DLN: 93493230018000 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019 C Name of organization PATHSTONE CORPORATION D Employer identification number B Check if applicable ☐ Address change 16-0984913 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 400 EAST AVENUE ☐ Application pending (585) 546-7180 City or town, state or province, country, and ZIP or foreign postal code ROCHESTER, NY  $\,$  14607  $\,$ G Gross receipts \$ 35,771,009 Name and address of principal officer H(a) Is this a group return for Ruperto Montero □Yes ☑No subordinates? 400 EAST AVENUE H(b) Are all subordinates ROCHESTER, NY 14607 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www PathStone org L Year of formation 1971 M State of legal domicile NY K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities PathStone builds family and individual self-sufficiency by strengthening farmworker, rural and urban communities. Pathstone promotes social justice through programs and advocacy Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 26 Number of independent voting members of the governing body (Part VI, line 1b) 5 997 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 236 Total number of volunteers (estimate if necessary) . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 1,081,587 34,156,266 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 31,692,690 669,337 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 141,124 64,331 608,631 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 542,494 33,457,895 35,498,565 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 3,633,739 4,077,564 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 20,407,745 22,351,622 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶419,085 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 8,054,043 10,029,471 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 32,095,527 36,458,657 19 Revenue less expenses Subtract line 18 from line 12 . 1,362,368 -960,092 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 36,262,786 34,848,303 11,969,115 21 Total liabilities (Part X, line 26) . 12,423,506 22 Net assets or fund balances Subtract line 21 from line 20 22,879,188 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-08-04 Signature of officer Sign Here Ruperto Montero CFO Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2020-08-04 P00195472 Paid self-employed Firm's name 

Heveron & Company CPAs PLLC Firm's EIN ▶ 16-1187988 Preparer Use Only Firm's address > 260 Plymouth Avenue South Phone no (585) 232-2956 Rochester, NY 14608 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

orm	990 (2018)					Page 2
Pa	t III Statement o	of Program Service	e Accomplis	hments		
	——— Check ıf Sched	ule O contains a respo	nse or note to	any line in this Part III		🗸
L	Briefly describe the or	<u>.</u>		•		
ath?	Stone Corporation builds	s family and individual	self-sufficiency	by strengthening farmv	vorker, rural and urban communit	ies PathStone Corporation
om	otes social justice throu	igh program and advo	cacy			
2	<del>-</del>	, <del>-</del>		vices during the year wh	ich were not listed on	
	the prior Form 990 or					🗌 Yes 🗹 No
	If "Yes," describe thes					
3	-	ease conducting, or m	ake significant	changes in how it condu	cts, any program	П., <b>П</b> .,
	services?	🗌 Yes 🗹 No				
_	If "Yes," describe thes	-				
4		501(c)(4) organizatio	ns are required	to report the amount of	argest program services, as meas grants and allocations to others,	
4a	(Code See Additional Data	) (Expenses \$	8,726,032	including grants of \$	1,192,806 ) (Revenue \$	)
4b	(Code	) (Expenses \$	7,890,767	including grants of \$	353,416 ) (Revenue \$	)
-	See Additional Data	,,,====================================	.,			,
łc	(Code	) (Expenses \$	4,230,556	including grants of \$	301,251 ) (Revenue \$	78,557 )
	See Additional Data					
	(Code	) (Expenses \$	10,715,384	including grants of \$	2,230,091 ) (Revenue \$	494,688 )
	tutoring, mentoring, drop youth trained with 149 cr grants and contributions is counseling and services accessing quality health or rent/utility assistance for rental assistance. There have received training on Pennsylvania, and Puerto essential food and shelter achieving personal and princome households received training on the property of the pro	-out prevention, and family edentials Services are as of \$3,982,359 HEALTH & of \$4,729,469 HOUSING in munity based revitalization of \$1,729,469 HOUSING in munity based revitalization also specialize in provential provinced or weatherized Service UNINSELING Provide housinquency and default resolved tools to current and also 235 homes were pimmers.	ly centered intervalled in New Je SAFETY Provide of opeer-delivered HIV I health and safety HIV HIV I health and safety HIV I health and safety HIV I health and safety Cluding Bill's info a coss prevention, arouted by governmand low-income fas offered are emeritive Services Seigrants and contristo to design and build acquisition of a construction 33 ames have been proposed to provide housing REHABILITATION & In programs We adding resources, and upgrades, leadbes are available in ng counseling, I prospective homes reserved through it.	ention Those served include rsey, New York, Ohio, Penns ccupational and personal he prevention education for at a training for farmworkers, a participants received HIV pand missing OH AFOP grant rad heat stress/back injury avent grants and contributions in crisis to stabilize pargency food and lodging for rivices are available in India butions of \$1,215,066 REAL lid housing that is affordable ffordable rental housing for 1 affordable housing units have everyed through resident ow the includes a number of develop a vacant store, historical to meet the needs of the cost experience of the cost	adership skills, job training, high schoc youth and young adults 193 youth will young and youth and young adults 193 youth will young, and Puerto Rico This program alth and safety education and also substrais populations, HIV counseling and toohol, drug, and tobacco avoidance prevention education and 58 infected/aflumbers) farmworkers and members or oridance Services are available in New of \$1,009,164 EMERGENCY & SUPPOlarticipant households and enable them farmworkers and other families in neena, New Jersey, New York, Ohio, Penns ESTATE DEVELOPMENT Work with coit, accessible and seamlessly integrated families, farmworkers, seniors, and speace been developed, \$10,888,190 has be intership since the program's inception elopments that are transformative to the preservation of a significant Main St. program is and preserve assets through coordinate self-sufficiency and economic stability tig, and advocacy to support homeowne access upgrades for seniors and persor program is supported by government counselors that includes pre and post housing, rental, and homeless counselincan make responsible choices to addreling, 459 new homeowners were creauerto Rico This program is supported by guerto Rico This program is supported by a supported by the supporte	vere placed in jobs and 214 is supported by government stance abuse prevention testing, assistance in ograms for youth, and fected households received f agricultural communities of Jersey, New York, Ohio, RTIVE SERVICES Provide to regain traction toward d 2,061 farmworker and low-sylvania, Puerto Rico, and munity partners, non? into the community in which ceal ineeds populations while en invested in affordable. Services are available in the communities they are operty, developing a GREEN supported by government ted housing rehabilitation, through safe, sustainable, are The services offered are ons with disabilities 245 grants and contributions of the purchase education and plousing Counselors are ess their housing needs in ted and there were 2,737
4d	Other program service	as (Describe in Schod)	ula O \			
·u		es (Describe in Scried) 10,715,384 incl	•	\$ 2.230.09	91 ) (Revenue \$ 4	194,688 )
	, _	±0,,±0,00T IIICI	waning granted Ul	- 2,230,0	-	,000 ,

Form	990 (2018)			Page <b>3</b>
Pai	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see 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 2	3		No
	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II 2	4	Yes	
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 2	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		No
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			
	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
	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 2	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	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 2	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		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

22

21

22

No

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Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
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
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
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
Ь	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			

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🕏

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

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

Nο

No

No

36

37

38

185

0

1a

Yes

Yes

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37

38

Part V

9a

9h

12a

13a

14a

14b

15

No

No

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10a

10b

11a

11b

12b

13b

13c

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

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

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

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

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

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	•		lines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 26			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 26			
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	
Ь	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	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	⊋.)	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	

	persons other than the governing body?			
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?	<b>8</b> b	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 Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO. Executive Director, or top management official	155	Vec	Ī

15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			

	Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure	100		
-				
17	List the States with which a copy of this Form 990 is required to be filed▶  NY , NJ , PA , VA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
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			
		F	orm <b>99</b>	0 (2018)

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Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five <b>current</b> high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's <b>former dir</b> e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

Santiago Asphalt Construction Corp

CARR 611 KM 42 Bo Sabana Grande

compensation from the organization ▶ 4

Utuado, PR 00641

Name and Title

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (E) (F)

Reportable

(D)

Reportable

Construction

Page 8

Estimated

amount of other

hours per than one box, unless person compensation compensation is both an officer and a week (list from related compensation from the any hours director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest compensated employee Individual trustee organizations Ŀ related Institutional Trustee STEPS TOT <u>0</u> below dotted organizations employee line) See Additional Data Table • 1b Sub-Total . c Total from continuation sheets to Part VII, Section A . . . • 1,162,819 94,805 d Total (add lines 1b and 1c) . . . . . . . . . . . Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 18 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Nο 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 5 No Section B. Independent Contractors 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 (C) (A) (B) Name and business address Description of services Compensation Zargar Mechanical Service Inc Weatherization Contractor 235,501 9 Langpap Rd Honeoye Falls, NY 14472 All Star Energy Weatherization Contractor 125,625 93800 Scottsville Rd Scottville, NY 14546 104,568 Always Safe Heating and Appliance Repair Heating and Appliance Repair 26 Michel Dr Henrietta, NY 14467

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

Position (do not check more

(B)

Average

102,905

Part		Statement	of Revenue									rage <b>3</b>
		Check if Sche	edule O contains	a respo	onse or note to any	line in tl	nis Part VIII					🗸
						() Total r	<b>A)</b> revenue	Rel e> fu	(B) ated or cempt nction	(C) Unrelated business revenue		(D) Revenue excluded from x under sections
	1	<b>La</b> Federated camp	ealans	1a	164,757			re	venue			512 - 514
nts nts		<b>b</b> Membership due		1b								
is and		c Fundraising eve		1c	<u> </u> 							
S, G Am		d Related organiza			<u> </u> 							
慧喜		-		1d	1 27.562.055							
S, ( III	e Government grants (contributions)  1e 27,562,  f All other contributions, gifts, grants,											
ion I Si		and sımılar amoun		1f	6,428,554							
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contrib in lines 1a - 1f s	3									
ತಿ ಕ		<b>h Total.</b> Add lines	1a-1f		•	:	34,156,266					
					Business							
Program Service Revenue	2	a Real Estate Develop	ment			531390	3	22,019	322	,019		
ر. بر	ı	<b>b</b> Housing Counseling				531390	2		230	,417		
بر <del>۱</del>		C Supportive Housing				531390		78,557	78	,557		
Jr VI		d Other Program Inco	me			900099		38,344	38	,344		
8						300033						
jran	9	<b>-</b>										
δ	1	<b>f</b> All other program	service revenue	2		669,337		•				
		<b>9 Total.</b> Add lines 2			<u> </u>	_				1		
		Investment income similar amounts)			Interest, and other		336,77	5				336,775
		Income from inves			ond proceeds	•		+				
	5	Royalties				•						
			(ı) Rea	ıl	(II) Personal							
	6	<b>a</b> Gross rents		422.270								
		<b>b</b> Less rental expens		432,279 0		+						
		c Rental income or (loss)	-	432,279								
		d Net rental incom	e or (loss)			-	432,27	9				432,279
			(ı) Securi	ties	(II) Other							· · · · · · · · · · · · · · · · · · ·
	7	a Gross amount from sales of	,,,			1						
		assets other										
		than inventory										
		<b>b</b> Less cost or other basis and			272,44	4						
		sales expenses  C Gain or (loss)			-272,44	4						
		d Net gain or (loss)	.)		<u> </u>	7	-272,44	4	-272,444			
	8	a Gross income fro	m fundraising ev	ents								
ne		(not including \$		of								
æ		contributions rep See Part IV, line 1	l8									
Re		<b>b</b> Less direct expe	nses	b		1						
Other Revenue		<b>c</b> Net income or (lo	ss) from fundrai	sıng ev	ents							
Oth	9	a Gross income from See Part IV, line 1		ies								
_		See Full IV, III e		а	}							
		<b>b</b> Less direct expe	nses	b		1						
		<b>c</b> Net income or (lo	ss) from gaming	activit	ies •							
	10	DaGross sales of invertience of invertience of the particular of t	entory, less									
		returns and anow	ances	a	}							
		<b>b</b> Less cost of good	ds sold	Ь		1						
		c Net income or (lo		f invent	tory ▶	_						
			ous Revenue		Business Code							
	1	<b>1a</b> Other Related Re	evenue		90009	9	176,35	2	176,352			
						$\perp$						
		b										
		с										
		d All other revenue										
		e Total. Add lines :	11a-11d		•		176,35	2				
	1	2 Total revenue.	See Instructions									=
							35,498,56	5	573,245		0	769,054 Form <b>990</b> (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	columns All other orga	inizations must comp	lete column (A)	
Check if Schedule O contains a response or note to an	y line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	4,077,564	4,077,564		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	417,766		398,304	19,462
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,683,565	13,093,562	1,552,441	37,562
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	988,967	871,803	114,424	2,740
9 Other employee benefits	4,474,671	3,873,240	585,146	16,285
<b>10</b> Payroll taxes	1,786,653	1,544,381	235,779	6,493
11 Fees for services (non-employees)				_
a Management	256,729	67,569	188,364	796
<b>b</b> Legal	85,114		85,114	
c Accounting				
<b>d</b> Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	701,205	499,328	90,488	111,389
12 Advertising and promotion				
13 Office expenses	3,764,163	3,336,778	352,722	74,663
14 Information technology	265,047		265,047	
15 Royalties				
<b>16</b> Occupancy	2,924,834	2,722,232	193,998	8,604
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
<b>19</b> Conferences, conventions, and meetings	163,094	81,089	72,781	9,224
<b>20</b> Interest	10,658		10,658	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	227,562	40,048	187,514	
23 Insurance	213,313	126,298	87,015	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Bad Debts	992,249	992,249		
<b>b</b> Delegate Agencies	204,811	204,811		
c Supportive Services	145,586	0	14,693	130,893
<u>d</u>				
e All other expenses	75,106	31,787	42,345	974
<b>Total functional expenses.</b> Add lines 1 through 24e	36,458,657	31,562,739	4,476,833	419,085
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2018)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Forn	1 990	(2018)					Page <b>11</b>
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			733,500	1	1,474,945
	2	Savings and temporary cash investments		[	3,360,910	2	2,489,384
	3	Pledges and grants receivable, net		,	4,165,295	3	4,075,740
	4	Accounts receivable, net		[	248,292	4	268,115
Assets	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquality	ited er	nployees Complete		5	
	7	section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations of the section of the se	s(c)(3)(B), and of section 501(c)(9) structions) Complete	20,862,774	6	20,186,109	
	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges			161,769	9	3,246
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	4,901,513			
	ь	Less accumulated depreciation	<b>10</b> b	2,010,654	3,264,044	10c	2,890,859
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11 .		3,352,462	13	3,352,462
	14	Intangible assets			62,504	14	62,504
	15	Other assets See Part IV, line 11			51,236	15	44,939
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	36,262,786	16	34,848,303
	17	Accounts payable and accrued expenses			6,641,427	17	6,428,174
	18	Grants payable				18	
	19	Deferred revenue			1,275,620	19	1,333,982
	20	Tax-exempt bond liabilities				20	
Š	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
i≅		persons Complete Part II of Schedule L			22		
آ	23	Secured mortgages and notes payable to unrela	rd parties	4,050,591	23	3,750,591	
	24	Unsecured notes and loans payable to unrelated	l thırd	parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		s to related third parties,	455,868	25	456,368
	26	<b>Total liabilities.</b> Add lines 17 through 25			12,423,506	26	11,969,115

## Net Assets or Fund Balances 30 Capital stock or trust principal, or current funds . . . . 30 31 Paid-in or capital surplus, or land, building or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds 32 22,879,188 Total net assets or fund balances 23,839,280 33 33 34 36,262,786 34 34,848,303 Total liabilities and net assets/fund balances Form **990** (2018)

13.792.133

10,047,147

27

28

29

13.683.623

9,195,565

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

27 28

29

Audit Act and OMB Circular A-133? 3a Yes b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

## Additional Data

Software ID:

Software Version:

**EIN:** 16-0984913 Name: PATHSTONE CORPORATION

Form 990 (2018)

Form 990, Part III, Line 4a: ADULT EDUCATION, TRAINING & EMPLOYMENT Provide quality 10b training and employment services leading to gainful employment at livable wages for individuals who are

underemployed or unemployed. The services offered are skills assessment, job training, career exploration, placement and retention support. Those served include farmworkers, seniors, formerly incarcerated/returning citizens, TANF recipients, residents of targeted communities, and other low-wage workers 3,272 people were enrolled in services and 935 more were placed in jobs. Services are available in New Jersey, New York, Ohio, Pennsylvania, Puerto Rico, Vermont, and Virginia Continued on Schedule OThis program is supported by government grants and contributions of \$9,715.512

CHILD & FAMILY DEVELOPMENT Provide Head Start services to children which helps them gain social, emotional and educational skills through structured classroom-based teaching and also provide family engagement activities designed to enhance healthy living and lifelong learning. The services offered are full day preparation for school readiness, education and training information to parents, nutritious meals to children and referrals to community resources. 914 children were served in Migrant/Seasonal.

Regional Head Start/Early Head Start and State Funded Pre-K programs Services are available in New Jersey and Pennsylvania Continued on Schedule OThis program is

Form 990, Part III, Line 4b:

supported by government grants and contributions of \$8,453,869

SUPPORTIVE HOUSING & RENTAL ASSISTANCE SERVICES Provide supportive services for residents living in PathStone Corporation rental communities consisting of social, educational and recreational enrichment programs, information and referrals for crisis support, and access to health, nutrition, mental health and other community-based services to tenants 3,859 residents received supportive housing services throughout the PathStone rental property portfolio Continued on Schedule OProvide apartment

rental assistance through Section 8 Housing Choice Voucher Program to 5,654 low-income families and seniors living in six New York State counties. Staff members regularly refer participants to community resources. Eligible participants can participate in the Family Self-Sufficiency Program which provides individualized coaching and support.

designed to result in meaningful self-supporting employment This program is supported by government grants and contributions of \$4,653,910

Form 990, Part III, Line 4c:

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

any hours

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and a director/trustee)

organization

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organizations

from the

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

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Amber Myers Board Member	0 80	х						0	0	0
Andre Harper Board Member	0 80	×						0	0	0
Andres Ramos Vice Chairperson	1 20	х		х				0	0	0
Arlene Wilson Chairperson	1 20	×		x				0	0	0
Beatriz Aguilera Board Member	0 80	х						0	0	0

Χ

Arlene Wilson
Chairperson
Beatriz Aguilera
Board Member
Carl Forty

......

Treasurer

Christela Louis-Jeune

Board Member

Eric Shoen-Ukre

Board Member

Ernest Caswell

Board Member

Board Member

Esmeralda Perez Santa

and Independent Contractors

and Independent Contractors (A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation week (list person is both an officer from the from related compensation

any hours

and a director/trustee)

organization

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organizations

from the

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

	6					,	(14, 2/1000	(14/ 2/1000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Ester Cruz Board Member	1 20	×						0	0	0
Fernando Santiago Board Member	1 20	×						0	0	0
George Master Board Member	1 20	×						0	0	0
Gregorio Uribe Board Member	0 80	×						0	0	0
Ignacio Jimenez Board Member	1 20	×						0	0	0
Joy Pacheco Secretary	1 20	х		x				0	0	0
Liliana Mazariegos Lopez	0 80									

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1 20

1 20

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Board Member

Board Member

Board Member

Orlando Ortiz

Board Member

Luis Lopez Banks

Monique Oliva-Kulp

and Independent Contractors (A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the compensation from related

and a director/trustee)

organization

178,600

202,217

153,538

organizations

from the

17,353

10,123

7,686

0

any hours

40 00

40 00

40 00

40 00

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

	ally floars	""	u un	CCCC	,,, с	astee	′	(ivi a // aga		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Patrıcıa Mogan Board Member	0 80	×						0	0	0
Ralph Sinistro Board Member	0 80	х						0	0	0
Rebecca Caico Board Member	1 20	х						0	0	0
Shelby Stenson Board Member	0 80	×						0	0	0
Yahaıra Perez Board Member	0 80	×						0	0	0
Yvonne Thompson	0 80							0	0	

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Board Member

Stuart Mitchell

President and CEO

Ruperto Montero

Alexander D Castro

Chief Operating Officer

Chief Financial Officer (through 1/19)

Chief Financial Officer (beginning 1/19)

Kevin Ryck

and Independent Contractors (A) Name and Title

effrey Lewis R VP of Direct Services
athryn Bryan ir VP Property Management
eslie W Kernan Jr ieneral Counsel & Chief Legal Officer

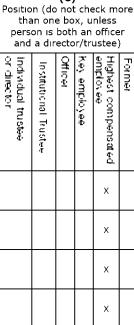
Nita D'Agostino

Sr VP of Direct Services

40 00

. . . . . . . . . . . . . . . . .

(B)



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

(C)

office stee) Highest	r Former
lighest compensated	
х	
х	
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(D)

Reportable

(E)

Reportable

compensation

from related

organizations

(W-2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related

organizations

10,815

14.709

25,578

8,541

Average hours per week (list any hours for related organizations below dotted line) 40 00 40 00 . . . . . . . . . . . . . . . . . 40.00 . . . . . . . . . . . . . . . . . .

SCHEDU Form 990 o 90EZ)		Com	Public ollete if the o	a section	2018			
epartment of the ternal Revenue	Service		► Go to	www.irs.gov/Forms		Open to Public Inspection		
ame of the ATHSTONE COR	organization RPORATION	on					Employer identific	ation number
Part I	Reason fo	r Public C	harity Stat	<b>us</b> (All organization	s must comple	te this part.) S	16-0984913 See instructions.	
				e it is (For lines 1 thro				
L	church, cor	ention of c	hurches, or as	sociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2 🗌 A	school desc	ribed in <b>sec</b>	tion 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ) )		
• 🗆 A	hospital or	a cooperativ	e hospital ser	vice organization desci	nbed in <b>section</b>	170(b)(1)(A)(	iii).	
n	ame, city, a	nd state		ed in conjunction with	·			
	-	on operated •). (Complet		t of a college or univer	rsity owned or o	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
-			•	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).	
			nally receives /i). (Complete	a substantial part of it Part II )	s support from a	governmental u	nıt or from the gener	al public described ii
B	community	trust descri	bed in <b>sectio</b> i	170(b)(1)(A)(vi)	(Complete Part I	I)		
				escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or
fr In	om activitie ivestment ir	s related to ncome and u	its exempt fur nrelated busir	(1) more than 331/3% actions—subject to cert less taxable income (le amplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its si	ipport from gross
	•			d exclusively to test for	r public safety S	See section 509	(a)(4).	
m	nore publicly	supported (	organizations	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or se	ction 509(a)(2	). See section 509(a	
□ <b>T</b>	<b>ype I.</b> A su rganızatıon(	pporting org s) the powe	anızatıon oper	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by	
	nanagement	of the supp	-	ervised or controlled in ation vested in the san and C.			• • • • • • • • • • • • • • • • • • • •	_
				supporting organization ions) You must com				ited with, its
l □ T	ype III no	n-functiona ntegrated T	Ily integrate ne organizatio	d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orgai	
	,		•	ved a written determir	•		pe I, Type II, Type II	I functionally
_	itegrated, o	r Type III no		integrated supporting		,		,
				ipported organization(	1			1 (2)
	(i) Name of supported organization (ii) E		(ii) EIN  (iii) Type of organization (described on lines 1- 10 above (see instructions))  (iv) Is the organization listed in your governing document?				(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
					Yes	No		
tal		+						
	rk Reductio	on Act Noti	re, see the T	l nstructions for	L Cat No 1128!	5F !	Schedule A (Form 9	90 or 990-F7) 201

instructions

rage	_
170	

oport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170
(1)(A)(ix)
mplete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part
If the organization fails to qualify under the tests listed below, please complete Part III.)

	III. If the organization fai						iy under Part		
_	Section A. Public Support	is to quality ut	ider the tests his	ted below, pied.	se complete rai	C 111.)			
	Calendar year		I	T	T				
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	include any "unusual grant ")								
2	Tax revenues levied for the								
	organization's benefit and either paid								
_	to or expended on its behalf The value of services or facilities								
3	furnished by a governmental unit to								
	the organization without charge								
4	<b>Total.</b> Add lines 1 through 3								
5	The portion of total contributions by								
5	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	Section B. Total Support								
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total		
	(or fiscal year beginning in) ▶	(-,	(=,====	(3,2323	(-)	(0)2020	(1).010.		
7									
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									
10	loss from the sale of capital assets								
	(Explain in Part VI )								
11	<b>Total support.</b> Add lines 7 through								
	10								
12	Gross receipts from related activities, e	tc (see instruction	ons)			12			
13	First five years. If the Form 990 is for	the organization	s first, second, th	urd, fourth, or fifth	n tax vear as a sec	tion 501(c)(3) org	anization.		
	check this box and <b>stop here</b>	=				· · · · · · <u>-</u>	_		
_	section C. Computation of Public						_		
	Public support percentage for 2018 (line			column (f))					
				column (1))		14			
	Public support percentage for 2017 Sch					15			
<b>16</b> a	33 1/3% support test—2018. If the				ne 14 is 33 1/3% o	r more, check this	box		
	and <b>stop here.</b> The organization qualif						··►□		
b	b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this								
	box and stop here. The organization	qualifies as a pub	olicly supported or	ganızatıon			▶□		
<b>17</b> a	10%-facts-and-circumstances test-	<b>–2018.</b> If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14			
	is 10% or more, and if the organization								
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported			
	organization						▶ □		
Į.	10%-facts-and-circumstances test	-2017. If the o	rganization did no	ticheck a box on l	ine 13, 16a, 16h	or 17a, and line			
0	15 is 10% or more, and if the organiza								
	Explain in Part VI how the organization								
	supported organization			5-	4	,	▶□		
10	Private foundation. If the organization	n did not check :	hov on line 12 1	6a 16h 17a or 1	7h check this has	and see	<b>F</b> L		
TΩ	Trivate roundation, if the organization	ii ala not check e	* 20V OIL IIIIE TO, T	ou, 100, 1/a, 01 1	. , D, CHECK HIIS DU)	, unu see			

Section A. Public Support

Part III

	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	<b>(,</b>	<b>(-,</b>	(-7	(,	(-,	
1	Gifts, grants, contributions, and membership fees received (Do not	396,825	509,888	333,018	1,081,587	34,156,266	36,477,584
2	include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	28,884,431	30,239,986	30,349,675	31,692,690	396,893	121,563,675
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	29,281,256	30,749,874	30,682,693	32,774,277	34,553,159	158,041,259
7a	3 received from disqualified persons	45,000	105,000	5,428	235,000		390,428
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
С	Add lines 7a and 7b	45,000	105,000	5,428	235,000		390,428
8	<b>Public support.</b> (Subtract line 7c from line 6 )						157,650,831
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	29,281,256	30,749,874	30,682,693	32,774,277	34,553,159	158,041,259
10a	Gross income from interest,						

483,474

483,474

411,862

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

31,645,210

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

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

the organization fails to qualify under the tests listed below, please complete Part II.)

dividends, payments received on	
securities loans, rents, royalties	489,499
and income from similar sources	

Unrelated business taxable income (less section 511 taxes) from

business activities not included in line 10b, whether or not the business is regularly carried on

Other income Do not include gain or loss from the sale of capital

Add lines 10a and 10b

Net income from unrelated

assets (Explain in Part VI) Total support. (Add lines 9, 10c,

check this box and stop here

11, and 12)

С

11

12

14

15

16

20

(less section 511 taxes) from		
businesses acquired after June 30,		
1975		
Add lines 10a and 10b	489 499	

244,877

30,015,632

Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))

Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) 17

Public support percentage from 2017 Schedule A, Part III, line 15

Section C. Computation of Public Support Percentage

- Investment income percentage from 2017 Schedule A, Part III, line 17 18 19a 331/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

534,974

534,974

747,970

31,965,637

555,053

555,053

206,285

33,535,615

769,054

769,054

176,352

35,498,565

2,832,054

2,832,054

1,787,346

162,660,659

96 920 %

96 950 %

▶□

18

15

16

- 1 740 %
- 17 1 510 %
- more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests—2017. 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 ightharpoons
    - Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 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 Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4b supervised by or in connection with its supported organizations

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)? 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 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) 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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 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 Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	Page 5				
Pa	rt IV Supporting Organizations (continued)							
			Yes	No				
11	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	<b>b</b> A family member of a person described in (a) above?							
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	<b>11</b> c						
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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1						
	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103					
		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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)							
		2						
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 <b>Part VI</b> the role the organization's supported organizations played in this regard								
S	ection E. Type III Functionally-Integrated Supporting Organizations		l					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)						
	The organization satisfied the Activities Test Complete line 2 below	•						
	b							
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	mstru	ctions)					
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 <b>Part VI identify those supported organizations and explain</b> 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>b</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 <b>Part VI</b> 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	Parent of Supported Organizations Answer (a) and (b) below.	2~						
	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? <i>Provide details in Part VI</i> .	3a						
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	36						

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III 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						
a	Average monthly value of securities	1a						
b	Average monthly cash balances	<b>1</b> b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	<b>Discount</b> 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	З						
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			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
				1				

4

Schedule A (Form 990 or 990-F7) 2018

Enter greater of line 2 or line 3

Schedule A (Form 990 or 990-EZ) (2018)

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

Schedule A (	chedule A (Form 990 or 990-EZ) 2018 Page <b>8</b>								
Part VI	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								
990 Sche	990 Schedule A, Supplemental Information								
Ret	Return Reference Explanation								
	Schedule A, Part III, Line 12, Explanation of Other Income  Other Income from Related Activity								

SCHEDULE C

# Political Campaign and Lobbying Activities

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493230018000

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** PATHSTONE CORPORATION 16-0984913 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2 5 For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018 Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

Page 2

A	Check   If the filing organization belongs texpenses, and share of excess lob			: in Part IV each a	ffiliated gr	oup men	nber's name,	address, EIN,
3	Check  if the filing organization checked			rovisions apply			Filing	(b) Affiliated
	Limits on Lobby (The term "expenditures" me			rred.)			ization's otals	group totals
La	Total lobbying expenditures to influence public of			0				
b	Total lobbying expenditures to influence a legisl	ative body (dire	ect lobbying)				0	
c	Total lobbying expenditures (add lines 1a and 1	b)			[		0	
d	Other exempt purpose expenditures						0	
e	Total exempt purpose expenditures (add lines 1	.c and 1d)			Į		0	
f	Lobbying nontaxable amount Enter the amount columns	t from the follow	wing table in b	oth			0	
	If the amount on line 1e, column (a) or (b)	) is: The lobb	ying nontaxa	ble amount is:				
	Not over \$500,000	20% of the	e amount on line	1e				
	Over \$500,000 but not over \$1,000,000	\$100,000 p	plus 15% of the e	excess over \$500,000	o			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 p	plus 10% of the	excess over \$1,000,0	000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 p	plus 5% of the ex	cess over \$1,500,00				
	Over \$17,000,000	\$1,000,000	0					
_	If there is an amount other than zero on either section 4911 tax for this year?  4-Yea (Some organizations that mad columns below. S	nr Averaging le a section	Period Und	der section 50	1(h) ive to co	omplete	e all of the	☐ Yes ☐ No
		<u> </u>					· <b>,</b>	
	Lobbying	Expenditure	s During 4-	Year Averagin	ig Period	<u></u>		
	Calendar year (or fiscal year beginning in)		(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 20	17	(d) 2018	(e) Total
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
С	Total lobbying expenditures							
d	Grassroots nontaxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							

activity

Volunteers?

Part IV

Return Reference

1

(b)

Amount

(a)

No

Yes

### Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

5

**SCHEDULE D** 

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

**Supplemental Financial Statements** 

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

Open to Public

DLN: 93493230018000 OMB No 1545-0047

Cat No 52283D Schedule D (Form 990) 2018

Department of the Treasury

(Form 990)

► Attach to Form 990.

		ov/ronnago	· 	пізре	
	me of the organization THSTONE CORPORATION		Employer ide	itification nu	mber
			16-0984913		
Pa	Organizations Maintaining Donor Advis		or Accounts.		
	Complete If the organization answered "Ye	(a) Donor advised funds	(b)Funds	and other acco	nunte
	Total number at end of year	(a) Donor advised runds	(b) unus	and other acco	Julics
	Aggregate value of contributions to (during year)				
	Aggregate value of grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex	rs in writing that the assets held in donor a clusive legal control?	dvised funds are t		es 🗌 No
	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	nor advisors in writing that grant funds can or donor advisor, or for any other purpose	n be used only for conferring imperm		es 🗆 No
Pa l	rt II Conservation Easements. Complete if th	e organization answered "Yes" on For	m 990, Part IV,		<u> </u>
	Purpose(s) of conservation easements held by the organ		· · · · · · · · · · · · · · · · · · ·		
	Preservation of land for public use (e g , recreation	or education) Preservation of ar	n historically impoi	rtant land area	1
	Protection of natural habitat		certified historic s		•
		Preservation of a	certified filstoffe's	ucture	
	☐ Preservation of open space				
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the fo		on the End of th	a Vear
а	Total number of conservation easements		2a	the Lilu of th	ie rear
b	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified historic	c structure included in (a)	2c		
d	Number of conservation easements included in (c) acqui	` '	2d		
	structure listed in the National Register				
	Number of conservation easements modified, transferre tax year •	d, released, extinguished, or terminated by	the organization (	during the	
	Number of states where property subject to conservatio	n easement is located <b>&gt;</b>			
	Does the organization have a written policy regarding th	ne periodic monitoring, inspection, handling	of violations.		
	and enforcement of the conservation easements it holds		,	☐ Yes ☐	No
,	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing c	conservation easer	nents during th	he year
,	Amount of expenses incurred in monitoring, inspecting,	handling of violations, and enforcing consei	rvation easements	during the ve	ar
	<b>▶</b> \$	, ,		,	
;	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(II)$ ?	above satisfy the requirements of section 1	L70(h)(4)(B)(ı)	☐ Yes ☐	] No
	In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the			nd	
	the organization's accounting for conservation easement				
ar	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Ye		ner Similar Ass	ets.	
a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in			s of
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items	6 (ASC 958), to report in its revenue stater			
(	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$		
	ii)Assets included in Form 990, Part X		· <u></u>		
:	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1	· · · · · · · · · · · · · · · · · · ·			
а	Revenue included on Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	<b>▶</b> \$		
b	Assets included in Form 990, Part X		· · <u>· · </u> <b>▶</b> \$		
_		F +			

Par	1111	Organizations M	aintaining Col	lections o	of Art, Hi	istori	cal Tı	reasu	ires, or	Other	Similar A	ssets (d	continue	ed)	
3		g the organization's acq s (check all that apply)	uisition, accessioi	n, and other	r records, o	check a	any of	the fo	llowing tl	nat are a	significant i	use of its	collect	ion	
а		Public exhibition				d		Loan	or excha	nge prog	ırams				
b		Scholarly research				е		Othe	r						
c		Preservation for future	e generations												
4	Provi Part :	de a description of the XIII	organization's col	lections and	d explain h	ow the	y furth	ner the	e organız	ation's ex	kempt purpo	se in			
5		ng the year, did the org s to be sold to raise fur									ıılar	☐ Ye	s [	□No	
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			" on Forn	n 990	, Part	IV, lı	ne 9, or	reporte	ed an amou	unt on F	orm 9	90, P	art
1a		e organization an agent ded on Form 990, Part :		an or other	ıntermedia	ary for	contril	bution	s or othe	r assets I	not	☐ Ye	s [	□No	
ь	If "Ye	es," explain the arrange	ement ın Part XIII	and comple	ete the foll	owing	table		[		Α	mount			
c	Begir	nning balance								1c					
d	Addıt	ons during the year								1d					
е	Dıstrı	butions during the year	r						L	1e					
f	Endır	ng balance							L	1f					
2a	Did tl	he organization include	an amount on Fo	rm 990, Pa	rt X, line 2	1, for	escrow	or cu	istodial a	ccount lia	ability?	☐ Ye	s [	□No	
b	If "Y∈	es," explain the arrange	ement in Part XIII	Check her	e if the exp	planatı	on has	been	provided	l in Part )	ΧΙΙΙ				
Pa	rt V	Endowment Fun													
				(a)Currer	nt year	19 <b>(d)</b>	or yea	r	(c)Two ye	ars back	(d)Three ye	ars back	(e)Four	years	back
<b>1</b> a	Beginn	ning of year balance .													
b	Contrib	butions													
С	Net inv	vestment earnings, gair	ns, and losses												
d	Grants	or scholarships	•												
е		expenditures for faciliting	es												
f	Admın	istrative expenses .													
g	End of	year balance													
2	Provi	de the estimated perce	ntage of the curre	ent year end	d balance (	line 1g	g, colu	mn (a)	)) held as	5					
а	Board	d designated or quasi-e	ndowment 🟲												
b	Perm	anent endowment 🟲													
С	Temp	porarily restricted endo	wment 🟲												
	The p	percentages on lines 2a	, 2b, and 2c shou	ld equal 10	0%										
3a		here endowment funds	not in the posses	sion of the	organizatio	on that	are h	eld an	d admini	stered fo	r the			, I .	N -
	-	nization by nrelated organizations				_	_	_	_			3.	a(i)	'es	No_
		elated organizations		•				•					(ii)	$\dashv$	
Ь		es" on 3a(II), are the re		ıs lısted as ı	required or	n Sche	dule R	?					3b	$\dashv$	
4		ribe in Part XIII the inte													
Pa	rt VI														
	Da	Complete if the or	ganization answ											value	
	Descr	iption of property	(a) Cost or oth (investme		(b) Cost o	n otner	uasis (	ouier)	(C) Acci	amulated o	lepreciation	(	<b>d)</b> Book	value	
1a	Land						Ġ	98,150							98,150
Ь	Buildin	ngs					3,52	21,789			1,645,098			1,8	76,691
c	Leaseh	nold improvements													
d	Equipn	ment					94	46,658			365,556			5	81,102

334,916

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

334,916

2,890,859

Part VII Investments—Other Securities. Complete if	the organization	n answe	red "Ves" on Form C	Page 3
See Form 990, Part X, line 12.	The organization			
<ul><li>(a) Description of security or category (including name of security)</li></ul>		<b>(b)</b> Book value		nod of valuation of-year market value
(1) Financial derivatives		value		
(2) Closely-held equity interests	[			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )  Part VIII Investments—Program Related.	•			
Complete if the organization answered 'Yes' or				
(a) Description of investment	(b) Book val	ue		nod of valuation of-year market value
(1)Investment in Subsidiary (2)	3,3	52,462		С
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answer		52,462 990, Part	IV, line 11d See Form	ı 990, Part X, lıne 15
(1) (a) Descript	tion			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities. Complete if the organization	a answered 'Vec		a 990 Part IV June	. •
See Form 990, Part X, line 25.	Tallsweled les			Tie or iii.
(a) Description of liability     (1) Federal income taxes		<b>(b)</b> Boo	k value	
Notes payable to related parties			456,368	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>		456,368	
2. Liability for uncertain tax positions In Part XIII, provide the text	t of the footnote t		nızatıon's fınancıal sta	_
organization's liability for uncertain tax positions under FIN 48 (ASC	C 740) Check her	e if the te	xt of the footnote has	been provided in Part XIII 📙

2 Amounts included on line 1 but not on Form 990. Part VIII. line 12 Net unrealized gains (losses) on investments . . . . 2a

4a

4b

2a

2b

2c 2d

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2h 715.150 h 2c

2d

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

3 

Amounts included on Form 990, Part VIII, line 12, but not on line 1 4

Schedule D (Form 990) 2018

Part XI

4

b

5

Part XIII

Investment expenses not included on Form 990, Part VIII, line 7b . 

Add lines 4a and 4b .

5

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

а

3

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . . 

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Page 4

36,213,715

715,150

35,498,565

35,498,565

37,173,807

715,150

36,458,657

36,458,657

2e 3

4c

1

2e 3

4c

5

715.150

Schedule D (Fo	orm 990) 2018	Page <b>5</b>	
Part XIII	Supplemental Info	rmation <i>(continued)</i>	
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2018

DLN: 93493230018000 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. **Open to Public** ► Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number PATHSTONE CORPORATION 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 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Part III can be duplicated if additional space is needed

Explanation

Schedule I (Form 990) 2018

(2) Supportive Services

(3) Weatherization

(3)

(4)

(5)

(6)

(7)

Part IV Return Reference

Part I, Line 2

(1) Training

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

2061

289

effectiveness of staff and utilization of resources

recipients FMV, appraisal, other) 1,727,258 FMV Skills and job training leading to unsubsidized placement in the labor market Training includes Work Experience Training, ESL and GED training, classroom

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

1,571,126 FMV

779,180 FMV

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

retention

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 Weatherization services includes assessment, repairs and upgrades to residences of program eligible sealing, door and window replacement, roofing repairs, attic and wall insulation, installation of

(f) Description of noncash assistance

training, Occupational Skills training, On-the-job training, Occupational Safety training, Health and Safety training, Pesticide awareness training

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

clients This is in the form of testing, caulking and efficient furnaces, hot water tanks and appliances

Page **2** 

Schedule I (Form 990) 2018

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed Data	1 -	DLN: 934	9323	30018	000
Sch	edule J	Compensati	on Information	ОМ	IB No	1545-0	0047
(For	n 990)	For certain Officers, Directors, Tr	rustees, Key Employees, and Hig	hest			
		Compensate  ► Complete if the organization answe	ted Employees ered "Yes" on Form 990, Part IV	. line 23.	20	18	₹
		► Attach	to Form 990.				
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/Form990</u> for i	instructions and the latest inforr	nation.		to Pul ectio	
	ne of the organiza			Employer identificat			
PAI	HSTONE CORPORAT	ON		16-0984913			
Pa	rt I Questi	ons Regarding Compensation					
						Yes	No
1a		piate box(es) if the organization provided any of ection A, line 1a Complete Part III to provide any					
			Housing allowance or residence for				
		· —	Payments for business use of perso				
		· · · · · · · · · · · · · · · · · · ·	Health or social club dues or initiation				
	☐ Discretion	ary spending account	Personal services (e g , maid, chauf	reur, cner)			
b		tes in line 1a are checked, did the organization fo Il of the expenses described above? If "No," comp		nent or reimbursement	<b>1</b> b		
2		tion require substantiation prior to reimbursing o es, officers, including the CEO/Executive Director,		. 1?	2		
	directors, truste	es, officers, including the CEO/Executive Director	, regarding the items checked in line	e la?			
3		f any, of the following the filing organization used		ne			
	_	EO/Executive Director Check all that apply Do no d organization to establish compensation of the C	,	n Part III			
	✓ Compensa	h	Months and a second asset as a few and				
			Written employment contract Compensation survey or study				
		'	Approval by the board or compensa	tion committee			
		-					
4	During the year, related organiza	did any person listed on Form 990, Part VII, Sec tion	tion A, line 1a, with respect to the f	iling organization or a			
а	_	ance payment or change-of-control payment?			4a		No
b		receive payment from, a supplemental nonqualif	fied retirement plan?		4b		No
С	•	receive payment from, an equity-based compen	· ·		4c		No
	If "Yes" to any o	f lines 4a-c, list the persons and provide the appl	licable amounts for each item in Part	: III			
	- 1/ \/-						
5		), <b>501(c)(4), and 501(c)(29) organizations r</b> d on Form 990, Part VII, Section A, line 1a, did tl	-				
5		ontingent on the revenues of	ne organization pay or accrue any				
а	The organization	17			5a		No
b	Any related orga	inization?			5b		No
	If "Yes," on line	5a or 5b, describe in Part III					
6		d on Form 990, Part VII, Section A, line 1a, did ti ontingent on the net earnings of	he organization pay or accrue any				
а	The organization	17			6a		No
b	Any related orga				6b		No
	•	6a or 6b, describe in Part III					
7		d on Form 990, Part VII, Section A, line 1a, did t escribed in lines 5 and 6? If "Yes," describe in Par		d	7		No
8		nts reported on Form 990, Part VII, paid or accure itial contract exception described in Regulations s		escribe	_		
9	If "Yes" on line 8	$eta_i$ , did the organization also follow the rebuttable $\mathfrak p$	presumption procedure described in	Regulations section	8		No
Eau I	53 4958-6(c)?	ction Act Notice, see the Instructions for Fo	rm 990 Cat No 5	50053T Schedule 1	9 /Earn	. 000)	2018

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII **Note.** The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of the sum of columns (B)(I)-(III) for each listed individual must equal the total amount of the sum of columns (B)(I)-(III) for each listed individual must equal the total amount of the sum of columns (B)(I)-(III) for each listed individual must equal the total amount of the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each listed individual must equal the sum of columns (B)(I)-(III) for each l

Note. The sum of column	s (B)	(ı)-(ııı) for each listed inc	dividual must equal the to	tal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)	and (E) amounts for tha	t ındıvıdual
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	( <b>E)</b> Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 Kevin Ryck Chief Financial Officer	(i)	178,600	0	0	8,941	8,412	195,953	0
(through 1/1	(ii)	0	0	0	0	0	0	0
2 Stuart Mitchell President and CEO	(i)	202,217	0	0	10,123	0	212,340	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> Alexander D Castro Chief Operating Officer	(i)	153,538	0	0	7,686	0	161,224	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> Jeffrey Lewis SR VP of Direct Services	(i)	163,309	0	0	8,165	2,650	174,124	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> Kathryn Bryan Sr VP Property Management	(i)	153,608	0	0	7,689	7,020	168,317	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> Leslie W Kernan Jr General Counsel & Chief	(i)	150,732	0	0	7,546	18,032	176,310	0
Legal Office	(ii)	0	0	0	0	0	0	0
<b>7</b> Nita D'Agostino Sr VP of Direct Services	(i)	160,815	0	0	8,041	500	169,356	0
	(ii)	0	0	0	0	0	0	0
							Schedule	g J (Form 990) 2018

Schedule J (Form 990) 2018 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

Schedule J (Form 990) 2018

efile GRAPHIC	print - DO NOT PROCESS	As Filed Data -	Ε	DLN: 93493230018000					
SCHEDULE ( (Form 990 or 990 EZ) Department of the Treasu	OMB No 1545-0047  2018  Open to Public Inspection								
Namel Betharorganiz PATHSTONE CORPORAT 990 Schedule O,		on	Employer id 16-0984913	dentification number					
Return Reference		Explanation							
Form 990, Part III - Program Service Accomplishments	The Pennsylvania division of PathStone has been awarded the Pennsylvania Association of No nprofit Organizations' Standards for Excellence Seal								

Return Explanation

line 11b

Form 990,
Part VI,
Section B.

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, Iine 12c	During the new board member orientation, the policy is fully explained by the President an d 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, it hat 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.

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The wages and benefits of all top management employees are determined by the personnel com mittee of PathStone Corporation, as part of its ongoing wage comparative studies and benef it budgeting process. The process includes independent review, comparability data, and del iberation 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 July of 2018. PathStone utilizes a salary scale to determine the salary of each employee. Job descriptions are evaluated on 33 factors. The maximum number of points is 260 and the number of points corresponding to each job description determines which of 14 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 retter 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 review 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 Explanation
Reference

Form 990,
Part VI,
Section C,
Inne 19

Pathstone Corporation makes its governing documents (Bylaws and Certificate of Incorporation) available upon request 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 Explanation
Reference

Form 990,
Part VIII Statement of Revenue

As a result of new accounting standards now in place, the organization has reclassified th eir government contracts from program service revenue on line 2 to government grants (cont ributions) on line 1e

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -										DLN: 93493	230018	3000		
SCHEDULE R		Related C	rganiz	zations	and Un	relate	d Partn	ership	s			OMB No		47		
(Form 990)	▶ 0	Complete if the organ	ization ar	swered "Yes ▶ Attach to			t IV, line 33	, 34, 35b,	, 36, or	37.		2018				
Department of the Treasury Internal Revenue Service		► Go to <u>www</u>	ı.irs.gov/				e latest info	ormation.					o Public	С		
Name of the organization PATHSTONE CORPORATION									Emp	loyer identif	icatior	number				
									16-0	984913						
Part I Identification	of Disregarded E	ntities Complete if	he organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 3	3.							
(a) Name, address, and EIN (ıf applicable) of disregarded entity			(b) Primary a		Legal dom	c) nicile (state n country)	(d) Total inc	ome	( <b>e)</b> End-of-year as	ssets	<b>(</b> ) Direct co ent	ntrolling				
Part II Identification of related tax-exen	of Related Tax-Exampt organizations di		<b>s</b> Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I	/, line 34 be	cause	ıt had one or	more			
See Additional Data Table			1		1 .		1	. 1			1	460	1 .			
Name, address, and	(a) d EIN of related organızatı	on	Prim	(b) ary activity	ry activity (c) Legal domic or foreign o		nicile (state   Exempt Cod			(e) Public charity status if section 501(c)(3))		(f) rect controlling entity	Section (13) coi enti			
													Yes	No		
For Paperwork Reduction Ac	A N. A All . Too					it No 5013	<u> </u>					edule R (Form	200) 20			

Schedule R (Form 990) 2018 Page 2 Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. See Additional Data Table (e) (f) (g)
Predominant income(related, total income end-of-year (i) Code V-UBI **(b)** Primary (c) (d) Direct (j) General or (k) Percentage (a) Name, address, and EIN of (h) Disproprtionate Legal controlling related organization domicile allocations? amount in box managing ownership activity unrelated, excluded from tax under 20 of Schedule K-1 (Form 1065) entity (state assets or foreign country) sections 512-514) Yes No Yes No

														-
Part IV Identification of Related Organization because it had one or more related org	ions Taxable as a C anizations treated as	orporation of a corporation	or Trus	<b>st</b> Completust during	e if the or the tax yea	ganızatıon ar ar.	nswered "Yes'	on Fo	orm 990	, Part IV,	, line	34		
See Additional Data Table (a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(¢ Le dom (state o cour	gal ncile r foreign	Dire		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	Share	(g) of end-of- year assets	( <b>I</b> Perce owne	ntage	(13	(ı) ction 5 3) cont entity	rolled
													-	
													_	
									So	chedule R	(For	m 990	) 201	.8

Part V Transactions With Related Organizations Complete if the organization answered "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 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	П		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	 1a		No
<b>b</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	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l 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	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	 <b>1</b> p	Yes	
a Reimbursement paid by related organization(s) for expenses	<b>1</b> a	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	
О	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> 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 line, including covered relationships and transaction thresholds			
	(a) (b) (c) (d)			
	Name of related organization Transaction Amount involved Method of determining amo	ount	involve	d

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
	•								•	Schedul	e R (Form	1 99	0) 2018

chedule R (Form 990) 2018								
Part VII Supplemental Information								
Provide additional info	rmation 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							

Software ID: Software Version:

**EIN:** 16-0984913

Name: PATHSTONE CORPORATION

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

(a) (b) (c) (d) (e)

(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))	<b>(f)</b> Direct controlling entity	(g) Section 5 (b)(13) controlle entity?	) ed 
7 Prince Street	Affordable Housing	NY	501(c)(3)	Line 12a, I	PathStone Development Corporation		No
Rochester, NY 14607 20-3574586							
7 Prince Street Rochester, NY 14607 16-1386456	Affordable Housing	NY	501(c)(3)	Line 12a, I	PathStone Development Corporation	N	No
7 Prince Street Rochester, NY 14607	Affordable Housing	NY	501(c)(3)	Line 12a, I	PathStone Development Corporation	N	No
47-1383517	Affordable Housing	PA	501(c)(3)	Line 10	PathStone Corporation		— No
648 Buena Vista Drive Kennett Square, PA 19348 23-2754537	, more active modeling						
7 Prince Street Rochester, NY 14607 16-1265765	Affordable Housing	NY	501(c)(3)	Line 12a, I	PathStone Corporation	N	No
400 East Avenue Rochester, NY 14607	Affordable Housing	NY	501(c)(3)	Line 10	PathStone Corporation	N	No
16-1183242	Affordable Housing	NY	501(c)(3)	Line 12a, I	PathStone Development		
400 East Avenue Rochester, NY 14607 47-3009756					Corporation		
7 Prince Street Rochester, NY 14607 46-0839248	Affordable Housing	NY	501(c)(3)	Line 12a, I	PathStone Development Corporation	N	No
30 Millbank Street Rochester, NY 14619 16-1370403	Provide permanent housing for women and children	NY	501(c)(3)	Line 10	Sojourner House at PathStone Inc	N	No
30 Millbank Street Rochester, NY 14607 16-1170113	Provide temporary housing for women and children	NY	501(c)(3)	Line 7	PathStone Corporation	N	No
	Affordable Housing	NY	501(c)(3)	Line 12a, I	PathStone Development Corporation	N	No
400 East Avenue Rochester, NY 14607 47-1373029							
75 College Avenue Rochester, NY 14607	Home Ownership	NY	501(c)(3)	Line 12a, I	PathStone Corporation	N	No
7 Prince Street	Affordable Housing	NY	501(c)(3)	Line 12a, I	PathStone Development Corporation	N	No
Rochester, NY 14607 45-3779513	Affordable Housing	NY	501(c)(3)	Line 12a, I	PathStone Development		No
400 East Avenue Rochester, NY 14607 81-1064405					Corporation		. •
251 Joseph Ave Rochester, NY 14607	Transitional Housing	NY	501(c)(3)	Line 10	PathStone Corporation	N	No
22-2667299  400 East Avenue Rochester, NY 14607	Transitional Housing	NY	501(c)(3)	Line 10	PathStone Corporation	N	No
22-3080471							

Form 990, Schedule R, Part	III - Identification		ted Organiza	tions Taxable	as a Partner	ship	1		1	1	. 1	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropi allocat	tionate	ns? Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)		eral er aging ner?	(k) Percentage ownership
(1) Ada Rıdge Partners II LLC	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 26-2373989												
(1) Ada Rıdge Partners LP	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 16-1592991												
(2) Albion Senior Living LLC	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 26-0345950												
(3) Alliance Homes II LLC	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 56-2397229												
(4) Alturas de Castaner LP	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 20-3947099												
(5) Andrews Terrace LLC	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 20-3199493												
(6) Anthony Square LP	Affordable Housing	NY	N/A	N/A				No			No	_
7 Prince Street Rochester, NY 14607 16-1589159												
(7) Aprıl Meadows LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 16-6498924												
(8) Beechwood Apartments LLC	Affordable Housing	NY	N/A	N/A				No			No	_
400 East Avenue Rochester, NY 14607 27-3685642												
(9) Bradmar Vıllage LLC	Affordable Housing	NY	N/A	N/A				No			No	_
400 East Avenue Rochester, NY 14607 27-2288636												
(10) Breckenridge on Seneca LLC	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 30-0730121												
(11) Briarwood Place LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 16-1544146												
(12) Brower Road LLC	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 03-0485949												
(13) Canal Place LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 75-2975899												
(14) Canal View Senior Housing LLC	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 20-4440054												

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

(c) (e) (f) (g) (h) (General Control of Cont

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections	(f) Share of total Income	(g) Share of end- of-year assets	<b>(h</b> Dispropr allocat	tionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gen o Mana Parti	eral r iging	<b>(k)</b> Percentage ownership
				512-514)			Yes	No		Yes	No	
(16) Castle Street Associates LP	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 16-1311570												
(1) Cedar Creek Housing LLC	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 90-0347268												
(2) Central Place LP	Affordable Housing	NY	N/A	N/A				No			No	_
7 Prince Street Rochester, NY 14607 16-1520376												
(3) Clarkson-Seldon Square Partners LP	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 22-3607775												
(4) Clayton Heights LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 41-2124095												
(5) Clifton Commons Associates LP	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 16-1386724												
(6) Creekside Clearing LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 05-0607089												
(7) Crosman LLC	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 10-0007244												
(8) Crossman LP	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 10-0007242												
(9) Elliott's Landing LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 20-4754791												
(10) Elmgrove Place LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 06-1716252												
(11) Foster Block Associates LP	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 16-1351625												
(12) Gettysburg Scattered Sites Associates	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 25-1645782												
(13) Hale Court LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 20-4754992												
(14) Heritage Meadows Partners LP	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 16-1537986												

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

Form 990, Schedule R, Part	: III - Identificatior	1	ated Organiza 	tions Taxable	as a Partner	ship 	I		1	l /:	. 1	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropr allocat	tionate ions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r iging ner?	(k) Percentage ownership
(31) Highland Meadows Partners LLC	Affordable Housing	NY	N/A	N/A			Yes	<b>No</b> No		Yes	No	
400 East Avenue Rochester, NY 14607 13-4220309												
	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 06-1473326												
(2) Lander Street Partners III LLC	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 56-2523429												
(3) Lander Street Partners LP	Affordable Housing	NY	N/A	N/A				No			No	_
400 East Avenue Rochester, NY 14607 06-1445495												
(4) Marketview Housing LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 16-1435368												
(5) Marketview Phase II LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 16-1458119												
(6) MJ Estates II LLC	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 27-1006415												
(7) MJ Estates LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 20-8685429												
(8) Monica Homes LLC	Affordable Housing	NY	N/A	N/A				No			No	_
7 Prince Street Rochester, NY 14607 61-1592249												
(9) New Home Alliance LP	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 06-1527135												
(10) Niagara Place LP	Affordable Housing	NY	N/A	N/A				No			No	_
7 Prince Street Rochester, NY 14607 16-1478044												
(11) Olde Theatre Apartments LP	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 34-1844633												
(12) Ontario Place LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 75-2975886												
(13) PathStone Wedgepoint LLC	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 47-2752876												
(14) Portal De San German LLC	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 27-0380502												

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

Form 990, Schedule R, Part		(c)	iteu Organiza 		as a Partner:	  -	ļ ,.			l (i	) I	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	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	Dispropr	(h) Disproprtionate allocations? Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)		(j) General or Managing Partner?		(k) Percentage ownership
(46) Pinnacle Apartments LLC	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 45-5425869												
(1) Rexford Place LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 20-2201905												
(2) Salem Senior Housing LLC	Affordable Housing	NY	N/A	N/A				No			No	_
400 East Avenue Rochester, NY 14607 38-3711378												
(3) Sandy Creek Associates LP	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 16-1351950												
(4) Seldon Square II LLC	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 35-2182907												
(5) Sisson Reserve II LLC	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 38-3911384												
(6) Sisson Reserve LLC	Affordable Housing	NY	N/A	N/A				No			No	_
400 East Avenue Rochester, NY 14607 35-2430293												
(7) Stone Quarry Apartments LLC	Affordable Housing	NY	N/A	N/A				No			No	_
7 Prince Street Rochester, NY 14607 47-1372693												
(8) Stonewood Village LLC	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 26-4557007												
(9) Susan B Anthony LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 04-3812069												
(10) Thompson Building Associates LP	Affordable Housing	NY	N/A	N/A				No			No	_
400 East Avenue Rochester, NY 14607 16-1421270												
(11) Towpath III LP	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 45-3566045												
(12) Washington Park Associates LP	Affordable Housing	NY	N/A	N/A				No			No	
400 East Avenue Rochester, NY 14607 16-1299635												
(13) Westminister Place LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 16-1476222												
(14) Woodward LP	Affordable Housing	NY	N/A	N/A				No			No	
7 Prince Street Rochester, NY 14607 16-1489242												

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

(c) (d) (e) (f) (g) (lospropritionate Direct Direct Share of total Share of end-

Rochester, NY 14607 46-3601271 (1) Fullerton Lofts LP

Oxford Crossing Apartments LP

Long Pond Senior Apartments

(5) Eastman Reserve LLC

(6) Macartovin Apartments LLC

400 East Avenue Rochester, NY 14607 47-5278308 (2)

400 East Avenue Rochester, NY 14607 46-4704700 (3) Destiny at WCP LP

400 East Avenue Rochester, NY 14607 56-2623875

400 East Avenue Rochester, NY 14607 47-1416559

400 East Avenue Rochester, NY 14607 82-4590505

400 East Avenue Rochester, NY 14607 82-3579645

LLC

Affordable Housing

Affordable Housing

General Housing

Affordable Housing

Affordable Housing

Affordable Housing

NY

NY

NY

NY

NY

NY

N/A

N/A

N/A

N/A

Name, address, and EIN of related organization	Primary activity	(State or Foreign Country	Controlling Entity	income(related, unrelated, excluded from tax under sections 512-514)		Share of end- of-year assets	allocations		Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	or Managing Partner?		ownership	
							Yes	No		Yes	No		
(61) PABH Development LLC	Affordable Housing	NY	N/A	N/A				No			No		
400 East Avenue													

N/A

N/A

N/A

N/A

N/A

N/A

General

No

No

No

No

No

Νo

No

No

No

No

No

No

(k)

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (e) (f) (g) (h) (i) Legal Name, address, and EIN of Primary activity Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile entity (C corp, S corp, income ownership (b)(13)year (state or foreign or trust) assets controlled country) entity? Yes No (1) Alliance Homes II Corp N/A General Partner in L P OH No 400 East Avenue Transactions Rochester, NY 14607 56-2397228 (1) Beechwood Managing Member LLC General Partner in L P NY N/A No 400 East Avenue Transactions Rochester, NY 14607 27-4656938 (2) Crerand Commons MM Corporation General Partner in L P NY N/A No 7 Prince Street Transactions Rochester, NY 14607 81-1075426 (3) General Partner in L P NY N/A No Destiny at Wilson Commencement Park Transactions Corporation 400 East Avenue Rochester, NY 14607 42-1716011 (4) Eastman Reserve MM Corporation General Partner in L P NY N/A No 400 East Avenue Transactions Rochester, NY 14607 82-4633121 (5) Jamestown Managing Member LLC General Partner in L P NY N/A No 400 East Avenue Transactions Rochester, NY 14607 27-2288510 (6) Lehigh Managing Member LLC General Partner in L P NY N/A Nο 400 East Avenue Transactions Rochester, NY 14607 27-0212774 (7) Macartovin Apartments MM LLC General Partner in L P No NY 400 East Avenue Transactions Rochester, NY 14607 82-3579885 (8) Marketview Housing Inc NY N/A General Partner in L P No 7 Prince Street Transactions Rochester, NY 14607 16-1435367 (9) Monica Homes LTD Co-managing member NY N/A No 30 Millbank Street Rochester, NY 14619 80-0360791 (10) PathStone Breckenridge Inc General Partner in L P NY N/A Nο 7 Prince Street Transactions Rochester, NY 14607 45-4541829 (11) PathStone Long Pond Inc General Partner in L P NY N/A No 400 East Avenue Transactions Rochester, NY 14607 47-1383101 (12) PathStone Stone Quarry Inc N/A General Partner in L P NY No 400 East Avenue Transactions Rochester, NY 14607 47-1215361 (13) PathStone Wedgepoint MM Corporation General Partner in L P NY N/A No 400 East Avenue Transactions Rochester, NY 14607 47-2778399

(14) PathStone Whitehall Acres LLC

400 East Avenue

Rochester, NY 14607 47-1684629 General Partner in L P

Transactions

NY

N/A

No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (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 Section 512 Share of end-of-Percentage related organization domicile entity (C corp, S corp, income year ownership (b)(13)(state or foreign or trust) assets controlled country) entity? Yes No (16) PDC Towpath Corporation General Partner in L P NY N/A No 7 Prince Street Transactions Rochester, NY 14607 45-3667522 (1) PHEDCO Investments Inc General Partner in L P NY N/A No 400 East Avenue Transactions Rochester, NY 14607 25-1663084 (2) Pinnacle Managing Member LLC General Partner in L P NY N/A No 7 Prince Street Transactions Rochester, NE 14607 45-5430014 (3) RHAC Development Corporation General Partner in L P NY N/A No 400 East Avenue Transactions Rochester, NY 14607 16-1262619 (4) RHOC Crossman Inc General Partner in L P NY N/A No 400 East Avenue Transactions Rochester, NY 14607 27-0017600 (5) General Partner in L P NY N/A No Rural Housing Opportunities Development Corp Transactions 400 East Avenue Rochester, NY 14607 05-0575748 (6) Salem Senior Housing Corp General Partner in L P ОН N/A No 400 East Avenue Transactions Rochester, NY 14607 38-3711377 (7) San German Managing Member LLC General Partner in L P NY N/A No Transactions 400 East Avenue Rochester, NY 14607 45-3773695 (8) Sisson Reserve MM II LLC General Partner in L P NY N/A No 400 East Avenue Transactions Rochester, NY 14607 46-3135735 (9) Sisson Reserve MM LLC General Partner in L P NY N/A No 400 East Avenue Transactions Rochester, NY 14607 36-4717781 (10) Sisson Sewage Works Corporation General Partner in L P NY N/A No 400 East Avenue Transactions Rochester, NY 14607 47-2245715 General Partner in L P (11) Slater Neighborhood Inc NY N/A No 7 Prince Street Transactions Rochester, NY 14607 27-1006036 N/A (12) Stanton Meadows Corporation General Partner in L P NY No 400 East Avenue Transactions

N/A

No

NY

General Partner in L P

Transactions

Rochester, NY 14607 16-1556454

Rochester, NY 14607 30-0743446

400 East Avenue

(13) West Broadway Villas LLC