification of Related Tax-Exempt Organ	nizations (Complete i	f the organization a	nswered "Yes	" to Form 990 F	Part IV line	o 34 hocauso i	t had o	ne
or more related tax-exempt organizations during		r the organization a	movered res	10 101111 330, 1	arciv, iii	e 34 because i	it ridd oi	
or more related tax-exempt organizations during  (a)  Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	(e)	status	(f) Direct controlling entity	Section (13) co	<b>g)</b> n 512(
or more related tax-exempt organizations during  (a)  Name, address, and EIN of related organization	the tax year.)	(c) Legal domicile (state	(d)	(e)	status	(f) Direct controlling	Section (13) co	<b>g)</b> 1 512( ontrolle tity?
or more related tax-exempt organizations during  (a)  Name, address, and EIN of related organization	the tax year.)	(c) Legal domicile (state	(d)	(e)	status	(f) Direct controlling	Section (13) co ent	<b>g)</b> 1 512( ontrolle tity?
or more related tax-exempt organizations during  (a)  Name, address, and EIN of related organization	the tax year.)	(c) Legal domicile (state	(d)	(e)	status	(f) Direct controlling	Section (13) co ent	<b>g)</b> 1 512( ontrolle tity?
or more related tax-exempt organizations during  (a)  Name, address, and EIN of related organization	the tax year.)	(c) Legal domicile (state	(d)	(e)	status	(f) Direct controlling	Section (13) co ent	<b>g)</b> 1 512( ontrolle tity?
or more related tax-exempt organizations during  (a)  Name, address, and EIN of related organization	the tax year.)	(c) Legal domicile (state	(d)	(e)	status	(f) Direct controlling	Section (13) co ent	<b>g)</b> 1 512( ontrolle tity?
or more related tax-exempt organizations during  (a)  Name, address, and EIN of related organization	the tax year.)	(c) Legal domicile (state	(d)	(e)	status	(f) Direct controlling	Section (13) co ent	<b>g)</b> 1 512( ontrolle tity?
or more related tax-exempt organizations during  (a)  Name, address, and EIN of related organization	the tax year.)	(c) Legal domicile (state	(d)	(e)	status	(f) Direct controlling	Section (13) co ent	<b>g)</b> 1 512( ontrolle tity?
or more related tax-exempt organizations during  (a)  Name, address, and EIN of related organization	the tax year.)	(c) Legal domicile (state	(d)	(e)	status	(f) Direct controlling	Section (13) co ent	<b>g)</b> 1 512( ontrolle tity?
or more related tax-exempt organizations during (a)	the tax year.)	(c) Legal domicile (state	(d)	(e)	status	(f) Direct controlling	Section (13) co ent	<b>g)</b> 1512( ontrolle tity?

<b>(a)</b> Name, address, and EIN of		(b)	(c)	(d)	(e)	(f)	(g)	(h	1)	(i)	(i) (j)		(k)
Name, address, and EIN of related organization			Imary activity Legal domicile (state or foreign country)	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income			tions?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	aging ner?	Percentag ownersh
onal Data Table								Yes	No		Yes	No	
onal Data Table													
													-
Identification of Related Orga line 34 because it had one or mo								iswere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		<b>(d)</b> Direct controlli entity	(e) Type of entri (C corp, S corp, or trust)	y Share of t income	otal Share	(g) e of end- -year ssets		(h) ercentage wnership	Section (b) conti	(13)	
									_	ļ	Yes		No
nal Data Table									+				
									1				

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No				
<b>1</b> D	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?								
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		No				
b	Gift, grant, or capital contribution to related organization(s)			1b		No				
c	Gift, grant, or capital contribution from related organization(s)			1c	Yes					
d	Loans or loan guarantees to or for related organization(s)			1d	Yes					
е	Loans or loan guarantees by related organization(s)			1e		No				
f	Dividends from related organization(s)			1f		No				
g	g Sale of assets to related organization(s)			1g		No				
h	Purchase of assets from related organization(s)			1h		No				
i	i Exchange of assets with related organization(s)									
j	Lease of facilities, equipment, or other assets to related organization(s)			1j	Yes					
k	Lease of facilities, equipment, or other assets from related organization(s)			1k		No				
ı	Performance of services or membership or fundraising solicitations for related organization(s)			11		No				
m	<b>n</b> Performance of services or membership or fundraising solicitations by related organization(s)			1m		No				
n	n Sharıng of facılıtıes, equipment, mailing lists, or other assets with related organization(s)			1n	Yes					
0	Sharing of paid employees with related organization(s)			<b>1</b> 0	Yes					
р	Reimbursement paid to related organization(s) for expenses			1р	Yes					
q	Reimbursement paid by related organization(s) for expenses			1q	Yes					
r	Other transfer of cash or property to related organization(s)			1r	Yes					
s	Other transfer of cash or property from related organization(s)			1s	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 relation	nships and tr								
	(a)(b)(c)Name of other organizationTransactionAmount invotype (a-s)	lved	( <b>d)</b> Method of determining amou	unt in	volved					

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				`	,		_						
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		year   allocations		(h) Dispropitionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No						
												1						

Monica Homes LLC

Rochester, NY 14607 61-1592249

7 Prince Street

Affordable Housing

N/A

N/A

Νo

Νo

Software ID: **Software Version:** 

**EIN:** 16-0984913

Name: PATHSTONE CORPORATION INC

Schedule R (Fo	orm 990\2012												Page <b>5</b>
Part VII	Supplemen	tal Information				6 1 1 1 5		,					- rage <b>3</b>
Identifier	Return Reference	part to provide addit		mation for responsible xplanation	onses to question	is on Schedule R	(see instruction	is)					
	Schedule R,	Pathstone Corporat	ion is also	related to othe	r tax-exempt org	anızatıons ınclu	ded in a group re	turn					
Form 990, 9	Part II Schedule R,	<u> </u> Part III - Identii	fication	of Related C	Organizations	Taxable as a	a Partnershi <sub>l</sub>	<del></del>					
Name, addres	<b>a)</b> ss, and EIN of ganization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign Country)	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) Dispropallocat	ortionate ions?	(i) Code V-UBI amount on Box 20 of K-1	Gene Mana Part	ral or aging ner?	(k) Percentage ownership
Anthony Squa	ire LP	Affordable Housing	NY	N/A	N/A			res	<b>No</b> No		res	No No	
7 Prince Stree Rochester, NY 16-1589159	Y 14607												
April Meadows		Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Stree Rochester, N\ 16-6498924													
Briarwood Pla	ce LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Stree Rochester, N 16-1544146	Y 14607												
Canal Place L	P	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Stree Rochester, NN 75-2975899	Y 14607												
Central Place	LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Stree Rochester, NN 16-1520376	Y 14607												
Clayton Heigh	nts LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Stree Rochester, NN 41-2124095	Y 14607												
Creekside Cle	earing LP	Affordable Housing	NY	N/A	N/A				No			Νo	
7 Prince Stree Rochester, NN 05-0607089													
Elliott's Landi	ng LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Stree Rochester, NN 20-4754791													
Elmgrove Plac	ce LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Stree Rochester, NY 06-1716252	Y 14607												
Hale Court LP		Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Stree Rochester, NY 20-4754992	Y 14607												
Marketview H	_	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Stree Rochester, NY 16-1435368													
Marketview Pl		Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Stree Rochester, NY 16-1458119													
MJ Estates II	LLC	Affordable Housing	NY	N/A	N/A				No			Νo	
7 Prince Stree Rochester, NN 27-1006415	Y 14607												
MJ Estates LF		Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Stree Rochester, NN 20-8685429	Y 14607												
Manias Hama	- 11.0	Affordable Housing	NV	NI /A	INI /A	l	I	1	l Na	l	1	l NI -	·

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (j) (e) Legal (d) Disproprtionate General or (k) Predominant (a) (b) Direct Share of total Share of end-Code V-UBI amount Domicile allocations? Managing Percentage Name, address, and EIN of Primary activity income(related (State Controlling ıncome of-vear assets on Partner? ownership unrelated, related organization or Entity Box 20 of K-1 excluded from Foreign tax under Country' sections 512-514) Yes Yes No No Niagara Place LP Affordable Housing NΥ N/A N/A Νo 7 Prince Street Rochester, NY 14607 16-1478044 Affordable Housing Ontario Place LP NY N/A N/A Νo Nο 7 Prince Street Rochester, NY 14607 75-2975886 Pinnacle Apartments LLC Affordable Housing N/A N/A Νo Νo 7 Prince Street Rochester, NY 14607 45-5425869 N/A Νo Rexford Place LP Affordable Housing NΥ N/A Νo 7 Prince Street Rochester, NY 14607 20-2201905 N/A N/A Νo Νo Susan B Anthony LP Affordable Housing NΥ 7 Prince Street Rochester, NY 14607 04-3812069 Westminister Place LP Affordable Housing NY N/A N/A Νo Νo 7 Prince Street Rochester, NY 14607 16-1476222 Woodward LP Affordable Housing N/A N/A Νo Νo NY 7 Prince Street Rochester, NY 14607 16-1489242 Ada Ridge Partners II LLC Affordable Housing N/A N/A Νo NY Νo 400 East Avenue Rochester, NY 14607 26-2373989 Affordable Housing N/A N/A Νo Ada Ridge Partners LP NY Νo 400 East Avenue Rochester, NY 14607 16-1592991 N/A Albion Senior Living LLC Affordable Housing NΥ N/A Νo Νo 400 East Avenue Rochester, NY 14607 26-0345950 Alliance Homes II LLC Affordable Housing N/A N/A Νo Νo 400 East Avenue Rochester, NY 14607 56-2397229 Alturas de Castaner LP Affordable Housing NΥ N/A N/A Νo Νo 400 East Avenue Rochester, NY 14607 20-3947099 Andrews Terrace LLC Affordable Housing N/A NY N/A Νo Νo 400 East Avenue Rochester, NY 14607 20-3199493 Beechwood Apartments LLC Affordable Housing N/A N/A Νo Νo 400 East Avenue Rochester, NY 14607 27-3685642 N/A Bradmar Village LLC Affordable Housing NΥ N/A Νo Νo 400 East Avenue Rochester, NY 14607 27-2288636

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (e) Legal (g) (i) Disproprtionate General or (k) (b) Predominant (a) Share of total Code V-UBI amount Domicile Direct Share of end-Name, address, and EIN of allocations? Managing Percentage Primary activity ncome(related Controlling (State ıncome of-year assets on Partner? ownership related organization unrelated, Box 20 of K-1 Entity or excluded from Foreign tax under Country) sections 512-514) Yes Yes No No N/A Brower Road LLC Affordable Housing NΥ N/A Νo Νo 400 East Avenue Rochester, NY 14607 03-0485949 Canal View Senior Housing Affordable Housing NY N/A N/A Νo Νo 400 East Avenue Rochester, NY 14607 20-4440054 N/A N/A Clarkson-Seldon Square Affordable Housing NY Νo Νo Partners LP 400 East Avenue Rochester, NY 14607 22-3607775 N/A Gettysburg Scattered Sites Affordable Housing NY N/A Νo Νo Associates 400 East Avenue Rochester, NY 14607 25-1645782 Heritage Meadows Partners Affordable Housing N/A N/A Νo Νo 400 East Avenue Rochester, NY 14607 16-1537986 Highland Meadows Partners Affordable Housing NY N/A N/A Νo Νo LLC 400 East Avenue Rochester, NY 14607 13-4220309 Lander Street Partners II LP Affordable Housing N/A N/A Νo Νo 400 East Avenue Rochester, NY 14607 06-1473326 Lander Street Partners III Affordable Housing NY N/A N/A Νo Νo LLC 400 East Avenue Rochester, NY 14607 56-2523429 Lander Street Partners LP Affordable Housing NY N/A N/A Νo Νo 400 East Avenue Rochester, NY 14607 06-1445495 New Home Alliance LP Affordable Housing N/A N/A Νo Νo 400 East Avenue Rochester, NY 14607 06-1527135 Olde Theatre Apartments LP Affordable Housing NY N/A N/A Νo Νo 400 East Avenue Rochester, NY 14607 34-1844633 N/A N/A Salem Senior Housing LLC Affordable Housing NY Νo Νo 400 East Avenue Rochester, NY 14607 38-3711378 Sandy Creek Associates LP Affordable Housing N/A N/A Νo Νo 400 East Avenue Rochester, NY 14607 16-1351950 Seldon Square II LLC N/A N/A Νo Νo Affordable Housing NY 400 East Avenue Rochester, NY 14607 35-2182907 N/A Sisson Reserve LLC Affordable Housing NY N/A Νo Νo 400 East Avenue Rochester, NY 14607 35-2430293

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (h) (j) (e) (d) (i) Legal (f) (g) Disproprtionate (k) (a) (b) Predominant General or Domicile Direct Share of total Share of end-Code V-UBI amount allocations? Managing Percentage Name, address, and EIN of Primary activity ncome(related Controlling ıncome of-year assets (State on Partner? ownership related organization unrelated. Box 20 of K-1 or Entity excluded from Foreign tax under Country) sections 512-514) Yes No Yes No Sisson Reserve II LLC Affordable Housing NY N/A N/A Νo Νo 400 East Avenue Rochester, NY 14607 38-3911384 Stonewood Village LLC Affordable Housing NY N/A N/A Νo Νo 400 East Avenue Rochester, NY 14607 26-4557007 Thompson Building Affordable Housing NY N/A N/A Νo Νo Associates LP 400 East Avenue Rochester, NY 14607 16-1421270 N/A N/A Apple Meadow Ltd LP Affordable Housing NY Νo Νo 400 East Avenue Rochester, NY 14607 31-0970627 Castle Street Associates LP Affordable Housing NY N/A N/A Νo Νo 400 East Avenue Rochester, NY 14607 16-1311570 Cedar Creek Housing LLC Affordable Housing NY N/A N/A Νo Νo 400 East Avenue Rochester, NY 14607 90-0347268 Clifton Commons Associates Affordable Housing NY N/A N/A Νo Νo 400 East Avenue Rochester, NY 14607 16-1386724 Crosman LLC Affordable Housing NY N/A N/A Νo Νo 400 East Avenue Rochester, NY 14607 10-0007244 Crossman LP Affordable Housing N/A N/A Νo Νo 400 East Avenue Rochester, NY 14607 10-0007242 N/A Foster Block Associates LP | Affordable Housing NY N/A Νo Νo 400 East Avenue Rochester, NY 14607 16-1351625 Affordable Housing N/A N/A Stanton Meadows NY Νo Νo Townhomes LP 400 East Avenue Rochester, NY 14607 16-1551902 N/A Towpath III LP Affordable Housing NY N/A Νo Νo 400 East Avenue Rochester, NY 14607 45-3566045 Washington Park Associates Affordable Housing N/A N/A Νo Νo 400 East Avenue Rochester, NY 14607 16-1299635

Form 990, Schedule R, Part IV - Identifica						•		1	
(a)  Name, address, and EIN of  related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	Secti 512(b) contro entity	on (13) lled y?
Marketview Housing Inc	General Partner in L P		N/A	C				Yes	<b>No</b> No
7 Prince Street Rochester, NY 14607 16-1435367	Transactions	NY							
PathStone Breckenridge Inc	General Partner in L P Transactions		N/A	С					No
7 Prince Street Rochester, NY 14607 45-4541829		NY							
PDC Towpath Corporation	General Partner in L P Transactions	NY	N/A	C					No
7 Prince Street Rochester, NY 14607 45-3667522									
Slater Neighborhood Inc	General Partner in L P Transactions	NY	N/A	c					No
7 Prince Street Rochester, NY 14607 27-1006036									
Pinnacle Managing Member LLC	General Partner in L P Transactions	NY	N/A	С					No
7 Prince Street Rochester, NE 14607 45-5430014									
Alliance Homes II Corp  400 East Avenue Rochester, NY 14607	General Partner in L P Transactions	ОН	N/A	С					No
PHEDCO Investments Inc	General Partner in L P Transactions		N/A	С					No
400 East Avenue Rochester, NY 14607 25-1663084		NY							
RHAC Development Corporation	General Partner in L P Transactions	NY	N/A	С					No
400 East Avenue Rochester, NY 14607 16-1262619									
RHOC Crossman Inc 400 East Avenue Rochester, NY 14607	General Partner in L P Transactions	NY	N/A	С					No
27-0017600 Rural Housing	General Partner in L P		N/A	С					No
Opportunities Development Corp	Transactions	NY	,,,,						
400 East Avenue Rochester, NY 14607 05-0575748									
Salem Senior Housing Corp 400 East Avenue	General Partner in L P Transactions	он	N/A	С					No
Rochester, NY 14607 30-0308905 Stanton Meadows	General Partner in L P		N/A	c					No
Corporation 400 East Avenue	Transactions	NY	IN/A						NO
Rochester, NY 14607 16-1556454 Beechwood Managing	General Partner in L P		N/A	c					No
Member LLC 400 East Avenue	Transactions	NY							
Rochester, NY 14607 27-4656938 Jamestown Managing	General Partner in L P		N/A	С					No
Member LLC 400 East Avenue	Transactions	NY							
Rochester, NY 14607 27-2288510 Lehigh Managing	General Partner in L P		N/A	c					No
Member LLC 400 East Avenue	Transactions	NY	IN/M						1110
Rochester, NY 14607 27-0212774									

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

Form 990, Schedule R, Part IV - Iden	ntification of Related Orga	nizations Taxab'	le as a Corpo	ration or T	rust	ē	•	•	,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	ıncome	(g) I Share of end- of-year assets	(h) Percentage ownership	(i) Secti 512(b) contro entity	ion )(13) olled
San German Managing Member LLC 400 East Avenue Rochester, NY 14607 45-3773695	General Partner in L P Transactions	NY	N/A	С					No
Sisson Reserve MM LLC 400 East Avenue Rochester, NY 14607 36-4717781	General Partner in L P Transactions	NY	N/A	С					No
Sisson Reserve MM II LLC 400 East Avenue Rochester, NY 14607 46-3135735	General Partner in L P Transactions	NY	N/A	С					No
West Broadway Villas LLC 400 East Avenue Rochester, NY 14607 30-0743446	General Partner in L P Transactions	NY	N/A	С					No
Monica Homes LTD  30 Millbank Street Rochester, NY 14619 80-0360791	Co-managing member	NY	N/A	С					No