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DLN: 93493222009276

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	rthe 2	2014 ca	endar year, or tax year beginnir	ng 10-01-2014 , and ending 09-30-2	.015			
B Che	ck if ap	pplicable	C Name of organization PATHSTONE CORPORATION INC			D Emplo	yer ider	ntification number
☐ Add	ress ch	ange				16-09	84913	3
☐ Nar	ne char	nge	Doing business as					
☐ Init	ıal retur	rn				E Telepho	one num	her
Fina		nınated	Number and street (or P O box if it 400 EAST AVENUE	mail is not delivered to street address) Room	n/suite	·		
_						(585)	546-7	180
_	ended r dication	return i pending	ROCHESTER, NY 14607	untry, and ZIP or foreign postal code		G Gross r	eceıpts \$	30,110,793
			F Name and address of pr	incipal officer	H(a)	Is this a group	return	for
			Kevin Ryck 400 EAST AVENUE			subordinates?		┌ Yes ┌ No
			ROCHESTER, NY 14607		н(р)	Are all subordi	nates	┌ Yes ┌ No
						included?	ilates	1 1651 110
I Ta	k-exem	ıpt status	▽ 501(c)(3) ┌ 501(c)() ◀	(insert no) 4947(a)(1) or 527	_	If "No," attach	a lıst	(see instructions)
J W	ebsite	: F ww	w PathStone org		H(c)	Group exempt	ion nur	mber 🟲
			Corporation Trust Associati	on Other ►	L Ye	ar of formation 19	71 M	State of legal domicile NY
Pa	rt I	Sum	nmary					
	F	athSto		ion or most significant activities self-sufficiency by strengthening farm ns and advocacy	nworker, rui	ral and urban co	mmunı	ties Pathstone
<u>2</u>	_			,				
Ē	-							
Governance	2 (Check t	his box 🛏 if the organization d	iscontinued its operations or dispose	ed of more	than 25% of its	net as	sets
			,	·				
Activities &	3 1	Number	of voting members of the gover	ning body (Part VI, line 1a)			3	30
ĕ	4 1	Number	of independent voting members	of the governing body (Part VI, line	1b)		4	30
C t IV	5 1	Γotal nu	mber of individuals employed in	calendar year 2014 (Part V, line 2a)		5	808
đ				necessary)			6	210
				Part VIII, column (C), line 12			7a	0
	b P	Net unre	elated business taxable income	from Form 990-T, line 34			7b	0
			hadaaaa aa daaaa ka (Daab MIIII)	412		Prior Year		Current Year
ā	8		ibutions and grants (Part VIII, I	466,6 28,088,		491,986		
Revenue	9 10		am service revenue (Part VIII, tment income (Part VIII, colum	112,		170,128		
Æ	11			, lines 5, 6d, 8c, 9c, 10c, and 11e)	·	518,9		564,248
	12			1 (must equal Part VIII, column (A),	line			
				<u> </u>		29,186,		30,110,793
	13			t IX, column (A), lines 1–3)		2,886,6		2,870,902
	14			IX, column (A), line 4)			0	0
Ø	15	Saları 5–10		ee benefits (Part IX, column (A), line	es	18,819,	841	19,461,997
136	16a		,	, column (A), line 11e)			0	0
Expenses	ь	Total fo	undraising expenses (Part IX, column (I	D), line 25) 🕨 124,451	_			
ш	17			lines 11a-11d, 11f-24e)		7,138,	743	7,385,833
	18			ust equal Part IX, column (A), line 25		28,845,		29,718,732
	19			2 18 from line 12		341,		392,061
0.04 C.e.S					Beg	ginning of Curre Year	nt	End of Year
Not Assets or Fund Balances	20	Total	assets (Part X. line 16)		. —	28,779,	404	30,252,701
A B	21					8,950,6		9,350,265
25	22			t line 21 from line 20	· —	19,828,		20,902,436
Pai	t II		nature Block			· · ·		· · ·
my kr	rowled	lge and		camined this return, including accomp mplete Declaration of preparer (othe				
		***	***			2016-08-02		
Sign			ature of officer			Date		
Here			n Ryck CFO					
		Тур	e or print name and title					
			Print/Type preparer's name Stephanie Annunziata	Preparer's signature Stephanie Annunziata	Date 2016-08-0	Check If self-employed	PTIN P00195	
Paid			Firm's name	<u> </u>	1 = = = = = = =	Firm's EIN F 1		
	pare	r						
Use	Onl	ly	Firm's address 🟲 260 Plymouth Avenue			Phone no (585) 232-29	900
			Rochester, NY 14608			1		

✓ Yes ☐ No

25,806,272

Form 990 (2014)

Total program service expenses ►

art IV	Checl	clist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
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	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f CD}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u></u>	
1-	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 100		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N o
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	\vdash		
_	file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	in whether organization is neclised to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 14b		140

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

Check if Schedule O	contains a response or note to any line in this Part VI						_	V
Check if Schedule O	contains a response or note to any line in this Part VI							

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod Yes	e.) No
	Ection B. Policies (<i>This Section B requests information about policies not required by the Internal R</i> Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a	Did the organization have local chapters, branches, or affiliates?		Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No

- 17 List the States with which a copy of this Form 990 is required to be filed▶NY , NJ , PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►The Organization

400 EAST AVENUE ROCHESTER,NY 14607 (585)546-7180

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

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

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han o n is	one both	not c box, ı an ı	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	►			
c	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	•	1,017,346	0	54,368

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

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee				
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such				
	ındıvıdual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Spoleta Construction C/O the Organization Rochester, NY 14607	Redevlopment Contractor	187,320
Zargar Mechanical Service Inc C/O the Organization Rochester, NY 14607	Weatherization Contractor	186,855
Marsh Insulation & Air Seal C/O the Organization Rochester, NY 14607	Weatherization Contractor	174,355
Express Services Inc C/O the Organization Rochester, NY 14607	Temporary Employment Services	127,432
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►4

Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f
Program Service Revenue	2a b c d e f g
Revenue	3 4 5 6a b c d 7a b
Other	b c 9a b c 10a
	11a b c d e

Form 99		•						Page 9
Part V	/##I	Statement of Rever Check if Schedule O con		se or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns .	. 1a	95,161				
Grants mounts	b	Membership dues	1b					
s, G Am	С	Fundraising events .	1c					
Giffs, iilar Au	d	Related organizations .	1d					
ĕ.ï E.ÿ	е	Government grants (contribut	ions) 1e					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, gifts, g similar amounts not included a		396,825				
ontrib id Otl	g	Noncash contributions included 1a-1f \$	d in lines	12,087	491,986			
<u>۲</u>	h	Total. Add lines 1a-1f.		· · ·	491,980			
e =		A. I. T		Business Code				
ven	2a	Adult Training and Employmen	——	561300	9,440,007	9,440,007		
2 <u>4</u>	b с	Child and Family Developmen Housing Services		624200 531390	6,919,428 6,464,246	6,919,428 6,464,246		
Ž.	d	Housing Development		531390	2,278,172	2,278,172		
<u>~</u>	e	Youth & Adult Education	——	624200	2,066,339	2,066,339		
īran	f	All other program servic	e revenue	32.1233	1,716,239	1,716,239		
Program Serwoe Revenue	g	Total. Add lines 2a-2f	L		28,884,431			
	3	Investment income (incl						
		and other similar amoun	ts)	🟲 🛚	170,128			170,128
	4	Income from investment of ta	x-exempt bond p	roceeds -				
	5	Royalties	Real	(II) Personal				
	6a	Gross rents	319,371	(II) F el solidi				
	ь	Less rental	0					
	c	Rental income	319,371					
	d	or (loss) Net rental income or (los	ss)		319,371			319,371
			urities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	b	Less cost or other basis and						
		sales expenses Gain or (loss)						
	c d	Net gain or (loss)						
és.		Gross income from fundrevents (not including						
Other Revenue		\$ of contributions reported	Lon line 1c)					
Ве́		See Part IV, line 18 .	-					
<u>u</u>			a					
듄	b c	Less direct expenses Net income or (loss) from	_	vents .				
_		Gross income from gami	_	ventes : : p				
		See Part IV, line 19 .						
	ь	Local direct expenses	a L					
	l	Less direct expenses Net income or (loss) from		ities				
	l	Gross sales of inventory	_	-				
		returns and allowances	. a					
	Ь	Less cost of goods sold	_					
	l	Net income or (loss) from		ntory 🛌				
		Miscellaneous Revenue		Business Code				
	11a	O ther Income		900099	244,877	244,877		
	ь							
	С							
	d	All other revenue	L					
	е	Total. Add lines 11a-11		🕨	244,877			
	12	Total revenue. See Instr	uctions	🕨	30,110,793	29,129,308	0	489,499

Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns All	other organizati	ons must comp	lete column (A)	
Check if Schedule O contains a response or note to any line in this	Part IX			
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	,	(C) Management and general expenses	(D) Fundraising expenses

Part X Balance Sheet

Par	τX	Check if Schedule O contains a response or note to any line in th	ıs Pa	rt X			
		•			(A)		(B)
	1				Beginning of year		End of year
	1	Cash-non-interest-bearing			655,129		355,902
	2	Savings and temporary cash investments			2,036,067	2	3,647,097
	3	Pledges and grants receivable, net			3,536,313	3	3,596,877
	4	Accounts receivable, net		•	208,209	4	448,046
	5	Loans and other receivables from current and former officers, diremployees, and highest compensated employees. Complete Part Schedule L	t II o	f		5	
Assets	6	Loans and other receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(c)(3)(B), and co and sponsoring organizations of section $501(c)(9)$ voluntary emporganizations (see instructions) Complete Part II of Schedule L	ntrıb	utıng employers		6	
82	7	Notes and loans receivable, net			14,843,924	7	14.277.087
ď	8	Inventories for sale or use			14,040,024	8	14,277,007
	9	Prepaid expenses and deferred charges			271,506		169,398
	10a	Land, buildings, and equipment cost or other basis Complete		5,650,674	,	9	109,330
	ь	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	10a 10b	1,290,441	3,845,733	10c	4,360,233
	11	Investments—publicly traded securities			<u> </u>	11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11			3,252,387	13	3,252,387
	14	Intangible assets			66,241	14	63,750
	15	Other assets See Part IV, line 11			63,895	15	81,924
	16	Total assets. Add lines 1 through 15 (must equal line 34)			28,779,404	16	30,252,701
	17	Accounts payable and accrued expenses			4,631,927	17	5,168,320
	18	Grants payable			.,,,,,,,	18	5,155,525
	19	Deferred revenue	•		1,101,433	19	1,261,922
	20	Tax-exempt bond liabilities	•		1,101,100	20	1,201,022
	21	Escrow or custodial account liability Complete Part IV of Sched				21	
lities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie	s, tru			21	
Liabilit		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			3,214,170	23	2,416,937
	24	Unsecured notes and loans payable to unrelated third parties .			3,211,111	24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	d thii	d parties,			
		D			3,086	25	503,086
	26	Total liabilities. Add lines 17 through 25			8,950,616	26	9,350,265
s e		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	and	complete			
anc	27	Unrestricted net assets			8,984,816	27	9,429,696
<u>~</u> 중	28	Temporarily restricted net assets				28	
=	29	Permanently restricted net assets			10,843,972	29	11,472,740
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check her	e ►	┌─ and			_
9	30	complete lines 30 through 34. Capital stock or trust principal, or current funds				30	
Assets	31					31	
<u> </u>		Paid-in or capital surplus, or land, building or equipment fund.				32	
	32 33	Retained earnings, endowment, accumulated income, or other fur Total net assets or fund balances			19,828,788	33	20,902,436
Net							
	34	Total liabilities and net assets/fund balances	•	• •	28,779,404	34	30,252,701

Par	t XI Reconcilliation of Net Assets			<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		30,1	10,793
2	Total expenses (must equal Part IX, column (A), line 25)	2		29,7	718,732
3	Revenue less expenses Subtract line 2 from line 1	3		3	392,061
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		19,8	328,788
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		6	81,587
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		20,9	002,436
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. F_
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed or			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Additional Data

Software ID: Software Version:

EIN: 16-0984913

Name: PATHSTONE CORPORATION INC

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

(Code) (Expenses \$ 5,597,159 including grants of \$ 834,706) (Revenue \$ 6,305,627)

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours organization (Wand a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Former <u>8</u>0€ Individual trustee or director organizations related Institutional Trustee below emplo)ee organizations dotted line) t compensated ee (1) Mark St John 3 10 Χ Χ 0 0 Chairperson 3 10 (1) Andres Ramos Χ Χ 0 0 0 Vice Chairperson (2) Arlene Wilson 1 40 Χ Χ 0 0 (3) Joy Pacheco 1 00 Х 0 0 0 Х Secretary 0 60 (4) Ignacio Jimenez Х 0 0 0 Board Member (5) Deanna Leibowitz-Mehmeti 1 80 0 0 0 Board Member 1 00 (6) Abraham Hernandez Χ 0 0 0 Board Member (7) Shelby Stenson 0 70 Х 0 0 0 Board Member (8) Heather Abbott 0 80 Χ 0 0 0 Board Member (9) BK Gaur 1 70 Χ 0 0 0 Board Member (10) Ester Cruz 1 00 Х 0 0 0 Board Member (11) Nicole Terry 1 50 Χ 0 0 0 Board Member (12) Fernando Santiago 0 70 Χ 0 0 Board Member 0.70 (13) Eric Shoen 0 0 Х 0 Board Member (14) Ida Perez 1 40 Χ 0 0 0 Board Member (15) Louise Parker Χ 0 0 0 Board Member 0 30 (16) Monique Oliva Χ 0 0 0 Board Member (17) Gabriela Solano 1 20 Х 0 0 0 Board Member (18) Tammy Luevano 3 10 Χ 0 0 0 Board Member 1 80 (19) George Master 0 Χ 0 0 (20) Patrıcıa Mogan 1 80 0 0 0 Х Board Member (21) Brooke Amber Kıssınger 1 20 0 0 0 Χ Board Member (22) Carolyn Herrera 1 80 Χ 0 0

......

Board Member

Board Member (24) Wifredo Rivera

Board Member

(23) Miguel Sanchez Aponte

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	os the control of the	ion (d nan o n is b	ne booth a	ox, u an of trus	inless ficer tee)	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(26) Bill Kilgore Board Member	3 10	х						0	0	0
(1) Maria Adame Board Member	1 20	х						0	0	0
(2) Robert Young Board Member	1 80	Х						0	0	0
(3) Marilyn Negron Board Member	0 40	х						0	0	0
(4) Hugo Rivera Board Member	0 40	х						0	0	0
(5) Stuart Mitchell President and CEO	40 00			х				199,218	0	10,461
(6) Kevin Ryck Chief Financial Officer	40 00			Х				156,075	0	8,304
(7) Jeffrey Lewis SR VP of Direct Services	40 00					х		139,253	0	7,463
(8) Kay Washington SR VP of Direct Services	40 00					х		130,485	0	7,024
(9) Kathryn Bryan Sr VP Property Management	40 00					х		127,741	0	6,887
(10) Monica McCullough Sr VP of Housing Comm Deve	40 00					х		142,892	0	7,645
(11) Nita D'Agostino Executive Director of PDA	40 00					х		121,682	0	6,584

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493222009276

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

		ne organization					Employer identification	ation number
PAIR	STUNE	CORPORATION INC					16-0984913	
Da	rt T	Reason for Publi	c Charity S	Status (All organiza	itions must co	mnlete this r		ns
		zation is not a private fo						7113.
1	- F	A church, convention		·	= -	•	•	
2	<u>'</u>	A school described in				50001011 27 0(1	-)(-)(·)(·)	
3	<u>'</u>	A hospital or a cooper	=		· ·	tion 170(b)(1)	Λ(Λ)(iii)	
4	, -	A medical research or		_				i) Enter the
7	'	hospital's name, city,		erated in Conjunction v	vicii a nospicai d	lescribed iii se		. Linter the
5	Γ	An organization opera		nefit of a college or uni	versity owned o	r operated by	a governmental unit d	escribed in
		section 170(b)(1)(A)	(iv). (Complete	e Part II)				
6	Г	A federal, state, or loc			described in se	ection 170(b)(1	1)(A)(v).	
7	Г	An organization that n						general public
	_	described in section 1				_		
8		A community trust de						
9	굣	An organization that n						
		receipts from activitie						
		its support from gross	ınvestment ır	ncome and unrelated b	usiness taxable	income (less	section 511 tax) from	n businesses
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See sec	tion 509(a)(2).	(Complete Pa	rt III)	
10	Γ	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ty See sectio	n 509(a)(4).	
11	Γ	An organization organ						
		one or more publicly s						
а	Г	the box in lines 11a th						
_	'	supported organization		, , , ,	,			, , , ,
	_	organization You mus						
b		Type II. A supporting	-	•				
		management of the su must complete Part IV			same persons t	nat control or r	nanage the supported	organization(s) You
С	Г	Type III functionally	•		n operated in c	onnection with	, and functionally inte	grated with, its
	· 	supported organization	_		•			,
d	Г	Type III non-function						
		not functionally integr (see instructions) Yo					ement and an attentiv	eness requirement
e	Г	Check this box if the o					s a Type I. Type II. T	vpe III functionally
	,	integrated, or Type II					,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
f		Enter the number of s	upported orgar	nizations				
g		Provide the following i	nformation abo	out the supported orga	inization(s)			
	(j)N:	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	anization	(v) A mount of	(vi) A mount of
		organization	(,	organization	listed in your		monetary support	other support (see
				(described on lines	docume	nt?	(see instructions)	ınstructions)
				1-9 above or IRC section (see				
				instructions))]	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No		
				i			i e	

Sch	edule A (Form 990 or 990-EZ) 2014						Page 2
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto					<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		 	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	33 1/3% support test—2014. If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and stop here. The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	-2014. If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		▶ ┌
18	Private foundation. If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• ▶ □

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

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

	ction A. Public Support		_					
Cale	ndar year (or fiscal year beginning in) 🏲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	.4	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	318,859	392,240	532,503	466,633	3	96,825	2,107,060
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	34,390,978	32,609,942	29,317,215	27,952,304	28,8	84,431	153,154,870
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	34,709,837	33,002,182	29,849,718	28,418,937	29,2	81,256	155,261,930
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	110,000	80,000	5,000	39,000		45,000	279,000
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							0
c	Add lines 7a and 7b	110,000	80,000	5,000	39,000		45,000	279,000
8	Public support (Subtract line 7c							154,982,930
	from line 6)							
	ction B. Total Support						. T	
	beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
9	A mounts from line 6	34,709,837	33,002,182	29,849,718	28,418,937	29,28	31,256	155,261,930
l0a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	316,699	309,059	295,905	295,487	48	39,499	1,706,649
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	316,699	309,059	295,905	295,487	48	39,499	1,706,649
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 VI)	606,514	629,374	281,769	359,979	24	14,877	2,122,513
13	Total support. (Add lines 9,	35,633,050	33,940,615	30,427,392	29,074,403	30,0:	15,632	159,091,092
14	10c, 11, and 12) First five years. If the Form 990 is check this box and stop here	for the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	section 5	01(c)(3	3) organization,
Se	ction C. Computation of Pub							·
15	Public support percentage for 201	4 (line 8, column	(f) divided by line	13, column (f))		15		97 420 %
16	Public support percentage from 20	13 Schedule A, F	Part III, line 15			16		97 130 %
	ation D. Commutation of Tax	estment Inco	ome Percenta	ge				
	ction D. Computation of Inv							
17	Investment income percentage for	2014 (line 10c, d			ın (f))	17		1 070 %
17 18		2014 (line 10c, o m 2013 Schedule	A, Part III, line 1	.7		18		0 970 %

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization evergice a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part III, Line 12, Explanation of Other Income	Other Income from Related Activity

Schedule A (Form 990 or 990-EZ) 2014

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

DLN: 93493222009276

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	me of the organization		Employer identification number
PAT	HSTONE CORPORATION INC		16-0984913
Pa	rt I Organizations Maintaining Donor Adv		
	organization answered "Yes" to Form 990,	, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year	(a) Donor advised funds	(b) I unus and other accounts
<u> </u>	Aggregate value of contributions to (during year)		
}	Aggregate value of grants from (during year)		
ļ	Aggregate value at end of year		
;	,	ver un westing that the accets hold in don	
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the organization.	ganızatıon's exclusive legal control?	☐ Yes ☐ No
5	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?		
a	rt II Conservation Easements. Complete if	the organization answered "Yes" t	o Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the orga Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	or education) Preservation of an	n historically important land area certified historic structure
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in t	the form of a conservation
	easement on the last day of the tax year		Held at the End of the Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histo	rıc structure ıncluded ın (a)	2c
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	ed by the organization during
	the tax year ►		
	Number of states where property subject to conservati	on eacement is located by	
	Does the organization have a written policy regarding t		dling of wolstiens, and
	enforcement of the conservation easements it holds?		☐ Yes ☐ No
	Staff and volunteer hours devoted to monitoring, inspect	cting, and enforcing conservation easer	ments during the year
	Amount of expenses incurred in monitoring, inspecting	, and enforcing conservation easement:	s during the year
	▶ \$	· -	-
	Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(II)?	l) above satisfy the requirements of sec	rtion 170(h)(4)(B)(i)
	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia	
ar	Complete if the organization answered "Ye		or Other Similar Assets.
а	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to these	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statement and balance sheet
	(i) Revenue 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, historic following amounts required to be reported under SFAS		or financial gain, provide the
a	Revenue included in Form 990, Part VIII, line 1		► \$
ь	Assets included in Form 990. Part X		▶ - \$

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	storical T	reasu	ires, or Ot	<u>her Similar A</u>	<u>ssets (c</u>	ontınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cl	heck any of	the foll	owing that ar	e a significant us	e of its	
а	Public exhibition		d	┌ Loar	orexc	hange progra	ms		
b	Scholarly research		e	┌ Oth	er				
c	Preservation for future generations								
4	Provide a description of the organization's control XIII	ollections and expla	ın ho	w they furth	ner the o	organization's	s exempt purpose	ın	
5	During the year, did the organization solicit							_	_
Do	assets to be sold to raise funds rather than							Г Yes	☐ No
Раг	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answered	res to romi	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other asse	ts not	┌ Yes	
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	wing table					
							Α	mount	
C	Beginning balance						lc		
d	Additions during the year					1	ld		
e	Distributions during the year						le		
f	Ending balance					_ 1	Lf		
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21,	for escrow	orcust	odial accoun	t liability?	☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	expl	anation has	s been p	provided in Pa	art XIII		Γ
Pa	rt V Endowment Funds. Complete								
		(a)Current year	(b)	Prior year			(d)Three years back		rears back
1a	Beginning of year balance	2,144,408		1,878,19		1,765,597	1,957,087		1,617,503
Ь	Contributions	9,025		8,000	1	2,923	250		55,600
С	Net investment earnings, gains, and losses	-49,029		343,21	8	228,768	-76,204		363,984
d	Grants or scholarships								
e	Other expenditures for facilities	85,000		85,00	0	85,000	115,536		80,000
e	and programs	,		,		,	,	 	
g g	End of year balance	2,019,404		2,144,40	8	1,912,288	1,765,597		1,957,087
_	Provide the estimated percentage of the cur		so (lur				_,,		
2		9 660 %	ce (III	ie ig, colui	IIII (a))	ileiu as			
a	Board designated or quasi-endowment ► 76 630 %	3 000 70							
b	r ennament endowment P	710 %							
C	Temporarily restricted endowment > 13 The percentages in lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse		ation	that are he	ld and a	dministored	fortho		
Ja	organization by	ssion of the organiza	acion	tilat are ne	iu aliu c	iuiiiiiistereu	ioi tile	Yes	No
	(i) unrelated organizations						За	ı(i)	No
	(ii) related organizations						3a	(ii) Yes	<u> </u>
	If "Yes" to 3a(II), are the related organizatio	· ·			·		3	3b Yes	
4	Describe in Part XIII the intended uses of the					wanad IVaal	to Forms 000 D		
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		uie o	nyanizauc)II alisv	wered res	to Form 990, P	art IV, II	iiie
	Description of property			(a) Cost of basis (inve		(b) Cost or other		:d (d) B	ook value
1a	Land					98,1	150	\dashv	98,150
Ь	Buildings					2,365,9		001	1,283,933
	Leasehold improvements					· ,	, ,	1	<u> </u>
	Equipment					266,2	282 208,4	140	57,842
e	Other					2,920,3	308		2,920,308
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part	X, colu	umn (B), lını	e 10(c).))			4,360,233
							Schedule	D (Form !	990) 2014

(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>	
Part VIII Investments—Program Related. See Form 990, Part X, line 13.	Complete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation
(1) Investment in Subsidiary	3,252,387	Cost or end-of-year market value C
(1) Threstment in Subsidiary	3,232,307	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	3,252,387	
Part IX Other Assets. Complete if the organizat (a) Des		(b) Book value
Table (Colours (b) must a real form 2000 Part V and (P) land		
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or		
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.	ganization answered 'Yes' to	Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the or		·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	ganization answered 'Yes' to (b) Book value	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability	ganization answered 'Yes' to	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	ganization answered 'Yes' to (b) Book value	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	ganization answered 'Yes' to (b) Book value	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	ganization answered 'Yes' to (b) Book value	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	ganization answered 'Yes' to (b) Book value	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	ganization answered 'Yes' to (b) Book value	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	ganization answered 'Yes' to (b) Book value	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	ganization answered 'Yes' to (b) Book value	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	ganization answered 'Yes' to (b) Book value	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	ganization answered 'Yes' to (b) Book value	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	ganization answered 'Yes' to (b) Book value	·
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	ganization answered 'Yes' to (b) Book value	·

Part		evenue per Audited Financial State vered 'Yes' to Form 990, Part IV, line 1:		ts With Revenue p	er Re	turn Complete If
1		er support per audited financial statements			1	
2	A mounts included on line 1 bu	it not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
ь	Donated services and use of f	acılıtıes	2b		1	
c	Recoveries of prior year grant	s	2c		1	
d	Other (Describe in Part XIII)		2d		1	
e	Add lines 2a through 2d .		· · ·		2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b		1	
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12)		5	
Part		xpenses per Audited Financial Sta		nts With Expenses	s per	Return. Complete
4		swered 'Yes' to Form 990, Part IV, line raudited financial statements			1	T
1	·				<u> </u>	
2		it not on Form 990, Part IX, line 25	1 2-	I		
a			2a 2b		+	
b	· -		2D 2c		+	
c d			2d		-	
u e			Zu			
3					3	
4		0, Part IX, line 25, but not on line 1:			-	
		uded on Form 990, Part VIII, line 7b	4a	I		
a b			4b		-	
c	·				4c	
5		nd 4c. (This must equal Form 990, Part I, line			5	
_	XIII Supplemental Inf		10)			
Prov Part	de the descriptions required for	Part II, lines 3, 5, and 9, Part III, lines 1a a , lines 2d and 4b, and Part XII, lines 2d and				e any additional
	Return Reference	Explanation				
Part V	, Line 4	A percentage of the Fund's market value as organization of PathStone Corporation each organization in support of its programs for w	years	•		
Part V	, line 2	During the 2013 tax year, the Organization endowment pledges receivable. This adjust				

Schedule 5 (Form 556) 2015		
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493222009276 Schedule I OMB No 1545-0047 Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization PATHSTONE CORPORATION INC 16-0984913 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance grant cash orassistance or government assistance (book, FMV, appraisal, other)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	, (f) Description of non-cash assistance
(1) Training	1928		1,208,065	FMV	Skills and job training leading to unsubsidized placement in the labor market Training includes Work Experience Training, ESL and GED training, classroom training, Occupational Skills training, Onthe-job training, Occupational Safety training, Health and Safety training, Pesticide awareness training
(2) Supportive Services	7569		976,201		Supportive services include emergency food, lodging, health, and relocation assistance These supportive services are also provided to individuals enrolled in training activities who need assistance while completing their training plan Training Related supportive services includes such services as transportation, work boots, tools, work clothes, rental assistance, and other support that assists the individual achieve a positive job placement and job retention
(3) Weatherization	279		686,636		Weatherization services includes assessment, repairs and upgrades to residences of program eligible clients This is in the form of testing, caulking and sealing, door and window replacement, roofing repairs, attic and wall insulation, installation of efficient furnaces, hot water tanks and appliances

Part IV Supplemental II	ntormation. Provide the information required in Part 1, line 2, Part 111, column (b), and any other additional information.
Return Reference	Explanation
,	Program eligibility is determined and entered into the MIS system. Enrollment into a specific program is required and eligibility testing identifies what programs the individual or family is eligible for A development plan is completed for every client, and training is provided based upon the identified needs. All services provided to individuals and families are recorded in the family's MIS records. Case management reviews are conducted with senior staff and ongoing assessment of supportive services and additional training plans are developed for the clients. Internal audits are conducted by the corporation to assess success of programs and to gauge effectiveness of staff and utilization of resources.

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DLN: 93493222009276

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

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

16-0984913

Pai	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any or 990, Part VII, Section A, line 1a Complete Part III to provide				
	☐ First-class or charter travel ☐ Ho	using allowance or residence for personal use			
	Travel for companions	yments for business use of personal residence			
	□ Tax idemnification and gross-up payments □ He	alth or social club dues or initiation fees			
	Discretionary spending account Per	rsonal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization freimbursement or provision of all of the expenses described abo	O TOURS III III III III III III III III III I	1b		
2	Did the organization require substantiation prior to reimbursing directors, trustees, officers, including the CEO/Executive Direc		2		
3	Indicate which, if any, of the following the filing organization use organization's CEO/Executive Director Check all that apply Doused by a related organization to establish compensation of the	o not check any boxes for methods			
	Compensation committee Wri	ritten employment contract			
		empensation survey or study			
	Form 990 of other organizations	proval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Se or a related organization	ection A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?	_	4a		No
b	Participate in, or receive payment from, a supplemental nonqual	lified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compe	ensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the ap	pplicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must of	complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did compensation contingent on the revenues of	-			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did compensation contingent on the net earnings of	d the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did payments not described in lines 5 and 6? If "Yes," describe in F		7		No
8	Were any amounts reported in Form 990, Part VII, paid or accu	red pursuant to a contract that was	$\neg \uparrow$		
	subject to the initial contract exception described in Regulation				
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable section 53 $4958\text{-}6(c)$?	presumption procedure described in Regulations	9		_

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990	
Stuart Mitchell, President and CEO	(i)	199,218	0	0	9,961	500	209,679	0	
and CEO	(ii)	0	0	0	0	0	0	0	
2 Kevin Ryck, Chief	(i)	156,075	0	0	7,804	500	164,379	0	
Financial Officer	(ii)	0	0	0	0	0	0	0	
3 Monica McCullough, Sr VP	(i)	142,892	0	0	7,145	500	150,537	0	
of Housing Comm Deve	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2014

Part III Supplemental Information

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

Return Reference **Explanation**

Schedule J (Form 990) 2014

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2014

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization PATHSTONE CORPORATION INC	Employer identification number
	16-0984913

Return Reference	Explanation				
Form 990, Part III - Program Service Accomplishments	The Pennsylvania division of PathStone has been awarded the Pennsylvania Association of Nonprofit Organizations' Standards for Excellence Seal				

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	A draft copy of the return is distributed to the members of the board for comments before filing

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

Return Reference	Explanation
Form 990, Part VI, Section B, Inne 15	The wages and benefits of all top management employees are determined by the personnel committee of PathStone Corporation, as part of its ongoing wage comparative studies and benefit budgeting process. The process includes independent review, comparability data, and deliberation by a compensation committee Executive compensation is also evaluated under New York Executive Order 38 of 2012. The CEO's compensation was last reviewed in January of 2016. PathStone utilizes a salary scale to determine the salary of each employee. Job descriptions are evaluated based on a 17 point rating system. The number of points corresponding to each job description determines which of 11 salary groups the job falls into. Within each salary group, there is a base salary and then a range is available to accommodate employees who have more experience, education, skills, etc. than are required for that position. Before hiring an employee, the hiring manager sends a request for offer letter to Human Resources. With this request, a salary range justification form is sent if the salary is to be above the base. The Executive Staff member for that Division reviews and approves the request, then forwards it to Human Resources for final approval. Human Resources reviews the request for offer and the salary range request to determine if the steps are warranted, and sends out an offer letter if the request is approved. Periodically, the salary scale is reviewed. There have been times when the entire scale has been revised, and other times when salaries for specific positions have been adjusted by resolution from the Board of Directors. PathStone retained an independent consultant to develop its salary schedule. The salary schedule has been in place since 2011 and was last adjusted for inflation in 2014.

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

Return Reference	Explanation
Form 990, Part XI, line 9	Transfers from Affiliate 681,587

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2014

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Internal Revenue Service

Name of the organiza
PATHSTONE CORPORATIO

Department of the Treasury

tion	Employer identification number
N INC	
	16 0004012

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

(a)
Name, address, and EIN (if applicable) of disregarded entity

(b)
Primary activity

(c)
Legal domicile (state or foreign country)

Total income
End-of-year assets

Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status	(f) Direct controlling	(g) Section 512(b)
		or foreign country)		(if section 501(c)(3))	entity	(13) controlled entity?
						Yes No
See Additional Data Table						

FOIL THE	ification of Related	Organizations i	axable as a	a Partner	rship	Complete i	f the organiza	ation answe	ered "Yes	s" on Form	1990,	Part IV	, line ತ	4
becar	se it had one or more	related organizati	ons treated a	as a partn	ership	during the	tax year.							

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	Ü)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disprop	rtionate	Code V-UBI	Gene	al or	Percentage
related organization		domicile	controlling	income(related,	total income	end-of-year	allocat	ions?	amount in box	mana	ging	ownership
		(state or	entity	unrelated,		assets			20 of	parti	ner?	
		foreign		excluded from					Schedule K-1			
		country)		tax under					(Form 1065)			
				sections 512-								
				514)								
							Yes	No		Yes	No	
See Additional Data Table	_		_		_							
									ı			

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No
See Additional Data Table									

	,						<i>3</i>
Par	Transactions With Related Organizations Complete If the organization answere	d "Yes" on 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	No
1 Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more relate	ed organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)				1c		No
d	Loans or loan guarantees to or for related organization(s)				1d	Yes	
e	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				1g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1 i		No
j	ease of facilities, equipment, or other assets to related organization(s)				1j	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
1	Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n :	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
0	Sharing of paid employees with related organization(s)				10	Yes	
р	Reimbursement paid to related organization(s) for expenses				1р	Yes	
q	Reimbursement paid by related organization(s) for expenses				1 q	Yes	
r	Other transfer of cash or property to related organization(s)				1r	Yes	
s	Other transfer of cash or property from related organization(s)				1s	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this	s line, including co		and transaction thresholds			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amou	unt in	ivolved	

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

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

Name, address, and EIN of entity Name, address, and ent	[·								
514)			Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under	50 orga	all partners section 01(c)(3)	Share of total	Share of end-of-year	Disproprtiona		Code V-UBI amount in box 20 of Schedule K-1	General or managing		Percentage
				514)	Yes	No	1		Yes	No	ı İ	Yes	No	
					لـــــــــا				163					ļ

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

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

Schedule R (Form 990) 2014

Software ID: Software Version:

EIN: 16-0984913

Name: PATHSTONE CORPORATION INC

Form 990, Schedule R, Part II - Identification of R (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
(1) Alloway Housing Development Fund Corporation	Affordable Housing	NY	501(c)(3)	Line 11a, I	PathStone	Yes No
7 Prince Street Rochester, NY 14607 20-3574586					Development Corporation	
(1) Housing Opportunities Housing Development Fund Corporation	Affordable Housing	NY	501(c)(3)	Line 11a, I	PathStone Development Corporation	No
7 Prince Street Rochester, NY 14607 16-1386456						
(2) Long Pond Housing Development Fund Corporation 7 Prince Street	Affordable Housing	NY	501(c)(3)	Line 11a, I	PathStone Development Corporation	No
Rochester, NY 14607 47-1383517					·	
(3) PathStone Alliance for Better Housing 648 Buena Vista Drive Kennett Square, PA 19348 23-2754537	Affordable Housing	PA	501(c)(3)	Line 7	PathStone Corporation	No
(4) PathStone Development Corporation	Affordable Housing	NY	501(c)(3)	Line 11a, I	PathStone Corporation	No
7 Prince Street Rochester, NY 14607 16-1265765						
(5) PathStone Housing Action Corporation	Affordable Housing	NY	501(c)(3)	Line 9	PathStone Corporation	No
400 East Avenue Rochester, NY 14608 16-1183242						
(6) PathStone Wedgepoint Housing Development Fund Corporation	Affordable Housing	NY	501(c)(3)	Line 11a, I	PathStone Development Corporation	No
400 East Avenue Rochester, NY 14608 47-3009756						
(7) Prince Street	Affordable Housing	NY	501(c)(3)	Line 11a, I	PathStone Development Corporation	No
Rochester, NY 14607 46-0839248						
(8) Sojourner Development Corporation 30 Millbank Street Rochester, NY 14619	Provide permanent housing for women and children	NY	501(c)(3)	Line 9	Sojourner House at PathStone Inc	No
16-1370403 (9) Soujourner House at PathStone Inc	Provide temporary	NY	501(c)(3)	Line 7	PathStone Corporation	No
30 Millbank Street Rochester, NY 14607 16-1170113	housing for women and children					
(10) Stone Quarry Housing Development Fund Corporation 400 East Avenue	Affordable Housing	NY	501(c)(3)	Line 11a, I	PathStone Development Corporation	No
Rochester, NY 14608 47-1373029	2	NO.				No.
(11) The Housing Council at PathStone 75 College Avenue Rochester, NY 14607	Home Ownership	NY	501(c)(3)	Line 11a, I	PathStone Corporation	No
16-0991179 (12) Towpath Housing Development Fund Corporation	Affordable Housing	NY	501(c)(3)	Line 11a, I	PathStone Development	No
7 Prince Street Rochester, NY 14607 45-3779513					Corporation	

Form 990, Schedule R,	rait III - IUENTIT	(c)	oi kelateu C	_	I A X A DIE AS A	ı rai mersnip	(h)		/: >	(j	i	
(a)	(b)	Legal	(d)	(e) Predominant	(f)	(g)	Dispro	ortionate	(i) Code V-UBI amount	Gene	ral or	(k)
Name, address, and EIN of	Primary activity	Domicile (State	Dırect Controllıng	ıncome(related,	Share of total income	Share of end- of-year assets	allocat	ions?	ın	Mana Parti	ging	Percentage ownership
related organization		or	Entity	unrelated, excluded from		,			Box 20 of Schedule K-1	гаП	ווכוי	ownersnip
		Foreign Country)		tax under					(Form 1065)			
		,		sections 512-514)			V	N I.		V =	NJ -	
Ada Ridge Partners II LLC	Affordable Housing	NY	N/A	N/A		I	Yes 	No No	I	Yes	No No	
	, mordable frousing		''/C					'\			'*'	
400 East Avenue Rochester, NY 14607												
26-2373989 Ada Ridge Partners LP	Affordable Housing	NY	N/A	N/A				No			Νo	
-	, moradate frousing		1.47					'\			'*	
400 East Avenue Rochester, NY 14607 16-1592991												
Albion Senior Living LLC	Affordable Housing	NY	N/A	N/A				No			Νo	
400 East Avenue												
Rochester, NY 14607												
26-0345950 Alliance Homes II LLC	Affordable Housing	NY	N/A	N/A				No			No	
	Anordable Housing	18 7	111/5					100			INU	
400 East Avenue Rochester, NY 14607												
56-2397229		<u>L</u>					<u>L</u>	<u> </u>				
Alturas de Castaner LP	Affordable Housing	NY	N/A	N/A				No			Νo	
400 East Avenue												
Rochester, NY 14607												
20-3947099 Andrews Terrace LLC	Affordable Housing	NY	N/A	N/A				No			No	
	Allordable Housing	'''	N/A	IN/A				INU			INO	
400 East Avenue												
Rochester, NY 14607 20-3199493												
Anthony Square LP	Affordable Housing	NY	N/A	N/A				No			Νo	
7 Prince Street												
Rochester, NY 14607												
16-1589159 Apple Meadow Ltd LP	A ffordable Have	NIV	N /A	N /A				NI o			NI ~	
	Affordable Housing	NY	N/A	N/A				No			Νo	
400 East Avenue												
Rochester, NY 14607 31-0970627												
April Meadows LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street												
Rochester, NY 14607												
16-6498924 Beechwood Apartments LLC	Affordable Housing	NY	N/A	N/A				No			No	
·	Allordable Housing	1817	IN / PA					INU			INU	
400 East Avenue Rochester, NY 14607												
27-3685642		<u> </u>										
Bradmar Village LLC	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue												
Rochester, NY 14607												
27-2288636 Breckenridge on Seneca LLC	Affordable Housing	NY	N/A	N/A				No			No	
_	Anordable Housing	'''	111/5					100			INU	
7 Prince Street Rochester, NY 14607												
30-0730121		<u>L</u>					<u>L</u>	<u> </u>				
Briarwood Place LP	Affordable Housing	NY	N/A	N/A				No			Νo	
7 Prince Street												
Rochester, NY 14607												
16-1544146 Brower Road LLC	Affordable Housing	NY	N/A	N/A				No			No	
	A nordable riousing	18 7						100			INU	
400 East Avenue												
Rochester, NY 14607 03-0485949												
Canal Place LP	Affordable Housing	NY	N/A	N/A				No			Νo	
7 Prince Street												
Rochester, NY 14607												
75-2975899		I	l	1		l			l			

(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	(f)	(g) Share of end- of-year assets	(h)	ortionate	(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	Mana	ral or iging	(k) Percentage ownership
Canal View Senior Housing	Affordable Housing	NY	N/A	512-514) N/A	I	I	Yes 	No No	1	Yes	No No	
LLC	Anordable mousting		N/C					110				
400 East Avenue Rochester, NY 14607 20-4440054												
Castle Street Associates LP	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 16-1311570												
Cedar Creek Housing LLC	Affordable Housing	NY	N/A	N/A				No			Νo	
400 East Avenue Rochester, NY 14607 90-0347268												
Central Place LP	Affordable Housing	NY	N/A	N/A				No			Νo	
7 Prince Street Rochester, NY 14607 16-1520376												
Clarkson-Seldon Square Partners LP	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 22-3607775												
Clayton Heights LP	Affordable Housing	NY	N/A	N/A				No			Νo	
7 Prince Street Rochester, NY 14607 41-2124095												
Clifton Commons Associates LP	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 16-1386724												
Creekside Clearing LP	Affordable Housing	NY	N/A	N/A				No			Νo	
7 Prince Street Rochester, NY 14607 05-0607089												
Crosman LLC	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 10-0007244												
Crossman LP	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 10-0007242												
Elliott's Landing LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 20-4754791												
Elmgrove Place LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 06-1716252												
	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 16-1351625												
	Affordable Housing	NY	N/A	N/A				No			Νo	
400 East Avenue Rochester, NY 14607 25-1645782												
Hale Court LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 20-4754992												

(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) Disprop allocati	ortionate ons?	(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	(j Gene Mana Parti	ral or iging ner?	(k) Percentage ownership
Heritage Meadows Partners LP	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 16-1537986												
LLC	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 13-4220309												
Lander Street Partners II LP 400 East Avenue Rochester, NY 14607	Affordable Housing	NY	N/A	N/A				No			No	
06-1473326 Lander Street Partners III LLC	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 56-2523429												
Lander Street Partners LP	Affordable Housing	NY	N/A	N/A				No			Νo	
400 East Avenue Rochester, NY 14607 06-1445495												
Marketview Housing LP 7 Prince Street	Affordable Housing	NY	N/A	N/A				No			Νo	
Rochester, NY 14607 16-1435368												
7 Prince Street Rochester, NY 14607	Affordable Housing	NY	N/A	N/A				No			No	
MJ Estates II LLC	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 27-1006415												
MJ Estates LP 7 Prince Street Rochester, NY 14607	Affordable Housing	NY	N/A	N/A				No			No	
Monica Homes LLC	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 61-1592249												
New Home Alliance LP 400 East Avenue	Affordable Housing	NY	N/A	N/A				No			No	
Rochester, NY 14607 06-1527135												
Niagara Place LP 7 Prince Street Rochester, NY 14607	Affordable Housing	NY	N/A	N/A				No			No	
16-1478044 Olde Theatre Apartments LP	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 34-1844633												
Ontario Place LP	Affordable Housing	NY	N/A	N/A				No			Νo	
7 Prince Street Rochester, NY 14607 75-2975886												
PathStone Wedgepoint LLC 400 East Avenue Rochester, NY 14607 47-2752876	Affordable Housing	NY	N/A	N/A				No			No	

Form 990, Schedule K,	. a. c III - Idelilli	(c)		_		_	(h)		(i)	(j	i)	
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal Domicile (State or Foreign	Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under	(f) Share of total Income	(g) Share of end- of-year assets		rtionate	Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)		ral or iging	(k) Percentage ownership
		Country)		sections 512-514)					,			
Portal De San German LLC	Affordable Housing	NY	N/A	N/A			Yes 	No No		Yes	No No	
400 East Avenue Rochester, NY 14607 27-0380502												
Pinnacle Apartments LLC	Affordable Housing	NY	N/A	N/A				No			Νo	
7 Prince Street Rochester, NY 14607 45-5425869												
Rexford Place LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 20-2201905												
Salem Senior Housing LLC	Affordable Housing	NY	N/A	N/A				No			Νo	
400 East Avenue Rochester, NY 14607 38-3711378												
Sandy Creek Associates LP	Affordable Housing	NY	N/A	N/A				No			Νo	
400 East Avenue Rochester, NY 14607 16-1351950												
Seldon Square II LLC	Affordable Housing	NY	N/A	N/A				No			Νo	
400 East Avenue Rochester, NY 14607 35-2182907												
Sisson Reserve II LLC	Affordable Housing	NY	N/A	N/A				Νo			Νo	
400 East Avenue Rochester, NY 14607 38-3911384												
Sisson Reserve LLC	Affordable Housing	NY	N/A	N/A				Νo			Νo	
400 East Avenue Rochester, NY 14607 35-2430293												
Stanton Meadows Townhomes LP	Affordable Housing	NY	N/A	N/A				No			Νo	
400 East Avenue Rochester, NY 14607 16-1551902												
Stone Quarry Apartments LLC	Affordable Housing	NY	N/A	N/A				No			Νo	
7 Prince Street Rochester, NY 14607 47-1372693												
Stonewood Village LLC	Affordable Housing	NY	N/A	N/A				No			Νo	
400 East Avenue Rochester, NY 14607 26-4557007												
Susan B Anthony LP	Affordable Housing	NY	N/A	N/A				No			Νo	
7 Prince Street Rochester, NY 14607 04-3812069												
Thompson Building Associates LP	Affordable Housing	NY	N/A	N/A				No			Νo	
400 East Avenue Rochester, NY 14607 16-1421270												
Towpath III LP	Affordable Housing	NY	N/A	N/A				No			Νo	
400 East Avenue Rochester, NY 14607 45-3566045												
Washington Park Associates LP	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 16-1299635												

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	allocat	ortionate	(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	(j Gene Mana Parti	ral or aging ner?	(k) Percentage ownership
Westminister Place LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 16-1476222												
Woodward LP	Affordable Housing	NY	N/A	N/A				No			Νo	
7 Prince Street Rochester, NY 14607 16-1489242												

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (a) (b) (c) (f)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (13) control entity?	olled
Yes	No								Ţ
Alliance Homes II Corp	General Partner In L P	ОН	N/A	C				No	,
400 East Avenue Rochester, NY 14608	Transactions			'	1				•
56-2397228									
Beechwood Managing Member LLC	General Partner	NY	N/A	С		T		No	,
400 East Avenue Rochester, NY 14608	ın L P Transactions			'					•
27-4656938									
Jamestown Managing Member LLC	General Partner In L P	NY	N/A	C				No	,
400 East Avenue Rochester, NY 14608	Transactions			'	1				•
27-2288510		<u> </u>			<u> </u>				
Lehigh Managing Member LLC 400 East Avenue	General Partner In L P	NY	N/A	C				No	'
Rochester, NY 14608	Transactions			'	1				
27-0212774									/
Marketview Housing Inc 7 Prince Street	General Partner In L P	NY	N/A	C	1			No	, <u> </u>
Rochester, NY 14607	Transactions			'	1				7
16-1435367		<u> </u>		<u> </u> '					
Monica Homes LTD	Co-managing	NY	N/A	C				No	'
30 Mıllbank Street Rochester, NY 14619	member			'	1				1
80-0360791					1				
PathStone Breckenridge Inc 7 Prince Street	General Partner In L P	NY	N/A	С				No	,
Rochester, NY 14607	Transactions				1				
45-4541829		<u> </u>		<u> </u> '	<u> </u>		<u> </u>		
PathStone Long Pond Inc 400 East Avenue	General Partner In L P	NY	N/A	C	1			No	,
Rochester, NY 14608	Transactions			'	1				
47-1383101		<u> </u>	<u> </u>	<u> </u> '			<u> </u>		
PathStone Stone Quarry Inc 400 East Avenue	General Partner In L P	NY	N/A	C	1			No	,
Rochester, NY 14608	Transactions			'	1				
47-1215361	<u> </u>	<u> </u>	<u> </u>	<u> </u> '			<u> </u>		
PathStone Wedgepoint MM Corporation 400 East Avenue	General Partner In L P	NY	N/A	C				No	,
Rochester, NY 14608	Transactions			'	1				
47-2778399	<u> </u>	<u> </u>		<u> </u> '					
PDC Towpath Corporation 7 Prince Street	General Partner In L P	NY	N/A	C	1			No	'
Rochester, NY 14607	Transactions			'	1				
45-3667522	<u> </u>	<u> </u>	<u></u>	<u> </u>		 			
PHEDCO Investments Inc 400 East Avenue	General Partner In L P	NY	N/A	C	1			No	
Rochester, NY 14608	Transactions			'	1				
25-1663084	12	1	12.70	<u> </u>	 	 			
Pinnacle Managing Member LLC 7 Prince Street	General Partner In L P	NY	N/A	C				No	
Rochester, NE 14607	Transactions			'	1				
45-5430014	C	NIV.	B1 /A	C		+	+	No.	
RHAC Development Corporation 400 East Avenue	General Partner In L P	NY	N/A	C	1			No	
Rochester, NY 14608	Transactions			'	1				l
16-1262619	Comment Devikanan	NIV.	121.40	<u> </u>	 		 	- No	
RHOC Crossman Inc 400 East Avenue	General Partner In L P	NY	N/A	C				No	l
Rochester, NY 14608	Transactions			'	1				
27-0017600	1	1		!	1	1		1	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(f)** Share of total (c) (d) (e)
Legal Domicile Direct Controlling Type of entity (g) (b) Name, address, and EIN of related Share of Primary activity organization ıncome Entity (C corp, S corp, (State or end-of-year

Name, address, and EIN of related organization	Primary activity	Legal Domicile (State or Foreign Country)	Direct Controlling Entity	Type of entity (C corp, S corp, or trust)	income	Share of end-of-year assets	Percentage ownership	Section 512(b) (13) controlled entity?
Yes	No							
Rural Housing Opportunities Development Corp 400 East Avenue Rochester, NY 14608 05-0575748	General Partner in L P Transactions	NY	N/A	С				No
Salem Senior Housing Corp 400 East Avenue Rochester, NY 14608 38-3711377	General Partner in L P Transactions	ОН	N/A	С				No
San German Managing Member LLC 400 East Avenue Rochester, NY 14608 45-3773695	General Partner In L P Transactions	NY	N/A	С				No
Sisson Reserve MM II LLC 400 East Avenue Rochester, NY 14608 46-3135735	General Partner In L P Transactions	NY	N/A	С				No
Sisson Reserve MM LLC 400 East Avenue Rochester, NY 14608 36-4717781	General Partner in L P Transactions	NY	N/A	С				No
Sisson Sewage Works Corporation 400 East Avenue Rochester, NY 14608 47-2245715	General Partner In L P Transactions	NY	N/A	С				No
Slater Neighborhood Inc 7 Prince Street Rochester, NY 14607 27-1006036	General Partner in L P Transactions	NY	N/A	С				No
Stanton Meadows Corporation 400 East Avenue Rochester, NY 14608 16-1556454	General Partner in L P Transactions	NY	N/A	C				No
West Broadway Villas LLC 400 East Avenue Rochester, NY 14608 30-0743446	General Partner In L P Transactions	NY	N/A	c				No

(h)

(i)