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### Extension Granted Until 08/15/2014

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)

Open to Public Inspection

OMB No 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning OCT 2012 and ending SEP C Name of organization D Employer identification number Check if applicable PATHSTONE HOUSING ACTION CORPORATION Address change AND AFFILIATES Name change 16-1183242 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-400 EAST AVENUE (585)546-7180Amended City, town, or post office, state, and ZIP code G Gross receipts \$ 11,613,758. Applica-tion ROCHESTER, NY 14607 Stmt 1 H(a) Is this a group return pending F Name and address of principal officer. Kevin Rvck X Yes No for affiliates? Yes X No same as C above H(b) Are all affiliates included? ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ www.PathStone.org **H(c)** Group exemption number ▶ 9113 Other > K Form of organization: X Corporation L Year of formation: 1979 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities. See Schedule O Activities & Governance Check this box ▶ L ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 16 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 27,000 8,866. Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2q) 10,772,679 11,335,563. -1,159,28763,520. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 205,809. 334,911 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 9,975,303. 11,613,758. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3.933.532. 4.132.176. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 15 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 5,837,391 6,035,912. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,770,923. 10,168,088. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 204,380. 1,445,670. Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 65,184,395. 61,109,279 20 Total assets (Part X, line 16) AUG 2 2 2014 <u>98,637,711</u> <u>21,866,580.</u> 21 Total liabilities (Part X, line 26) 471,568 43,317,815 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying still and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date 8/12/14 Signature of officer Sign Kevin Ryck, Chief Financial Officer Here Type or print name and title PTIN Preparer signature Print/Type preparer's name 08/11 P00195472 Paid Stephanie Annunziata /14 self-employed Firm's name L Heveron & Company CPAs 27-1895149 Preparer Firm's EIN Firm's address > 260 Plymouth Avenue South Use Only

Phone no. 585-232-2956

X Yes

Form 990 (2012)

No

Rochester, NY 14608

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

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
	PathStone Housing Action Corporation creates and provides
	opportunities for farmworkers and other disenfranchised people to
	confront and overcome barriers that prevent them from gaining access
	to economic, educational, social and political resources.
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?
	If "Yes," describe these changes on Schedule O.
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 \$ 5,528,385. including grants of \$ 4,046,189.) (Revenue \$ 5,650,668.
	Senior Program - PathStone Opportunities for Seniors Inc., receives
	funding as a delegate agency of the National Council on Aging to
	operate the USDOL Senior Community Services Employment Program. The
	program provides job training and job placement services to over 700
	citizens over the age of 55 in rural areas of New York, New Jersey, Pennsylvania, and Virginia. The goal of the program is to enroll,
	provide job training to program participants and to place them in unsubsidized employment. 85% of the program expenditures are paid as
	direct wages and fringe benefits to the program participants who work
	20 hours per week at Community Service, non-profit, and government
	worksites. (Continued on Schedule O)
	WOINDICED: \CONTENTION OF BOHERATE OF
4b	(Code) (Expenses \$3, 285, 542. including grants of \$82, 989. ) (Revenue \$5, 033, 130.
	Housing Services - Development of high quality, affordable housing for
	rent and for sale to meet the critical needs of low- and
	moderate-income families, seniors, and disabled citizens. The
	organization acts as a full-service developer with expertise in the
	planning, financing, closing, construction, and management of complex
	real estate projects. PathStone's Real Estate Development team includes
	a staff of 13 people located throughout six states and Puerto Rico,
	with expertise in the planning, community approval process, and
	financing of small and large multi-unit affordable housing developments
	utilizing a variety of sources. Since 1982, over 3,500 units have been
	developed in partnership with both urban and rural communities.
	(Continued on Schedule O)
4c	(Code) (Expenses \$
	Economic Development Services: PathStone Enterprise Center's mission is
	to enhance the economic self-sufficiency and quality of life of
	individuals and communities through entrepreneurial training, technical
	assistance and access to financing for new and expanding businesses
	throughout Upstate New York and Puerto Rico. The Enterprise Center carries out its mission by making loans to small and micro businesses,
	and by accompanying those loans with a strong program of pre-loan and
	post-loan technical assistance and training programs designed to
	support our clients' growth. The Enterprise Center's loans range in
	size from \$1,000 to \$500,000, although most loans are in the \$20,000 to
	\$50,000 range.
	(Continued on Schedule O)
<b>4</b> d	Other program services (Describe in Schedule O)
Tu	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 9,347,207.
<u></u>	Form 990 (2012
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	2
240	0811 790933 PHAC 2012.05090 PATHSTONE HOUSING ACTION CO PHAC1

Form 990 (2012) AND AFFILIATES
Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	i		
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		37
	during the tax year? If "Yes," complete Schedule C, Part II	_4_		<u>X</u> _
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
9	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	x	
0	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	Х	
1	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		<u>X</u> _
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	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 <u>f</u>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		<b>.</b>
	Schedule D, Parts XI and XII	12a		X
D	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	X	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	- 23	x
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization maintain an onice, employees, or agents outside or the oritical crates.  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
b	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		İ	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
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	<del> </del>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(2012)
		LOLL	マプリ	(2012)

PATHSTONE HOUSING

Form 990 (2012) AND AFFILIATES

Part IV Checklist of Required Schedules (continued)

	•		Yes	_No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_ X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	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		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
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		<u>X</u>
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	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
05-	Part V, line 1	34	X	32
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
55	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	26		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u>X</u>
<i>3.</i>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37_		<u>X</u>
~	Note. All Form 990 filers are required to complete Schedule O	38	x	
				2012)

	PATHSTONE HOUSING ACTION CORPORATION	040	_	-				
	990 (2012) AND AFFILIATES 16-1183  † V   Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>	Pi	age <b>5</b>				
Par	TtV Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V							
	Check is observed to account in this Part V			<u> </u>				
			Yes	<u>No</u>				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  13							
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c	X					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 0							
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts							
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
С	10 T							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
_	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	tense in that the second of th	7b						
c	Paris and the state of the stat							
	to file Form 8282?	7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	District of the desired control of the desire	7e		X				
f		7f		X				
g	15.1	7g						
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h						
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.		<u> </u>					
а		9a						
b		9b						

Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter

a 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)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form **990** (2012)

X

12a

13a

14a

10a

10b

11a

11b

12b

13b

Form 990 (2012)

16-1183242

X

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

	Check if Schedule O contains a response to any question in this Part VI			X							
Sec	tion A. Governing Body and Management		-								
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	_6									
	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 1b	4									
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		X							
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		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	6		X							
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		X							
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		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	_8a	X								
b	Each committee with authority to act on behalf of the governing body?	_8b	X	ļ							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	_	X							
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			<u> </u>							
			Yes	No							
	Did the organization have local chapters, branches, or affiliates?	10a	X	<u> </u>							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b	x								
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a		12a	_	<b>├</b> -							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	ļ							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		3,7								
	in Schedule O how this was done	120	_	<del>                                     </del>							
13	Did the organization have a written whistleblower policy?	13	X	<del>                                     </del>							
14	Did the organization have a written document retention and destruction policy?	14	X	<del> </del>							
15	Did the process for determining compensation of the following persons include a review and approval by independent	ĺ									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v							
a	The organization's CEO, Executive Director, or top management official	15a	1	X							
b	Other officers or key employees of the organization	15b	+	X							
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)										
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	46-		x							
<b>L</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	+	+ <del>^</del>							
b	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	.								
Sec	etion C. Disclosure		<u>'                                    </u>								
17	List the states with which a copy of this Form 990 is required to be filed ▶NY , NJ , OH , PA										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or	ılv) avaıla	ble								
	for public inspection. Indicate how you made these available. Check all that apply	,,									
	Own website X Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy	, and fina	ancial								
	statements available to the public during the tax year.	,									
20	and the second of the second o										
	The Organization - (585)546-7180										
	400 EAST AVENUE, ROCHESTER, NY 14607										
23200 12-10	6	For	m <b>990</b>	(2012)							

### AND AFFILIATES Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

 $\mathbf{x}$ 

### 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.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			((	<del></del>			(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per	box	not cl , unle:	ss pe	rson	s bot	h an	compensation	compensation	amount of
	week	$\vdash$	cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	퍨	ا ا			Eg.		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			Suec		(W·2/1099-MISC)		organization
	organizations	al tru	lau		loye	S 8				and related
	below	Individual trustee or director	Institutional trustee	Officer	y emi	Highest compensated employee	Former			organizations
	0.80	Ě	Ë	b	χe	호등	윤			
(1) John Wiltse Secretary/Director	40.00	x		x				0.	70,938.	6,589.
(2) Susan Ottenweller	0.80								,	
President/Director (10/12 - 05/13)	40.00	х		х				0.	121,789.	9,163.
(3) April Colson	0.80									
Director		Х						0.	0.	0.
(4) Abraham Hernandez	0.80			İ				:		
Director		X						0.	0.	0.
(5) Javier Quintana	0.80	1						_	_	_
Director		X		_			<u> </u>	0.	0.	0.
(6) Judy Bennett	0.80		1					_		
Director		X		_		<u> </u>	<u> </u>	0.	0.	0.
(7) Monica McCullough	0.80	1	ŀ					_	_	
President/Director (05/13 - 09/13)	40.00	X	ļ	X			ļ	0.	0.	0.
(8) Kevin Ryck	0.80						1		404 00=	
VP of Finance, Treasurer	40.00	<u> </u>	<u> </u>	X			<u> </u>	0.	136,937.	9,929.
(9) Velma Smith	0.80	4		l					444 545	0 505
VP of Program	40.00	╄	_	X		ļ.,	├	0.	114,517.	8,795.
(10) Amy Casciani	0.80	-							<b>50 500</b>	F 004
Vice President	40.00	-	-	X	_	_	$\vdash$	0.	79,533.	7,024.
(11) Julie Everitt	0.80	-							65 406	6 244
Vice President (10/12 - 05/13)	40.00		-	X		-	<u> </u>	0.	65,486.	6,314.
(12) Maria Rodriguez-Collazo	0.80	1		٠,,				0.	70 120	6 540
Vice President	40.00		-	X	-	+		0.	70,130.	6,549.
(13) Chris Tripoli	0.80	-						0.	0.	_
Assistant Secretary	40.00	╁	┢	X	┢	┢	$\vdash$	- 0.	<u> </u>	0.
(14) Jenny Loeb	40.00	┨		x				0.	0.	0.
Assistant Secretary		$\vdash$	$\vdash$	^	-	1	┢	<u>U.</u> .	0.	0.
(15) Keith Scholes	0.80			х				0.	87,649.	7,435.
Secretary	0.80		+-	┢┸	$\vdash$	+	+		0/,043.	1,433.
(16) Kathryn Bryan	40.00		1	x				0.	124,057.	9,277.
Assistant Treasurer	0.80		╁	^	H		+		144,037.	, , , , , , , , ,
(17) Les Kernan	40.00			x				0.	0.	0.
Assistant Secretary	1 -20.00		1	11		1				Form <b>990</b> (2012)

AND AFFILIATES

ran	(A)  Name and title	(B) Average	(C) Position						(D) Reportable	<b>(E)</b> Reportable			(F) ımate	
	hours p week (list ar hours t relate organizat belov line)		office or director	, unle:	ss pe	rson recto	Highest compensated complex since the service complex since the servic	n an tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	)	comp fro orga and	ount of other oensa om the inization relation	tion e ion ed
											$\perp$			
			<u> </u>								$\perp$	_	<del></del>	
			-				ļ				-			
			1								$\perp$			
						_				:				
					_		-							
					_									
		<u> </u>	-											
	Sub-total  Total from continuation sheets to Part \	/II. Section A	<u> </u>	1		<u>!</u>	<b>&gt;</b>	l	0.	871,03	6.	7:	L , 0	75. 0.
	Total (add lines 1b and 1c)  Total number of individuals (including but		nose	liste	ed a	bov	e) wi	no r	0.	871,03		7:	L , O	
_	compensation from the organization	·							<u></u>	· · · · · · · · · · · · · · · · · · ·		T	Yes	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	ey eı	mpk	oyee	, or	highest compensated e	employee on		3		х
4	For any individual listed on line 1a, is the sand related organizations greater than \$15	50,000? <i>If</i> "Yes	, " cc	mpl	ete :	Sch	edul	e J i	for such ındıvidual			4		х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							elat	ed organization or indiv	ridual for services	$\perp$	5		х
Sec 1	tion B. Independent Contractors  Complete this table for your five highest of										 ensat	tion fi	rom	
	the organization Report compensation fo  (A)  Name and busines					with	or w	<u>rithii</u>	n the organization's tax ( <b>B)</b> Description of			(C	) isatio	n
	Name and business	3 4441033	IŃ	ON:	<u> </u>				Becomplient	5611.000				••
2	Total number of independent contractors \$100,000 of compensation from the organ		not I	ımıte	ed to		ose li O	sted	d above) who received r	nore than			200	
23200	8										F	orm	9 <b>90</b> (	2012)

Form 990 (201<u>2)</u>

Part VIII

Statement of Revenue

AND AFFILIATES

Check if Schedule O contains a response to any question in this Part VIII (B) (C) (D) Revenue excluded from tax under (A) Related or Unrelated Total revenue exempt function business sections 512, 513, or 514 revenue revenue ts, Grants Amounts 1 a Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 8.866 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 8,866 Business Code Program Service 5,650,668 624100 5,650,668 2 a Senior Program Developer Fees 531390 1,766,280 1,766,280 1,467,974 531110 1,467,974 Rental Income 531310 1,004,636 1,004,636 d Management Fees 799,550 624100 799,550 Economic Development All other program service revenue 531390 646 455 646.455 Total. Add lines 2a-2f 335 563 Investment income (including dividends, interest, and other similar amounts) 63,520 63,520. Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 6 a Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of (i) Securities (II) Other assets other than inventory Less cost or other basis and sales expenses Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 531390 192,952 192,952 11 a Other Income Forgiveness of Debt 900099 12.857 12,857 d All other revenue e Total. Add lines 11a-11d 205,809 Total revenue. See instructions. 613,758 11,541,372 232009 12-10-12 Form 990 (2012)

Form 990 (2012) AND AFFILIATES
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	X
	Check if Schedule O contains a respon	se to any question in this (A)	Part IX	(C)	
Do r 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				<del></del>
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	4,132,176.	4,132,176.		
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 .				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				<del></del>
7	Other salaries and wages				·
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	712 067	712 067		
а	Management	713,967.	713,967.	6,522.	
b	Legal .	6,522. 47,167.		47,167.	
C	Accounting	4/,10/		4/,10/.	
d	, -				
e	Professional fundraising services. See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·	·	<del></del>
f	Investment management fees		<u></u>	<del></del>	
g	, -	2,445,717.	2,443,367.	2,350.	
	column (A) amount, list line 11g expenses on Sch O.)	2,445,717.	2,443,307.	2,330.	
12	Advertising and promotion	250,697.	213,956.	36,741.	
13	Office expenses Information technology	230,037.	213,730.	30,741.	
14	Royalties				
15 16	Occupancy	399,443.	399,443.		<del>.</del>
16 17	Travel	126,362.	126,362.		<del></del>
18	Payments of travel or entertainment expenses	120,302.	120/3020		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	33,999.	33,999.		
20	Interest	393,554.	393,554.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	676,885.	676,885.		
23	Insurance	69,236.	69,236.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	•			
a	Allocated Indirect Expe	676,320.	15,691.	660,629.	
h	Bad Debt	128,564.	61,092.	67,472.	
c					
d					
	All other expenses	67,479.	67,479.		
25	Total functional expenses. Add lines 1 through 24e	10,168,088.	9,347,207.	820,881.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Par	<u>t X</u> _	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,118,057.	1	2,521,603.
	2	Savings and temporary cash investments	4,136,363.	2_	6,758,675.
	3	Pledges and grants receivable, net	535,290.	3	405,905.
	4	Accounts receivable, net	49,597.	4	42,971.
	5	Loans and other receivables from current and former officers, directors,	<u> </u>		
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	4,770,270.	7	4,580,211.
Ass	8	Inventories for sale or use .		8	
-	9	Prepaid expenses and deferred charges	33,574.	9	48,922.
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 24,743,521.			
	b	Less. accumulated depreciation 10b 9,622,536.	12,617,563.	10c	15,120,985.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	4 545 040
	13	Investments - program-related See Part IV, line 11	1,553,331.	13	1,545,243.
	14	Intangible assets	61,882.	14	69,624.
	15	Other assets. See Part IV, line 11	34,233,352.	15	34,090,256.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	61,109,279.	16	65,184,395.
	17	Accounts payable and accrued expenses	903,305.	17	1,107,815.
	18	Grants payable	1 200 400	18	020 045
	19	Deferred revenue	1,309,488.	19	920,945.
	20	Tax-exempt bond liabilities	28,667.	20	55,736.
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D	40,007	21	55,750.
Ē	22	Loans and other payables to current and former officers, directors, trustees,			
Lia		key employees, highest compensated employees, and disqualified persons.		22	
	23	Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties	13,631,492.	23	16,922,723.
	24	Unsecured notes and loans payable to unrelated third parties	13,031,432.	24	10,522,125.
	25	Other liabilities (including federal income tax, payables to related third	<del></del>	2.7	
		parties, and other liabilities not included on lines 17-24) Complete Part X of		·	
		Schedule D	2,764,759.	25	2,859,361.
	26	Total liabilities. Add lines 17 through 25	18,637,711.	26	21,866,580.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	42,471,568.	27	43,317,815.
ala	28	Temporarily restricted net assets		28	
Ā	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here			
卢		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	42,471,568.	33	43,317,815.
	34	Total liabilities and net assets/fund balances	61,109,279.	34	65,184,395.

Form **990** (2012)

Pa	rt XI │ Reconciliation of Net Assets							
	· Check if Schedule O contains a response to any question in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,61				
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	,16	8,0	88.		
3	Revenue less expenses Subtract line 2 from line 1	3	1	, 44	5,6	70.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42	, 47	1,5	68.		
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		25	0,9	75.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-85	0,3	98.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	43	,31	7,8	15.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990. Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both.							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,					
	consolidated basis, or both							
	Separate basis X 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 oversight of the	e audıt	,					
	review, or compilation of its financial statements and selection of an independent accountant?			2¢	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	)					
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?			За	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ıred au	dıt					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits							

Form **990** (2012)

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

Department of the Treasury Internal Revenue Service

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

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

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

OMB No 1545-0047

**Open to Public** Inspection

Name of the organization **Employer identification number** PATHSTONE HOUSING ACTION CORPORATION AND AFFILIATES 16-1183242 Reason for Public Charity Status (All organizations must complete this part ) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  $\mathbf{x}$ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c \_\_\_\_ Type III - Functionally integrated Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary in col. (i) listed in your organization in col. (described on lines 1-9 (i) organized in the U.S.? organization support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No Yes

232021 12-04-12

Form 990 or 990-EZ.

3240811 790933 PHAC

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

oudio /										_
art II	<u> </u>	upport	Schedu	ıle for	Organiz	ations	Described i	n Sections	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	, ,					
	membership fees received (Do not						
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions			<u> </u>			
Ŭ	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4						
8	Gross income from interest,						·
_	dividends, payments received on						
	securities loans, rents, royalties				1		
	and income from similar sources						
9	Net income from unrelated business						
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	, etc (see instructi	ions)			12	
	First five years. If the Form 990 is fo			ird, fourth, or fifth	tax year as a section	on 501(c)(3)	
	organization, check this box and sto	p here					
Se	ction C. Computation of Pub	lic Support Pe	rcentage	<u> </u>			
14	Public support percentage for 2012 (	(line 6, column (f) c	livided by line 11,	column (f))		14	%
15	Public support percentage from 201	1 Schedule A, Parl	t II, line 14			15	%
16a	a 33 1/3% support test - 2012. If the	organization did n	ot check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this	box and
	stop here. The organization qualifies				•		▶Ш
ŀ	o 33 1/3% support test - 2011. If the	organization did n	ot check a box on	line 13 or 16a, an	id line 15 is 33 1/39	% or more, check	this box
	and stop here. The organization qua						▶∟
178	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fa					art IV how the org	anization
	meets the "facts-and-circumstances"						▶∟
1	b 10% -facts-and-circumstances tes						
	more, and if the organization meets t						the
	organization meets the "facts-and-cir						▶∟
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 17			
					Soh	adula A (Earm Q	90 or 990-F71 2012

14

PATHSTONE HOUSING ACTION CORPORATION

Schedule A (Form 990 or 990-EZ) 2012 AND AFFILIATES

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	
gualify under the tests listed below places associate Det U.	

Sec	ction A. Public Support	pelow, please comp	olete Part II.)		<del></del> .		. <del>.</del>
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	107=00	107 = 000	(0, 20.10	19/2311	(6) = 0 1 2	(1) 10.0.
	membership fees received. (Do not						
	include any "unusual grants ")		129,000.	1,000.	27,000.	8,866.	165,866.
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	17866273.	14163778.				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	<u>17866273.</u>	14292778.	<u>15886412.</u>	<u> 10799679.</u>	<u>11344429.</u>	70189571.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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	4991392.	<u> </u>		594,321.		11134958.
	Add lines 7a and 7b	4991392.	718,417.	3077148.	594,321.	<u> 1753680.</u>	11134958.
	Public support (Subtract line 7c from line 6)						59054613.
	ction B. Total Support					Γ	T
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009 14292778.	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	145,184.	759,642.	351,093.	61,073.	63,520.	1380512.
ľ	<ul> <li>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</li> </ul>						
	Add lines 10a and 10b	145,184.	759,642.	351,093.	61,073.	63,520.	1380512.
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.)		886,317.				
	Total support (Add lines 9, 10c, 11, and 12)		<u> 15938737.</u>				·
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thii	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organi:	zation,
<del></del>	check this box and stop here						<u> </u>
	ction C. Computation of Publ			<del></del>		<del></del>	00.10
	Public support percentage for 2012 (			column (f))		15	80.12 %
16						16	81.17 %
	ction D. Computation of Inve	***	<del> </del>				1 07
17	•	•	• •	ne 13, column (f))		17	1.87 %
18					. 45	18	2.30 %
198	a 33 1/3% support tests - 2012. If the	_		-		•	
	more than 33 1/3%, check this box a	•	-		• • •	•	<b>►</b> [X]
ľ	33 1/3% support tests - 2011. If the	-			-	•	
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization		-			-	
	23 12-04-12	on the field of leak a	207 OH BIO 14, 13	a, or rob, official ti			00 or 990-EZ) 2012

### PATHSTONE HOUSING ACTION CORPORATION Schedule A (Form 990 or 990-EZ) 2012 AND AFFILIATES 16-1183242 Page 4 Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information. (See instructions) Schedule A, Part III, Line 12, Explanation for Other Income: Other Program Fees Forgiveness of Debt

5240811 790933 PHAC

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

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

OMB No 1545-0047 Inspection

Name of the organization

PATHSTONE HOUSING ACTION CORPORATION

**Employer identification number** 

AND AFFILIATES 16-1183242 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2h c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2012

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Schedule D (Form 990) 2012

15,120,985.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2,859,361.

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

Schedule D (Form 990) 2012

PATHSTONE HOUSING ACTION CORPORATION Schedule D (Form 990) 2012 AND AFFILIATES 16-1183242 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants С 2c d Other (Describe in Part XIII.) 2d Add lines 2a through 2d e 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities <u>2a</u> Prior year adjustments 2b c Other losses 2c Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4b Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information Part IV, line 2b: The escrow represents security deposits held for the Organization's tenants.

Part V, line 4: A percentage of the Fund's market value as determined

by the board of directors of a related organization of PathStone Housing

Action Corporation each year shall be distributed for the use by the

related organization in support of its programs for women.

Schedule D (Form 990) 2012

Part X, Line 2: 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.

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

PATHSTONE HOUSING ACTION CORPORATION AND AFFILIATES

2012	Open to Public Inspection	Employer identification number $16-1183242$
		Employer

OMB No 1545-0047

Pa ,	Part I General Information on Grants and Assistance	nd Assistance	14 90 4110000	4 0000	in the state of th	COC AC CAPACOA	to loo out pao out to	
_	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants of assistance, and the selection criteria used to award the grants or assistance?	to substantiate tne stance?	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	Istance, and tne select	ion X Yes No
2	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant	funds in the United	d States.			
Par	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	l Organizations in the	e United States. C	complete if the orga	anization answered "Y	es" to Form 990, Part	IV, line 21, for any
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000. Part II can	be duplicated if addit	ional space is need	Jed.	-		
•	1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
8	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	ganizations listed in th	e line 1 table				
က	Enter total number of other organizations listed in the line 1 table	listed in the line 1	table					•
HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2012)

232101 12-18-12

## PATHSTONE HOUSING ACTION CORPORATION

Schedule i (Form 990) (2012) AND AFFILIATES

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

Page 2

16-1183242

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Senior Community Services Employment Program	1130	4,046,189.	0.		
Rehabiliation Costs	13	°	85,987,	PMV	Assistance with repairs, upgrades, and other rehabilitation costs
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	ide the information	n required in Part I, I	ine 2, Part III, colum	(b), and any other additional in	formation
Schedule I, Part I, Line 2: Program	eli	gibility is d	determined	and entered	
into the MIS system. Enrollment into	മ	cific prog	specific program is required	lired and	
eligibility testing identifies what pro	t programs	ms the individual	ividual or	family is	
eligible for. A development plan is		ted for ev	completed for every client,	, and	
training is provided based upon the		identified needs.	A11	services provided	
to individuals and families are re	scorded in	are recorded in the family's MIS		records. Case	
management reviews are conducted with	vith senior	staff	and ongoing	assessment	
of supportive services and additional	רד	ning plans	are devel	raining plans are developed for the	
clients. Internal audits are conducted	icted by the		corporation to as	assess success	Schodule   (Exm 000) (2019)
532 102 12-10-12		1			17: 07) 1000 III 0 II 0 III 000] 170 IF

### SCHEDULE O (Form 990 or 990°EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

QMB No 1545-0047
2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Attach to Form 990 or 990-EZ.

Employer identification number 16-1183242

on PATHSTONE HOUSING ACTION CORPORATION
AND AFFILIATES

Form 990, Part I, Line 1, Description of Organization Mission: To develop high-quality affordable housing for low and moderate income families; to professionally manage the housing; to assist and encourage residents participation to ensure that developments offer a satisfying living environment; and to create communities that are assets to residents, the larger community, and the organization. Form 990, Part III, Line 1, Description of Organization Mission: The organization provides housing development; housing services; services to seniors and emergency and supportive services. Form 990, Part III, Line 4a, Program Service Accomplishments: Services provided include skills and interest assessments, individual career counseling, career exploration and planning, resume and interview assistance, customized training in occupational skills and certifications, and supportive services Form 990, Part III, Line 4b, Program Service Accomplishments: In addition, the program staff are experienced in long-term, resident-driven community planning efforts to identify asset-based approaches to obtain consensus on development and community revitalization approaches. The developments are managed with extensive expertise in professional standards for selecting good tenants and high standards for managing the physical assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Form 990, Part III, Line 4c, Program Service Accomplishments:

The Enterprise Center is designated as a CDFI and Community Development

Entity (CDE) under the New Markets Tax Credit program. Additional

aspects of the program include e-commerce training to encourage small

business growth using Internet sales to expand customer base, and

microenterprise and technical assistance programs to encourage small

business creation and growth in rural and urban areas.

Form 990, Part VI, Section A, line 1: Some board members are also employees of the Parent company, PathStone Corporation, and are therefore not considered independent.

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.

Form 990, Part VI, Section B, Line 12c: During the new board member orientation, the policy is fully explained by the President and attorney.

The board member understands that it is important to follow the policy at all times during his or her term on the board. It is made clear that if any conflict arises, that the policy is in effect and should be followed. This is also re-emphasized annually when the policy is signed on a yearly basis.

In addition to the Conflict of Interest Policy, the organization's parent

Company, PathStone Corporation, has a questionnaire that all employees must

fill out annually to determine whether they have a real or potential

conflict of interest. If any potential conflicts are learned about through

this or any other method, they are reviewed by the Executive Staff member

Schedule O (Form 990 or 990-EZ) (2012)

for that division, and ultimately by the President/CEO of PathStone

Corporation. The CEO of PathStone Corporation has the ultimate

responsibility for determining whether or not a conflict exists and he or

she, in conjunction with the Senior Vice President for Human Resources of

PathStone and the Executive Staff member for that employee's division, will

determine the course of action necessary.

PathStone Corporation, the parent company, also has an Asset Management

Committee which must review any purchases or contracts that are more than

\$5,000. Any potential conflicts are taken into consideration before

approving these purchases and contracts.

Form 990, Part VI, Section B, Line 15: Form 990, Part VI, Section B, Line
15: Pathstone Housing Action Corporation and Affiliates do not have any
direct compensation expense since all employees are officially employed by
the parent company, PathStone Corporation. The wages and benefits of all
top management employees are determined by the personnel committee of the
Parent company, PathStone Corporation, as part of its ongoing wage
comparative studies and benefit budgeting process. The process includes
independent review, comparability data, and deliberation by a compensation
committee.

Form 990, Part VI, Section C, Line 19: Pathstone Housing Action

Corporation and Affiliates makes its governing documents (Bylaws and

Certificate of Incorporation) available to the public upon written request.

The parent company, PathStone Corporation has the following policy in

place: PathStone bylaws, policies and other governing documents are

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization PATHSTONE HOUSING ACTIONAL AND AFFILIATES	N CORPORATION	Employer identification number 16-1183242
available on the PathStone Electronic	Library, which may	be accessed by
employees. The company may grant acc	ess to the Electroni	c 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 whi	ch is made public ea	ch year. Copies
are mailed to stakeholders and it is	readily available to	the public.
Form 990, Part VII:		
Some members of the Board of Director	s are full time empl	oyees (40 or
more hours per week) of the parent co	mpany, PathStone Cor	poration and
are compensated as such.		
Form 990, Part IX, Line 11g, Other Fe	es:	
Contracted Management Services:		
Program service expenses		2,235,926
Management and general expenses		0.
Fundraising expenses		0.
Total expenses		2,235,926
General Contractors:		
Program service expenses		162,249.
Name and serious laws as		0
Fundraising expenses		0.
Mark 1		162,249
Consulting:		
232212 01-04-13	Sched	dule O (Form 990 or 990-EZ) (2012

Department of the Treasury Internal Revenue Service **SCHEDULE R** (Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

► See separate instructions.

2012 Open to Public ' Inspection

OMB No 1545-0047

Employer identification number 16-1183242

PATHSTONE HOUSING ACTION CORPORATION AND AFFILIATES Name of the organization

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

(a)  Name, address, and EIN (if applicable)  of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Lehigh Managing Member LLC, - 27-0212774					PathStone Housing
Rochester, NY 14607	Affordable Housing	New York	-62,	816,071,	816,071, Action Corporation
Jamestown Managing Member, LLC - 27-2288510					
400 East Avenue				щ	PathStone Housing
Rochester, NY 14607	Affordable Housing	New York	0	4,441.P	4,441. Action Corporation
Sisson Reserve MM LLC - 36-4717781				.=	
400 East Avenue				ш.	PathStone Housing
Rochester, NY 14607	Affordable Housing	New York	0	e 0	0, Action Corporation
Sisson Reserve MM II LLC - 46-3135735					
400 East Avenue					PathStone Housing
Rochester, NY 14607	Affordable Housing	New York	0	4.0	0.Action Corporation

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) Illed
				501(c)(3))		Yes	No
PathStone Corporation Inc 16-0984913							
400 East Avenue	Education, Training,						
Rochester, NY 14607	Childhood Education, etc	New York	501(c)(3)	Line 9	N/A		×
PathStone Development Corporation -	,						
16-1265765, 7 Prince Street, Rochester, NY					PathStone		
14607	Affordable Housing	New York	501(c)(3)	Line 11a, I Corporation	Corporation		×
Soujourner House at PathStone, Inc							
16-1170113, 30 Millbank Street, Rochester,	Provide temporary housing				PathStone		
NY 14619	for women and children	New York	501(c)(3)	Line 7	Corporation		×
						-	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

232161 12-10-12 LHA

Schedule R (Form 990) 2012

### PATHSTONE HOUSING ACTION CORPORATION

AND AFFILIATES

Schedule R (Form 990) 2012

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

Page 2

16-1183242

(a)	(q)	(o)	(p)	(e)	(4)	(6)	(h)	(1)	0	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportion- ate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
		foreign country)		sections 512-514)		999619	Yes No	K-1 (Form 1065)	Yes No	
	•									
Ada Ridge Partners II, LLC -										
26-2373989 400 East Avenue	Affordable									
Rochester, NY 14607	Housing	NY	N/A	N/A			×	N/A	×	
Ada Ridge Partners, L.P			PathStone							
16-1592991 400 East Avenue	Affordable		Housing Action							
Rochester, NY 14607	Housing	NY	Corporation	Related	-7.	114.827.	×	N/A	×	,018
Albion Senior Living, LLC -										
26-0345950 400 East Avenue	Affordable									
Rochester, NY 14607	Housing	MY	N/A	N/A			×	N/A	×	
Alliance Homes II, LLC -										
56-2397229, 400 East Avenue	Affordable					- "				
Rochester NY 14607	Housing	NY	N/A	N/A			×	N/A	×	
	Housing	ı		N/A			4	4	l	

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

_ {	(13) illed 72	٥ ۷			×			×			×			×			×	2012
Ξ	512(b)(13) controlled entity?	Yes											_					7 (066
£	Percentage ownership			•	1008			1008			1008			100%	_		1008	Schedule R (Form 990) 2012
(6)	Share of end-of-year	20000			0			0.			75,440.			13,395,			108,993,	Sched
<b>(£)</b>	Share of total income				0			0.	•	•	169.		•	0.			4.	
(e)	Type of entity (C corp, S corp, or trust)	O Hast			c corp			C CORP			C CORP			c corp			c corp	
(p)	Direct controlling entity		PathStone	Development	Corporation of C CORP	PathStone	Development	Corporation of C CORP	PathStone	Housing Action	Corp	PathStone	Housing Action	Corp	PathStone	Housing	Corporation of C CORP	
(2)	Legal domicile (state or foreign	country)			NY			NY			MY			NY			NY	36
(a)	Primary activity			General Partner in	L.P. Transactions		General Partner in	L.P. Transactions		General Partner in	L.P. Transactions		General Partner in	L.P. Transactions		General Partner in	L.P. Transactions	
(a)	Name, address, and EIN of related organization		Alliance Homes II, Corp 56-2397228	400 East Avenue	Rochester, NY 14607	Salem Senior Housing Corp 30-0308905	400 East Avenue	Rochester, NY 14607	RHAC Development Corporation - 16-1262619	400 East Avenue	Rochester, NY 14607	Stanton Meadows Corporation - 16-1556454	400 East Avenue	Rochester, NY 14607	PHEDCO Investments Inc 25-1663084	400 East Avenue	Rochester NY 14607	232162 12-10-12

See Part VII for Continuations

# Schedule R (Form 990) 2012 AND AFFILIATES

16-1183242 Page 3

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	S No
1 During the tax year, did the organization engage in any of the following transaction	ns with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II·IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				<del>L</del>	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<del>2</del>	
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan guarantees to or for related organization(s)		•		1d X	
e Loans or loan guarantees by related organization(s)				de X	
Distributed from colotted concentration(a)				7	<b>&gt;</b>
Livingings Holls related Organization(s)				=	<b>{ </b> :
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				ŧ	×
i Exchange of assets with related organization(s)				÷	×
j Lease of facilities, equipment, or other assets to related organization(s)				; <del>-</del>	×
k Lease of facilities, equipment, or other assets from related organization(s)				‡ X	
l Performance of services or membership or fundraising solicitations for related organization(s)	lanization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			£	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n X	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				ot X	
<ul> <li>Beimbursement paid to related organization(s) for expenses</li> </ul>				- <del></del>	
				19 X	
r Other transfer of cash or property to related organization(s)				<u>×</u>	
				1s X	
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete th	is line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
(1)					
(2)					
(3)					
(4)					
(5)	:				
(9)					
232163 12-10-12	42		Schedule	Schedule R (Form 990) 2012	0) 2012

Page 4

### PATHSTONE HOUSING ACTION CORPORATION

Schedule R (Form 990) 2012 AND AFFILIATES

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 regarding exclusion for certain investment partnerships.

	tage ship	.														1					
3	Disproport Code V-UBI General or Percentage blooms amount in box 20 managing ownership																				
9	eneral or anaging	Yes No					•						_	 		1					 ]
	2007 3007 3007 3007 3007 3007 3007 3007	-\ -\ -\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	 	<del></del>		_							 		-	+					1
9	de V-UI	rm 106																			
-	amor C	2 (F)						-								1		 <del></del>			
3	Dispropol tionate	Yes No	 						 	 	 		1			1					_
(b)	of /ear							-													
(F)	원 ţ	_																			
(a)	Predominant income parties sec (related, unrelated, 501(c)(3)	N No	 								 					1					
<u>.</u>  _	ne parti	4) 	 										 -								+
	nt incor inrelated	n 512-5																			
5	dominal	r sectio																			
	- Pre	nude											_								 ╛
	Legal domicile (state or foreign	try)																			
בו בו	Legal domicile (state or foreign	country)																			
	(St L	,								 	 					+				_	+
5	tivity																				
(b)	Primary activity										!										
	Pil						İ														
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Jaillea	Name, address, and EIN of entity																				
	address, a of entity	`																			
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(a) (b) (c) (d) (d)	Na																				
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232164 12-10-12

43

Schedule R (Form 990) 2012

Part VII Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule R (see instructions)
Part III, Identification of Related Organizations Taxable as Partnership:
Name of Related Organization:
Lander Street Partners III, LLC
Direct Controlling Entity: Newburgh Community Improvement Corporation
Name of Related Organization:
New Home Alliance, L.P.
Direct Controlling Entity: PathStone Development Corporation of Ohio
Name of Related Organization:
Olde Theatre Apartments, L.P.
Direct Controlling Entity: PathStone Development Corporation of Ohio
Name of Related Organization:
Stanton Meadows Townhomes, L.P.
Direct Controlling Entity: Stanton Meadows Housing Development Fund
Corporation
Part IV, Identification of Related Organizations Taxable as Corp or Trust:
Name of Related Organization:
Alliance Homes II, Corp.
Direct Controlling Entity: PathStone Development Corporation of Ohio
Name of Related Organization:
Salem Senior Housing Corp.
<u>Direct Controlling Entity: PathStone Development Corporation of Ohio</u> 232165 12-10-12 Schedule R (Form 990) 201
292 103 12-10-12 Schedule A (Form 990) 20 I. Δ Δ

PATHSTONE HOUSING ACTION CORPORATION AND AFFILIATES

16-1183242

Schedule R (Form 990)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(k) Percentage ownership
Alturas de Castaner, L.P 20-3947099, 400 East Avenue, R Rochester, NY 14607	Affordable Housing		N/A	N/A			×	N/A	×	
errace, LLC - 3, 400 East Avenue, NY 14607	Affordable Housing	NY	N/A	N/A			×	N/A	×	
Beechwood Apartments, LLC - 27-3685642, 400 East Avenue, Rochester, NY 14607	Affordable Housing	NY	N/A	N/A			×	N/A	×	
Bradmar Village, LLC - 27-2288636, 400 East Avenue, R Rochester, NY 14607	Affordable Housing	NY	N/A	N/A			×	N/A	_×	
id, LLC - 03-0485949 Wenue NY 14607	Affordable Housing	NY	Rural Housing Opportunities Corporation	Related.	-11	172,822,	×	N/A	×	.018
7 Senior Housing, 1440054, 400 East chester NY 14607	Affordable Housing	NY		N/A		_	×	N/A	×	
on-Seldon Square cs, L.P 22-3607775, st Avenue, Rochester,	Affordable Housing	NY	nStone sing Action poration	Related	-14,	543,754,	×	N/A	×	.018
ttysburg Scattered Sites sociates - 25-1645782, 400 st Avenue, Rochester, NY 607	Affordable Housing	NY		N/A			×	N/A	×	
age Meadows Partners - 16-1537986, 400 East e, Rochester, NY 14607	Affordable Housing	NY	PathStone Housing Action Corporation	Related	-37,682,	177, 607.	×	N/A	×	018

PATHSTONE HOUSING ACTION CORPORATION AND AFFILIATES

16-1183242

Schedule R (Form 990)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
Highland Meadows Partners, LLC - 13-4220309, 400 East Avenue, Rochester, NY 14607	Affordable Housing	NY	N/A	N/A			×	N/A	×	
Lander Street Partners II.  L.P 06-1473326, 400 East Avenue, Rochester, NY 14607	Affordable Housing	NY	PathStone Housing Action Corporation	Related	-187,436,	613,922,	×	N/A	×	.018
Street Partners III, 56-2523429, 400 East Rochester, NY 14607	Affordable Housing	NY	Newburgh Community Improvement Corporation	Related	-41,628	1,405,255,	×	N/A	×	.018
Street Partners, L.P. 45495, 400 East Rochester, NY 14607	Affordable Housing	NY	PathStone Housing Action Corporation	Related	-214.797,	113,529,	×	N/A	×	.058
e Alliance, L.P 135, 400 East Avenue, er, NY 14607	Affordable Housing	NY	of	Related	-158,	576,632,	X	N/A	×	988
tre Ap 633, 4 ochest	Affordable Housing	NY	tone opment ration of	Related	-111,375,		×	N/A	×	.75%
Salem Senior Housing, LLC - 38-3711378, 400 East Avenue, Rochester, NY 14607	Affordable Housing	NY	N/A	N/A			×	N/A	×	
Sandy Creek Associates, L.P 16-1351950, 400 East Avenue, Rochester, NY 14607	Affordable Housing	NY	PathStone Housing Action Corporation	Related	-23,048,	244,815,	×	N/A	×	1,00%
Seldon Square II, LLC - 35-2182907, 400 East Avenue, Rochester, NY 14607	Affordable Housing	NY	Rural Housing Opportunities Corporation	Related	-14.	328,569.	×	N/A	×	.018

16-1183242

### PATHSTONE HOUSING ACTION CORPORATION AND AFFILIATES

Schedule R (Form 990)

(a)	(q)	9		(e)	(£)	(b)	(F)		6	(£)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage , managing ownership partner?
Sisson Reserve, LLC - 35-2430293, 400 East Avenue, R Rochester, NY 14607	Affordable Housing	1	N/A	N/A			×	N/A	×	
serve II LLC - 4, 400 East Avenue, NY 14607	Affordable Housing	NY		N/A			×	N/A	×	
Village, LLC - 7, 400 East Avenue, NY 14607	Affordable Housing	NY		N/A			×	N/A	×	.018
Thompson Building Associates, L.P 16-1421270, 400 East Avenue, Rochester, NY 14607	Affordable Housing	Ž	PathStone Housing Action Corporation	Related	-428.	159,769,	×	N/A	×	\$20\$
Apple Meadow, Ltd., L.P 31-0970627, 400 East Avenue, R Rochester, NY 14607	Affordable Housing	λ	PathStone Housing Action Corporation	Related			×	N/A	×	1,008
ek Housing, LLC - 8, 400 East Avenue, NY 14607	Affordable Housing	NY	N/A	N/A			×	N/A	×	
eet Associates, 1311570, 400 East ochester, NY 14607	Affordable Housing	λŊ	N/A	N/A			×	N/A	×	
Clifton Commons Associates, L.P 16-1386724, 400 East Avenue, Rochester, NY 14607	Affordable Housing	NY	N/A	N/A			×	N/A	×	
Crosman LLC - 10-0007244 400 East Avenue Rochester, NY 14607	Affordable Housing	NY	N/A	N/A			×	N/A	×	

16-1183242

### PATHSTONE HOUSING ACTION CORPORATION AND AFFILIATES

Schedule R (Form 990)

(a)	(q)	(0)	(p)	(e)	€	(6)	(F)	8	9	E
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportion- ate allocations?	Code V-UBI amount in box		General or Percentage managing ownership
		country)		sections 512-514)		doodlo	Yes No	K-1 (Form 1065)		
									_	
- 10-0007242									_	
400 East Avenue	Affordable									
Rochester, NY 14607	Housing	MY	N/A	N/A			×	N/A	×	
	1						_		_	
Foster Block Associates, L.P.			PathStone							
- 16-1351625, 400 East	Affordable		Housing Action							
Avenue, Rochester, NY 14607	Housing	M	Corp	Related	-1,132.	150,832,	×	N/A	×	1,008
			Stanton							
Stanton Meadows Townhomes			Meadows	-						
L.P 16-1551902, 400 East	Affordable		Housing							
ne, Rochester, NY 14607	Housing	MY	Development	Related	-2,	8,345,	×	N/A	X	,338
							-			
Towpath III, L.P				•						
400 East Avenue	Affordable									
NY 14607	Housing	M	N/A	<b>∀</b> /2			_×	N/A	×	
Washington Park Associates	1									
٦	Affordable									
ue Rochester NY 14607	Housing	NY	N/A	N/A			×	N/A	×	:
					-					
	•									
	•				_				_	
				-						
				-						

16-1183242

### PATHSTONE HOUSING ACTION CORPORATION AND AFFILIATES

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

171	147		14-7	1-7	9	1		.
(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(a) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of total income	(g) Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?
RHOC Crossman, Inc 27-0017600 400 East Avenue Rochester, NY 14607	General Partner in L.P. Transactions	NY	Rural Housing Opportunties Corporation	C CORP	0	138,000.	1008	
Rural Housing Opportunities Development  Corp 05-0575748, 400 East Avenue,  Rochester NY 14607	General Partner in L.P. Transactions	) ĀN	Rural Housing Opportunties Corporation	C CORP	0	1 600	1008	×
। लाला ।	General Partner in L.P. Transactions	NY	N/A	C CORP				×

41

PATHSTONE HOUSING ACTION CORPORATION AND AFFILIATES

16-1183242

Schedule R (Form 990)

Part I Continuation of Identification of Disregarded Entities

(a)	(a)	(0)	(p)	(e)	(t)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
San German Managing Member LLC - 45-3773695 400 East Avenue	Affordable Honeing	Now York	c	C	PathStone Community Dev
LLC - 30-0743446	Birronou orom to tak				Rural Housing
400 East Avenue Rochester, NY 14607	Affordable Housing	New York	0	0	Opportunties O.Corporation

· - · · · · · · · · · · · · · · · · · ·	List of Affiliated cluded in Group Return	Statement 1
ume of Organization	Organization's Address	Employer ID
la-Ridge Housing Development ind	400 East Avenue - Rochester, NY 14607	16-1592994
.bion Senior Living Housing velo	400 East Avenue - Rochester, NY 14607	26-0346052
drews Terrace Housing velopment	400 East Avenue - Rochester, NY 14607	20-5567064
echwood Housing Development and	400 East Avenue - Rochester, NY 14607	27-4025242
admar Housing Development and Co	400 East Avenue - Rochester, NY 14607	27-2702709
ower Road Housing Dev Fund	400 East Avenue - Rochester, NY 14607	27-0039310
nal View Housing Developmnt	400 East Avenue - Rochester, NY 14607	20-4439870
ommunity Dev Corp of Puerto .co	400 East Avenue - Rochester, NY 14607	13-4215024
nrietta Housing Development and	400 East Avenue - Rochester, NY 14607	27-0263165
ritage Meadows Development and C	400 East Avenue - Rochester, NY 14607	16-1501984
ghland Meadows Housing Dev	400 East Avenue - Rochester, NY 14607	05-0575745
)PN Housing Development Fund orp	400 East Avenue - Rochester, NY 14607	20-3946971
inder III Housing Dev Fund orp	400 East Avenue - Rochester, NY 14607	26-3497744
ons-Montezuma Apartments Inc	400 East Avenue - Rochester, NY 14607	34-1980621
nroe Special Housing Inc	400 East Avenue - Rochester, NY 14607	16-1388682
thStone Community provement of Newburgh Inc	400 East Avenue - Rochester, NY 14607	16-1598837

PATHSTONE HOUSING ACTION CORPO	DRATION AND	16-1183242
rque Platino Inc	400 East Avenue - Rochester, NY 14607	02-0533102
thStone Alliance for Better ousi	400 East Avenue - Rochester, NY 14607	23-2754537
thStone Development Corp of tio	400 East Avenue - Rochester, NY 14607	16-1442543
thStone Enterprise Center	400 East Avenue - Rochester, NY 14607	16-1534956
thStone Farmworker Housing PA	400 East Avenue - Rochester, NY 14607	25-1695904
thStone Farmworker Housing	400 East Avenue - Rochester, NY 14607	22-3144622
thStone Housing Action Corp	400 East Avenue - Rochester, NY 14607	22-3144721
thStone Housing Corp of diana	400 East Avenue - Rochester, NY 14607	06-1456487
thStone Housing Corp of NJ	400 East Avenue - Rochester, NY 14607	06-1456500
thStone Housing Corp of PA	400 East Avenue - Rochester, NY 14607	25-1653975
thStone Management Corp	400 East Avenue - Rochester, NY 14607	20-4803721
thStone Opportunities for iniors	400 East Avenue - Rochester, NY 14607	20-5566908
thStone Opportunities Inc	400 East Avenue - Rochester, NY 14607	20-2258385
ral Housing Opportunities	400 East Avenue - Rochester, NY 14607	16-1419634
eldon Sq II Housing Dvpt Fund	400 East Avenue - Rochester, NY 14607	03-0485956
.sson Reserve Housing velopment	400 East Avenue - Rochester, NY 14607	45-4718273
anton Meadows Housing Dvpt	400 East Avenue - Rochester, NY 14607	16-1560060
est Broadway Villas Housing evelo	400 East Avenue - Rochester, NY 14607	46-1192120

ille Dorado Inc.

400 East Avenue - Rochester, 66-0788645 NY 14607

48