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EXTENDED TO AUGUST 16, 2021

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**THE HOUSING COUNCIL AT PATHSTONE, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

75 COLLEGE AVENUE, 4TH FLOOR

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

ROCHESTER, NY 14607**F** Name and address of principal officer: **MARY LEO****SAME AS C ABOVE****D** Employer identification number**16-0991179****E** Telephone number**585-546-3700****G** Gross receipts \$**1,733,038.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.THEHOUSINGCOUNCIL.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1971****M** State of legal domicile: **NY****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION SERVES TO INCREASE SUCCESSFUL HOME OWNERSHIP AND TENANCY EXPERIENCES FOR LOW
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 14
	4	Number of independent voting members of the governing body (Part VI, line 1b) 14
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a) 0
	6	Total number of volunteers (estimate if necessary) 13
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, line 39 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 1,305,335.
	9	Program service revenue (Part VIII, line 2g) 130,528.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,679.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,438,542.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 922,956.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 273,060.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,355,801.
19		Revenue less expenses. Subtract line 18 from line 12 82,741.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 1,102,888.
	21	Total liabilities (Part X, line 26) 276,090.
	22	Net assets or fund balances. Subtract line 21 from line 20 826,798.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	MARY LEO, PRESIDENT Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name JAMES P. SCHNELL, CPA	Preparer's signature JAMES P. SCHNELL, CP
	Date 04/28/21	Check if self-employed <input type="checkbox"/> PTIN P00513462
Firm's name	Firm's EIN ▶ 16-1092347	
	Firm's address ▶ 100 CHESTNUT STREET, SUITE 1200 ROCHESTER, NY 14604	
	Phone no. 585-423-1860	

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

932001 01-20-20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE ORGANIZATION SERVES TO INCREASE SUCCESSFUL HOME OWNERSHIP AND TENANCY EXPERIENCES FOR LOW TO MODERATE INCOME RESIDENTS OF MONROE COUNTY AND THE NEW YORK AREA. IT ALSO ADMINISTERS GRANT PROGRAMS ON BEHALF OF LOCAL MUNICIPALITIES, NEW YORK STATE AND FEDERAL PROGRAMS.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,641,432. including grants of \$ 455,387.) (Revenue \$ 95,374.)

INCREASE SUCCESSFUL HOME OWNERSHIP AND TENANCY EXPERIENCES FOR LOW AND MODERATE INCOME RESIDENTS OF MONROE COUNTY AND THE SURROUNDING AREA. ADMINISTER GRANT PROGRAMS ON BEHALF OF LOCAL MUNICIPALITIES, PROVIDE COUNSELING AND INTERVENTION SERVICES FOR TENANTS, HOME OWNERS AND THE HOMELESS. PROVIDE COMPREHENSIVE ASSISTANCE AND DIRECT TRAINING FOR LANDLORDS, MAINTAIN A HOTLINE AND PUBLISH A RENTAL REGISTRY. IN THE YEAR ENDED SEPTEMBER 30, 2020 THE ORGANIZATION ASSISTED OVER 303 HOUSEHOLDS WITH FORECLOSURE PREVENTION COUNSELING AND OTHER HOMEOWNERSHIP SERVICES. 90% OF HOUSEHOLDS COUNSELED ARE CURRENT ON THEIR MORTGAGE ONE YEAR AFTER RECEIVING FORECLOSURE PREVENTION COUNSELING. THE ORGANIZATION ALSO DISTRIBUTED PRINTED FAIR HOUSING INFORMATION TO OVER 500 HOUSEHOLDS, PROVIDED BUSINESS DEVELOPMENT

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,641,432.**

Form 990 (2019)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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	X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 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?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

Form 990 (2019)

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

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

☒

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	14			
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 on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		14		
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?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
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 on Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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	X	
b Other officers or key employees of the organization	X	
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?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **►NY**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)

19 Describe on 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 **►**

TAMMY ELKINS, CFO - 585-340-3340
400 EAST AVENUE, ROCHESTER, NY 14607

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTINE NOTHNAGLE TREASURER	2.00	X		X				0.	0.	0.
(2) MATTHEW BAIN BOARD MEMBER	2.00	X						0.	0.	0.
(3) ORLANDO ORTIZ CHAIR	2.00 2.00	X		X				0.	0.	0.
(4) JOHN DURAND VICE-CHAIR	2.00	X		X				0.	0.	0.
(5) ORLANDO RIVERA BOARD MEMBER	2.00	X						0.	0.	0.
(6) THEODORE JORDAN JR. SECRETARY	2.00	X		X				0.	0.	0.
(7) JONATHAN CHASE BOARD MEMBER	2.00	X						0.	0.	0.
(8) LESLIE Y. CURRY BOARD MEMBER	2.00	X						0.	0.	0.
(9) TINA LOOKUP BOARD MEMBER (THRU APRIL 2020)	2.00	X						0.	0.	0.
(10) MILTON PICHARDO BOARD MEMBER	2.00	X						0.	0.	0.
(11) PATRICK GALLAGHER BOARD MEMBER	2.00	X						0.	0.	0.
(12) KAYLA CARPITELLA BOARD MEMBER	2.00	X						0.	0.	0.
(13) JEFFREY COOK BOARD MEMBER	2.00	X						0.	0.	0.
(14) ERIC VANDUSEN BOARD MEMBER	2.00	X						0.	0.	0.
(15) SUSAN M. BOSS PRESIDENT (THRU JUNE 2020)	32.00 8.00			X				0.	130,475.	17,615.
(16) RUPERTO MONTERO VP OF FINANCE	1.00 40.00			X				0.	117,040.	15,799.
(17) TAMMY ELKINS CHIEF FISCAL OFFICER	35.00 5.00			X				0.	78,866.	8,253.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARY LEO PRESIDENT (AS OF JUNE 2020)	32.00 8.00			X				0.	68,436.	9,262.
1b Subtotal								0.	394,817.	50,929.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	394,817.	50,929.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	290,271.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,166,505.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	144,264.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a PREPURCHASE COUNSELING	Business Code	531390	78,116.	78,116.		
	b PROGRAM SERVICE FEES		531390	14,313.	14,313.		
	c MISCELLANEOUS		531390	2,945.	2,945.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			95,374.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,632.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real	28,392.			
			(ii) Personal				
			6b Less: rental expenses ...	28,392.			
c Rental income or (loss)		6c	0.				
d Net rental income or (loss)				0.			
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities				
			(ii) Other				
			7b Less: cost or other basis and sales expenses				
c Gain or (loss)		7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a		3,600.			
			8b Less: direct expenses	3,901.			
	c Net income or (loss) from fundraising events		-301.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		9b Less: direct expenses					
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		10b Less: cost of goods sold					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			1,700,745.	95,374.	0.	4,331.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	455,387.	455,387.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	239,747.	92,014.	147,733.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	489,199.	465,274.	23,925.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	220,297.	220,297.		
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	108.	108.		
c Accounting	11,125.	11,125.		
d 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 Sch. O.)	117,136.	117,100.	36.	
12 Advertising and promotion	7,109.	7,109.		
13 Office expenses	25,337.	21,758.	3,579.	
14 Information technology				
15 Royalties				
16 Occupancy	79,783.	79,783.		
17 Travel	9,399.	7,069.	2,330.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	2,330.	2,330.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,881.		1,881.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>EQUIPMENT</u>	12,632.	12,632.		
b <u>TRAINING</u>	1,368.	1,368.		
c <u>ALLOCATION OF INDIRECT</u>	-308.	148,078.	-148,386.	0.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,672,530.	1,641,432.	31,098.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	113,392.	1	297,073.
	2 Savings and temporary cash investments	576,903.	2	376,896.
	3 Pledges and grants receivable, net	83,334.	3	75,000.
	4 Accounts receivable, net	320,061.	4	311,970.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	453.	8	62.
	9 Prepaid expenses and deferred charges	1,348.	9	563.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 56,868.		
	b Less: accumulated depreciation	10b 44,332.	10c	12,536.
	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		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,102,888.	16	1,074,100.	
Liabilities	17 Accounts payable and accrued expenses	149,161.	17	127,366.
	18 Grants payable		18	
	19 Deferred revenue	126,929.	19	91,721.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	276,090.	26	219,087.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	725,874.	27	766,503.
	28 Net assets with donor restrictions	100,924.	28	88,510.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	826,798.	32	855,013.
	33 Total liabilities and net assets/fund balances	1,102,888.	33	1,074,100.

Form 990 (2019)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,700,745.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,672,530.
3	Revenue less expenses. Subtract line 2 from line 1	3	28,215.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	826,798.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	855,013.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
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 on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

THE HOUSING COUNCIL AT PATHSTONE, INC.

Employer identification number

16-0991179

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☒ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

1

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(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 (see instructions)
			Yes	No		
PATHSTONE CORPORATION	16-0984913	10	X		1,054,719.	0.
Total					1,054,719.	0.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2018. 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 publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 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, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		X
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b 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? <i>If "Yes," provide detail in Part VI.</i>		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		X
b A family member of a person described in (a) above?		X
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 .		X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1	X	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		X

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section 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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			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	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.)

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**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.**
▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019**Open to Public
Inspection****Name of the organization**

THE HOUSING COUNCIL AT PATHSTONE, INC.

Employer identification number

16-0991179

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

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

Schedule D (Form 990) 2019

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		26,448.	13,912.	12,536.
e Other		30,420.	30,420.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,536.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(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 answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,733,038.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	32,293.
e	Add lines 2a through 2d	2e	32,293.
3	Subtract line 2e from line 1	3	1,700,745.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,700,745.

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	Total expenses and losses per audited financial statements	1	1,704,823.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	32,293.
e	Add lines 2a through 2d	2e	32,293.
3	Subtract line 2e from line 1	3	1,672,530.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,672,530.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE COUNCIL IS A TAX-EXEMPT ORGANIZATION PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE REGULATIONS AND, ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN MADE.

THE COUNCIL FILES FORM 990 TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND ALSO FILES IN NEW YORK STATE. WITH FEW EXCEPTIONS, AS OF SEPTEMBER 30, 2020, THE COUNCIL IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS ENDED PRIOR TO SEPTEMBER 30, 2017. THE TAX RETURNS FOR THE YEARS ENDED SEPTEMBER 30, 2017 THROUGH 2020 ARE STILL SUBJECT TO POTENTIAL AUDIT BY THE IRS AND THE TAXING AUTHORITIES IN NEW YORK STATE. MANAGEMENT OF THE COUNCIL BELIEVES IT HAS NO MATERIAL

Part XIII Supplemental Information (continued)

UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECOGNIZED ANY
LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SUBLEASE RENT EXPENSE 28,392.

DIRECT FUNDRAISING EXPENSES 3,901.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 32,293.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SUBLEASE RENT EXPENSE 28,392.

DIRECT FUNDRAISING EXPENSES 3,901.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 32,293.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

THE HOUSING COUNCIL AT PATHSTONE, INC.

Employer identification number

16-0991179

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

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

Part II **Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

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

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

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE FOR RENT PAYMENTS	47	198,485.	0.		
FINANCIAL ASSISTANCE FOR CLOSING COSTS FOR FIRST TIME HOMEBUYERS-MONROE COUNTY	9	67,462.	0.		
FINANCIAL ASSISTANCE FOR MORTGAGE RELIEF PAYMENTS	67	186,040.	0.		

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

PART I, LINE 2:

FINANCIAL ASSISTANCE FOR RENT PAYMENTS:

INDIVIDUALS MAKE APPOINTMENTS WITH INTAKE PERSONNEL AT THE ORGANIZATION.

THE INTAKE PERSONNEL VERIFIES THAT THE INDIVIDUAL QUALIFIES FOR ASSISTANCE.

THE INDIVIDUAL QUALIFIES BY MEETING RESIDENCY AND INCOME REQUIREMENTS AS

WELL AS DEPARTMENT OF HUD DEFINITIONS. ONCE QUALIFIED, THE INDIVIDUAL

MEETS WITH A CASE MANAGER FROM THE ORGANIZATION. THE CASE MANAGER WILL

MEET WITH THE LANDLORD, UTILITY COMPANY OR OTHER ENTITY TO VERIFY THAT THE

INDIVIDUAL REQUESTING ASSISTANCE IS INDEBTED TO THE COMPANY AS WELL AS TO

Part IV Supplemental Information

VERIFY THE AMOUNTS DUE. ONCE APPROVED BY THE CASE MANAGER CHECKS ARE
ISSUED DIRECTLY TO THE LANDLORD OR OTHER COMPANY.

SCHEDULE I LINE 2

FINANCIAL ASSISTANCE FOR CLOSING COSTS FOR FIRST TIME HOMEBUYERS-MONROE
COUNTY:

INDIVIDUALS MAKE APPOINTMENTS WITH THE PROGRAM COORDINATOR AT THE
ORGANIZATION. THE PROGRAM COORDINATOR VERIFIES THAT THE INDIVIDUAL
QUALIFIES FOR ASSISTANCE. THE INDIVIDUAL QUALIFIES BY MEETING
RESIDENCY AND INCOME REQUIREMENTS AS WELL AS DEPARTMENT THE HUD
DEFINITION OF A FIRST TIME HOMEBUYER . ONCE QUALIFIED, THE INDIVIDUAL
MEETS WITH A HOMEOWNERSHIP COUNSELOR FROM THE ORGANIZATION. THE
HOMEOWNERSHIP COUNSELOR WILL MEET WITH THE INDIVIDUAL, REALTOR,
MORTGAGE LENDER AND SELLER TO MAKE SURE THE NEW HOME PURCHASED
QUALIFIES FOR SUBSIDY AND THE MORTGAGE MEETS THE PROGRAM'S
QUALIFICATIONS. ONCE APPROVED BY THE HOMEOWNERSHIP COUNSELOR AND THE
COUNTY EXECUTIVE, CHECKS ARE ISSUED DIRECTLY TO THE INDIVIDUAL WITH
INSTRUCTIONS TO BRING TO THEIR CLOSING ATTORNEY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

THE HOUSING COUNCIL AT PATHSTONE, INC.

Employer identification number

16-0991179

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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

[illegible]

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.

PART I, LINE 3:

RUPERTO MONTERO IS AN EMPLOYEE OF PATHSTONE, A RELATED 501(C)3. SEE
PATHSTONE'S 990 SCHEDULE J FOR FURTHER DETAIL.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

THE HOUSING COUNCIL AT PATHSTONE, INC.

Employer identification number

16-0991179

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO MODERATE INCOME RESIDENTS OF MONROE COUNTY AND THE NEW YORK AREA. IT
ALSO ADMINISTERS GRANT PROGRAMS ON BEHALF OF LOCAL MUNICIPALITIES, NEW
YORK STATE AND FEDERAL PROGRAMS. PROVIDES COUNSELING AND INTERVENTION
SERVICES FOR TENANTS, HOME OWNERS AND THE HOMELESS PROVIDES
COMPREHENSIVE ASSISTANCE AND DIRECT TRAINING FOR LANDLORDS. IN
ADDITION, THE ORGANIZATION MAINTAINS A HOTLINE, PUBLISHES A RENTAL
REGISTRY AND PROVIDES INSPECTION SERVICES FOR RENTAL PROGRAMS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDES COUNSELING AND INTERVENTION SERVICES FOR TENANTS, HOME OWNERS
AND THE HOMELESS PROVIDES COMPREHENSIVE ASSISTANCE AND DIRECT TRAINING
FOR LANDLORDS. IN ADDITION, THE ORGANIZATION MAINTAINS A HOTLINE,
PUBLISHES A RENTAL REGISTRY AND PROVIDES INSPECTION SERVICES FOR RENTAL
PROGRAMS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ASSISTANCE AND RENTAL PROPERTY MANAGEMENT SERVICES TO OVER 110
LANDLORDS, SUPPLIED EMERGENCY RENTAL ASSISTANCE TO 47 HOUSEHOLDS AT
RISK OF HOMELESSNESS AND DELIVERED FAIR HOUSING EDUCATION IN-PERSON TO
OVER 286 LOW INCOME TENANTS. A TOTAL OF 3,936 LANDLORD, TENANTS,
HOMEOWNERS AND INDIVIDUALS WITH HOUSING RELATED ISSUES RECEIVED
SERVICES THROUGH THE HOUSING HOTLINE AND 173 LANDLORD TENANT SERVICE
AGREEMENT INSPECTIONS WERE COMPLETED. THE MONROE COUNTY FIRST TIME
HOMEOWNERSHIP PROGRAM COUNSELED AND EDUCATED APPROXIMATELY 333

POTENTIAL FIRST TIME HOME BUYERS AND 106 HOUSEHOLDS CLOSED ON A HOME

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

THE HOUSING COUNCIL AT PATHSTONE, INC.

Employer identification number

16-0991179

FOR FISCAL YEAR ENDING SEPTEMBER 2020.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PROVIDED TO THE BOARD, REVIEWED FOR ACCURACY AND FILED UPON APPROVAL.

PART V, LINE 2A

APPROXIMATELY 14 EMPLOYEES OF PATHSTONE, A RELATED 501(C)3, PERFORM SERVICES FOR THE ORGANIZATION. THESE INDIVIDUALS FILL OUT TIME CARDS AND TIME IS ALLOCATED AND BILLED TO THE ORGANIZATION AT A RATE FOR THE EMPLOYEES WAGE. THE ORGANIZATION RECEIVES AN INVOICE FOR THE WAGES THAT IT USED DURING THE MONTH. THESE AMOUNTS ARE REPORTED ON THE SALARIES LINE IN THE FINANCIALS. THE ORGANIZATION DOES NOT DISTRIBUTE W-2S AS ALL EMPLOYEES ARE EMPLOYED BY PATHSTONE. 1099'S ARE SENT BY PATHSTONE, THERE ARE NO 1099S FOR THE HOUSING COUNCIL.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD MEMBERS ARE ASKED TO COMPLETE A STATEMENT AT THE FIRST MEETING OF THE YEAR STATING WHAT, IF ANY CONFLICTS OF INTEREST HAVE ARISEN.

FORM 990, PART VI, SECTION B, LINE 15:

THE HOUSING COUNCIL'S GOAL IS TO PAY EACH EMPLOYEE FAIRLY BASED UPON FINANCIAL CAPABILITY, MERIT AND, CONSISTENT WITH JOB RESPONSIBILITIES, AND COMPARABLE TO RATES BEING PAID FOR SIMILAR WORK IN THE COMMUNITY AND INDUSTRY. ALL EMPLOYEES OF THE HOUSING COUNCIL ARE PATHSTONE EMPLOYEES AND FOLLOW PATHSTONE'S POLICIES AS FOLLOWS:

PATHSTONE IS COMMITTED TO RECOGNIZING EMPLOYEES WHOSE JOB PERFORMANCE

Name of the organization

THE HOUSING COUNCIL AT PATHSTONE, INC.

Employer identification number

16-0991179

EXCEEDS ESTABLISHED EXPECTATIONS. EMPLOYEES WHO HAVE DEMONSTRATED SUPERIOR JOB PERFORMANCE AS DOCUMENTED IN THEIR ANNUAL PERFORMANCE APPRAISAL AND THROUGH COMPLETION OF ALL ITEMS ON THEIR WORK PLAN MAY BE ELIGIBLE TO RECEIVE UP TO AN ADDITIONAL 3% PERFORMANCE BASED INCREASE IN ADDITION TO THE 2% COLA FOR A TOTAL INCREASE OF BETWEEN 2% - 5%.

FORM 990, PART VI, SECTION C, LINE 19:

TO THE EXTENT PRACTICABLE, THE ORGANIZATION MAKES ACCESSIBLE TO THE PUBLIC UPON REQUEST, DOCUMENTATION PERTAINING TO ITS MISSION, CURRENT ACTIVITIES, MOST RECENT FINANCIAL REPORTS, CURRENT YEAR BUDGET AND ITS MOST RECENT INDEPENDENT AUDIT REPORT (UNLESS EXEMPT UNDER POL 87 FROM THE REFORM ACT.)

FORM 990, PART XII, LINE 2C

THE PROCESS IS CONSISTENT WITH PRIOR YEARS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

THE HOUSING COUNCIL AT PATHSTONE, INC.

Employer identification number

16-0991179

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BEECHWOOD MANAGING MEMBER, LLC - 27-4656938 400 EAST AVENUE ROCHESTER, NY 14607	AFFORDABLE HOUSING	NEW YORK			RURAL HOUSING OPPORTUNITIES DEVELOPMENT CORP.
LEHIGH MANAGING MEMBER, LLC - 27-0212774 400 EAST AVENUE ROCHESTER, NY 14607	AFFORDABLE HOUSING	NEW YORK			PATHSTONE HOUSING ACTION CORP.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ALLOWAY HOUSING DEVELOPMENT FUND CORPORATION - 20-3574586, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 12B, II	PATHSTONE DEVELOPMENT CORPORATION		X
HOUSING OPPORTUNITIES HOUSING DEVELOPMENT FUND CORPORATION - 16-1386456, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 12B, II	PATHSTONE DEVELOPMENT CORPORATION		X
LONG POND HOUSING DEVELOPMENT FUND CORPORATION - 47-1383517, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 12B, II	PATHSTONE DEVELOPMENT CORPORATION		X
PATHSTONE ALLIANCE FOR BETTER HOUSING - 23-2754537, 648 BUENA VISTA DRIVE, KENNETT SQUARE, PA 19348	AFFORDABLE HOUSING	PENNSYLVANIA	501(C)(3)	LINE 7	PATHSTONE CORPORATION		X

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

Schedule R (Form 990) 2019

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PATHSTONE CORPORATION, INC. - 16-0984913 400 EAST AVENUE ROCHESTER, NY 14607	EDUCATION, TRAINING, CHILDHOOD EDUCATION, ETC	NEW YORK	501(C)(3)	LINE 11	N/A		X
PATHSTONE DEVELOPMENT CORPORATION - 16-1265765, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 11A, I	PATHSTONE CORPORATION		X
PATHSTONE HOUSING ACTION CORPORATION - 16-1183242, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 11	PATHSTONE CORPORATION		X
PATHSTONE WEDGEPOINT HOUSING DEVELOPMENT FUND CORPORATION - 47-3009756, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 12B, II	PATHSTONE DEVELOPMENT CORPORATION		X
PINNACLE HOUSING DEVELOPMENT FUND CORP - 46-0839248, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 12B, II	PATHSTONE DEVELOPMENT CORPORATION		X
SOJOURNER DEVELOPMENT CORPORATION - 16-1370403, 30 MILLBANK STREET, ROCHESTER, NY 14619	PROVIDE PERMANENT HOUSING FOR WOMEN AND CHILDREN	NEW YORK	501(C)(3)	LINE 11	SOJOURNER HOUSE AT PATHSTONE, INC.		X
SOJOURNER HOUSE AT PATHSTONE, INC. - 16-1170113, 30 MILLBANK STREET, ROCHESTER, NY 14619	PROVIDE TEMPORARY HOUSING FOR WOMEN AND CHILDREN	NEW YORK	501(C)(3)	LINE 7	PATHSTONE CORPORATION		X
STONE QUARRY HOUSING DEVELOPMENT FUND CORPORATION - 47-1373029, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 12B, II	PATHSTONE DEVELOPMENT CORPORATION		X
TOWPATH HOUSING DEVELOPMENT FUND CORP - 45-3779513, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 12B, II	PATHSTONE HOUSING ACTION CORPORATION		X
PATHSTONE ISLAND SERVICES CORPORATION - 66-0793038, MICHELE PLAZA CALLE ACACIA 1212, , PONCE, PUERTO RICO 00716	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 12B, II	PATHSTONE CORPORATION		X
VALLE DORADO, INC. - 66-0788645 7 PRINCE STREET ROCHESTER, NY 14607	AFFORDABLE HOUSING	PUERTO RICO	501(C)(3)	LINE 12B, II	PCDCPR		X
WEST BROADWAY VILLAS HOUSING DEVELOPMENT FUND CORP - 46-1192120, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 12B, II	PATHSTONE CORPORATION		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ADA RIDGE PARTNERS II, LLC - 26-2373989, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
ADA RIDGE PARTNERS, L.P. - 16-1592991, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
ALBION SENIOR LIVING, LLC - 26-0345950, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
ALLIANCE HOMES II, LLC - 56-2397229, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ALLIANCE HOMES II, CORP. - 56-2397228 400 EAST AVENUE ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	OH	N/A	C CORP					X
BEECHWOOD MANAGING MEMBER, LLC - 27-4656938 400 EAST AVENUE ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X
JAMESTOWN MANAGING MEMBER, LLC - 27-2288510 400 EAST AVENUE ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X
LEHIGH MANAGING MEMBER, LLC - 27-0212774 400 EAST AVENUE ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X
MARKETVIEW HOUSING, INC. - 16-1435367 7 PRINCE STREET ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ALTURAS DE CASTANER, L.P. - 20-3947099, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
ANDREWS TERRACE, LLC - 20-3199493, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
ANTHONY SQUARE L.P. - 16-1589159, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
APRIL MEADOWS, L.P. - 16-6498924, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
BEECHWOOD APARTMENTS, LLC - 27-3685642, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
BRADMAR VILLAGE, LLC - 27-2288636, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
BRECKENRIDGE ON SENECA, LLC - 30-0730121, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
BRIARWOOD PLACE, L.P. - 16-1544146, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
BROWER ROAD, LLC - 03-0485949 400 EAST AVENUE ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CANAL PLACE, L.P. - 75-2975899, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
CANAL VIEW SENIOR HOUSING, LLC - 20-4440054, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
CASTLE STREET ASSOCIATES, L.P. - 16-1311570, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
CEDAR CREEK HOUSING, LLC - 90-0347268, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
CENTRAL PLACE L.P. - 16-1520376, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
CLARKSON-SELDON SQUARE PARTNERS, L.P. - 22-3607775, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
CLAYTON HEIGHTS, L.P. - 41-2124095, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
CLIFTON COMMONS ASSOCIATES, L.P. - 16-1386724, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
CREEKSIDE CLEARING, L.P. - 05-0607089, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ELLIOT'S LANDING - 20-4754791 7 PRINCE STREET ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
ELMGROVE PLACE, L.P. - 06-1716252, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
FOSTER BLOCK ASSOCIATES, L.P. - 16-1351625, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
GETTYSBURG SCATTERED SITES ASSOCIATES - 25-1645782, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
HALE COURT, L.P. - 20-4754992 7 PRINCE STREET ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
HERITAGE MEADOWS PARTNERS, L.P. - 16-1537986, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
HIGHLAND MEADOWS PARTNERS, LLC - 13-4220309, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
LANDER STREET PARTNERS II, L.P. - 06-1473326, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
LANDER STREET PARTNERS III, L.P. - 56-2523429, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LANDER STREET PARTNERS, L.P. - 06-1445495, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
MARKETVIEW HOUSING, L.P. - 16-1435368, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
MARKETVIEW PHASE II, L.P. - 16-1458119, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
MJ ESTATES II, LLC - 27-1006415, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
MJ ESTATES, L.P. - 20-8685429 7 PRINCE STREET ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
MONICA HOMES, LLC - 61-1592249, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
NEW HOME ALLIANCE, L.P. - 06-1527135, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
NIAGARA PLACE, L.P. - 16-1478044, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
OLDE THEATRE APARTMENTS, L.P. - 34-1844633, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ONTARIO PLACE, L.P. - 75-2975886, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
PATHSTONE WEDGEPOINT, LLC - 47-2752876, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
PINNACLE APARTMENTS, LLC - 45-5425869, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
PORTAL DE SAN GERMAN, LLC - 27-0380502, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
REXFORD PLACE, L.P. - 20-2201905, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
SALEM SENIOR HOUSING, LLC - 38-3711378, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
SANDY CREEK ASSOCIATES, L.P. - 16-1351950, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
SELDON SQUARE II, LLC - 35-2182907, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
SISSON RESERVE II LLC - 38-3911384, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SISSON RESERVE, LLC - 35-2430293, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
STANTON MEADOWS TOWNHOMES, L.P. - 16-1551902, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
STONE QUARRY APARTMENTS, LLC - 47-1372693, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
STONEWOOD VILLAGE, LLC - 26-4557007, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
SUSAN B. ANTHONY, L.P. - 04-3812069, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
THOMPSON BUILDING ASSOCIATES, L.P. - 16-1421270, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
TOWPATH III. L.P. - 45-3566045, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
WASHINGTON PARK ASSOCIATES, L.P. - 16-1299635, 400 EAST AVENUE, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	
WESTMINISTER PLACE, L.P. - 16-1476222, 7 PRINCE STREET, ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	N/A				X	N/A		X	

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MONICA HOMES, LTD. - 80-0360791 400 EAST AVENUE ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X
PATHSTONE BRECKENRIDGE, INC. - 45-4541829 7 PRINCE STREET ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X
PATHSTONE LONG POND, INC. - 47-1383101 400 EAST AVENUE ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X
PATHSTONE STONE QUARRY, INC. - 47-1215361 400 EAST AVENUE ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X
PATHSTONE WEDGEPOINT MM CORPORATION - 47-2778399, 400 EAST AVENUE, ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X
PDC TOWPATH CORPORATION - 45-3667522 7 PRINCE STREET ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X
PHEDCO INVESTMENTS INC. - 25-1663084 400 EAST AVENUE ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X
PINNACLE MANAGING MEMBER, LLC - 45-5430014 7 PRINCE STREET ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X
RHAC DEVELOPMENT CORPORATION - 16-1262619 400 EAST AVENUE ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X
RHOC CROSSMAN, INC. - 27-0017600 400 EAST AVENUE ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X
RURAL HOUSING OPPORTUNITIES DEVELOPMENT CORP. - 05-0575748, 400 EAST AVENUE, ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X
SALEM SENIOR HOUSING CORP. - 30-0308905 400 EAST AVENUE ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	OH	N/A	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SAN GERMAN MANAGING MEMBER, LLC - 45-3773695 400 EAST AVENUE ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X
SISSON RESERVE MM II LLC - 46-3135735 400 EAST AVENUE ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X
SISSON RESERVE MM LLC - 36-4717781 400 EAST AVENUE ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X
SISSON SEWAGE WORKS CORPORATION - 47-2245715 400 EAST AVENUE ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X
SLATER NEIGHBORHOOD, INC. - 27-1006036 7 PRINCE STREET ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X
STANTON MEADOWS CORPORATION - 16-1556454 400 EAST AVENUE ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X
WEST BROADWAY VILLAS, LLC - 30-0743446 400 EAST AVENUE ROCHESTER, NY 14607	AFFORDABLE HOUSING	NY	N/A	C CORP					X
EASTMAN RESERVE MM CORPORATION - 82-4633121 400 EAST AVENUE ROCHESTER, NY 14607	PDC PROJECT ENTITY FOR EASTMAN RESERVE	NY	N/A	C CORP					X
SLM APARTMENTS MM LLC - 84-4305855 400 EAST AVENUE ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X
MACARTOVIN APARTMENTS MM LLC - 82-3579885 400 EAST AVENUE ROCHESTER, NY 14607	GENERAL PARTNER IN L.P. TRANSACTIONS	NY	N/A	C CORP					X

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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PATHSTONE CORPORATION	L	103,809.	FMV
(2) PATHSTONE CORPORATION	O	950,910.	FMV
(3)			
(4)			
(5)			
(6)			

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

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

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.