

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 04-01-2018, and ending 03-31-2019

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
UNITED WAY OF GREATER ROCHESTER INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
75 COLLEGE AVENUE

City or town, state or province, country, and ZIP or foreign postal code
ROCHESTER, NY 14607

D Employer identification number
16-1015782

E Telephone number
(585) 242-6400

G Gross receipts \$ 46,324,711

F Name and address of principal officer
JAIME SAUNDERS
75 COLLEGE AVENUE
ROCHESTER, NY 14607

H(a) Is this a group return for 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 UWROCHESTER ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1918

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
UNITED WAY OF GREATER ROCHESTER'S MISSION IS TO UNITE THE GOOD WILL AND RESOURCES OF THE GREATER ROCHESTER COMMUNITY SO THAT EVERYONE CAN THRIVE UNITED WAY ADDRESSES CRITICAL CHALLENGES BY CONNECTING LOCAL PEOPLE WITH EVIDENCE-BASED PROGRAMS, STRATEGIC FUNDING INVESTMENTS, COMMUNITY INITIATIVES, VOLUNTEER SUPPORT AND COMMUNITY LEADERSHIP TO DIRECT RESOURCES AND SOLVE PROBLEMS UNITED WAY IS A FOUR-STAR RATED CHARITY NAVIGATOR CHARITY AND A BETTER BUSINESS BUREAU ACCREDITED CHARITY EVERY YEAR UNITED WAY DONORS MAKE IT POSSIBLE FOR THOUSANDS OF LOCAL PEOPLE TO GET THE SUPPORT THEY NEED EVERY DONATION GOES TO HELP PEOPLE RIGHT HERE IN THE GREATER ROCHESTER COMMUNITY

2 Check this box 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)	32
4 Number of independent voting members of the governing body (Part VI, line 1b)	31
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	101
6 Total number of volunteers (estimate if necessary)	1,658
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	4,069

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	27,021,803	26,062,970
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,069,463	5,998,692
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,667	1,039,659
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,104,933	33,101,321

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,210,683	25,443,900
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,918,164	6,251,990
16a Professional fundraising fees (Part IX, column (A), line 11e)	124,500	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,194,946		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,390,315	3,722,169
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	34,643,662	35,418,059
19 Revenue less expenses Subtract line 18 from line 12	6,461,271	-2,316,738

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	154,812,538	149,868,507
21 Total liabilities (Part X, line 26)	12,655,242	12,641,494
22 Net assets or fund balances Subtract line 21 from line 20	142,157,296	137,227,013

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: [Signature] Date: 2019-10-24

JAIME SAUNDERS PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: [Name] Preparer's signature: [Signature] Date: [Date]

Check if self-employed PTIN P01378272

Firm's name ▶ BONADIO & CO LLP Firm's EIN ▶ 16-1131146

Firm's address ▶ 171 SULLYS TRAIL Phone no (585) 381-1000
PITTSFORD, NY 14534

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

UNITED WAY OF GREATER ROCHESTER'S MISSION IS TO UNITE THE GOOD WILL AND RESOURCES OF THE GREATER ROCHESTER COMMUNITY SO THAT EVERYONE CAN THRIVE UNITED WAY ADDRESSES CRITICAL CHALLENGES BY CONNECTING LOCAL PEOPLE WITH EVIDENCE-BASED PROGRAMS, STRATEGIC FUNDING INVESTMENTS, COMMUNITY INITIATIVES, VOLUNTEER SUPPORT AND COMMUNITY LEADERSHIP TO DIRECT RESOURCES AND SOLVE PROBLEMS UNITED WAY IS GOVERNED BY A VOLUNTEER BOARD OF DIRECTORS AND CARRIES OUT ITS PURPOSE THROUGH VARIOUS 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 \$ 19,809,294 including grants of \$ 19,809,294) (Revenue \$)

See Additional Data

4b (Code) (Expenses \$ 3,253,271 including grants of \$ 0) (Revenue \$)

See Additional Data

4c (Code) (Expenses \$ 556,514 including grants of \$ 499,948) (Revenue \$)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 5,967,034 including grants of \$ 5,134,658) (Revenue \$)

4e Total program service expenses ▶ 29,586,113

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Contains 22 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Line Number, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 []

Table with 3 columns: Question/Line Number, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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	101		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		Yes	
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			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
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			No
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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
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			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds.					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
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?					
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? Note. See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in 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			No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	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? If "Yes," see instructions and file Form 4720, Schedule N	15			No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16			No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (32); 1b Enter the number of voting members included in line 1a, above, who are independent (31); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b 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? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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

Table with 3 columns: Question, Yes, No. Rows include: 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: JENNIFER GAFFEY-LINK CONTROLLER, 75 COLLEGE AVENUE, ROCHESTER, NY 14607 (585) 242-6424.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
See Additional Data Table										

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 dotted 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			
See Additional Data Table										

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	801,228	0	125,193

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 ▶ **5**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, and 1g Noncash contributions.

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include 2a through 2f and a 9Total row.

Main revenue table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-d Rental income, 7a-d Net gain from sales of assets, 8a-c Net income from fundraising events, 9a-c Net income from gaming activities, 10a-c Net income from sales of inventory, 11a-e Other Revenue, and 12 Total revenue.

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	25,443,900	25,443,900		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	618,339	197,706	167,523	253,110
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	3,905,218	1,777,283	831,524	1,296,411
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	274,789	123,104	59,701	91,984
9 Other employee benefits	1,131,926	477,623	267,664	386,639
10 Payroll taxes	321,718	146,120	67,563	108,035
11 Fees for services (non-employees)				
a Management				
b Legal	25,317	6,564	12,844	5,909
c Accounting	47,144	6,844	40,300	
d Lobbying	20,933	20,933		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	631,178	34,335	594,486	2,357
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	983,999	591,508	138,879	253,612
12 Advertising and promotion	291,022	59,133	2,122	229,767
13 Office expenses	244,477	112,545	45,487	86,445
14 Information technology	279,534	134,066	59,061	86,407
15 Royalties				
16 Occupancy	256,815	107,998	57,103	91,714
17 Travel	48,315	19,462	5,002	23,851
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	240,760	93,126	26,613	121,021
20 Interest	269	86	35	148
21 Payments to affiliates	323,444	152,600	67,970	102,874
22 Depreciation, depletion, and amortization	39,515	15,806	9,879	13,830
23 Insurance	70,912	28,365	17,728	24,819
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRIBUTION TO HOLDING	149,714		149,714	
b DUES AND SUBSCRIPTIONS	30,371	11,577	8,051	10,743
c MAINTENANCE AND REPAIRS	91	36	23	32
d				
e All other expenses	38,359	25,393	7,728	5,238
25 Total functional expenses. Add lines 1 through 24e	35,418,059	29,586,113	2,637,000	3,194,946
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	123,315	1	233,918
	2 Savings and temporary cash investments	6,492,941	2	7,551,471
	3 Pledges and grants receivable, net	7,838,187	3	7,183,798
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 730,387		
	b Less accumulated depreciation	10b 569,644	131,041	10c 160,743
	11 Investments—publicly traded securities	126,576,428	11	120,966,286
	12 Investments—other securities See Part IV, line 11	7,961,109	12	9,397,388
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	5,689,517	15	4,374,903
16 Total assets. Add lines 1 through 15 (must equal line 34)	154,812,538	16	149,868,507	
Liabilities	17 Accounts payable and accrued expenses	5,841,857	17	6,984,066
	18 Grants payable	6,475,315	18	5,441,625
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	111,813	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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	226,257	25	215,803
	26 Total liabilities. Add lines 17 through 25	12,655,242	26	12,641,494
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	67,481,874	27	65,847,247
	28 Temporarily restricted net assets	40,280,913	28	36,988,792
	29 Permanently restricted net assets	34,394,509	29	34,390,974
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	142,157,296	33	137,227,013	
34 Total liabilities and net assets/fund balances	154,812,538	34	149,868,507	

Part XI Reconciliation of Net Assets

Check 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	33,101,321
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,418,059
3	Revenue less expenses Subtract line 2 from line 1	3	-2,316,738
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	142,157,296
5	Net unrealized gains (losses) on investments	5	-3,137,920
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	524,375
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	137,227,013

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 in Schedule O
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 16-1015782

Name: UNITED WAY OF GREATER ROCHESTER INC

Form 990 (2018)

Form 990, Part III, Line 4a:

COMMUNITY IMPACT THROUGH ITS ANNUAL WORKPLACE CAMPAIGN EFFORTS, UNITED WAY INVESTS DONOR DOLLARS IN THE COMMUNITY BY UTILIZING A NETWORK OF COMMUNITY VOLUNTEERS WHO, IN COORDINATION WITH TRAINED STAFF, DETERMINE HOW TO INVEST DOLLARS IN THE MOST EFFICIENT AND EFFECTIVE MANNER POSSIBLE TO ENSURE STRONG LONG-TERM RESULTS FOR OUR ENTIRE COMMUNITY THESE DOLLARS ARE INVESTED WHERE THEY WILL MAKE A MEASURABLE IMPACT ON THE COMMUNITY BY FUNDING PROGRAMS, ENGAGING IN STRATEGIC COMMUNITY PARTNERSHIPS, MOBILIZING VOLUNTEERS AND ADVANCING ADVOCACY EFFORTS IN SUPPORT OF DECLARED STRATEGIES TO HELP ACROSS A PERSON'S LIFESPAN UNITED WAY OF GREATER ROCHESTER ALSO ALLOWS DONORS TO DIRECT THEIR CAMPAIGN PLEDGES TO ELIGIBLE HEALTH AND HUMAN SERVICE ORGANIZATIONS

Form 990, Part III, Line 4b:

COMMUNITY IMPACT AND SERVICES COMMUNITY IMPACT EXPENSES ARE INCURRED TO ACCOMPLISH THE INVESTMENT PROCESS DESCRIBED IN THE COMMUNITY IMPACT SECTION IN 4A ABOVE ADDITIONALLY, COMMUNITY SERVICES INCLUDE A DONOR DESIGNATION PROGRAM TO COLLECT, PROCESS AND TRANSFER DONATIONS ON BEHALF OF HUNDREDS OF HEALTH AND HUMAN SERVICE AGENCIES IN THE GREATER ROCHESTER REGION UNITED WAY PROVIDES ANNUAL AFRICAN AMERICAN, LATINO, LGBTQ, LABOR AND YOUNG PROFESSIONAL LEADERSHIP DEVELOPMENT PROGRAMS TO PROMOTE A DIVERSITY OF LEADERSHIP THROUGHOUT THE COMMUNITY THE ORGANIZATION ALSO PROVIDES SYNERGY SERVICES TO HELP LOCAL NOT-FOR-PROFIT AGENCIES EXPLORE AFFILIATION AS A MEANS OF INCREASING OPERATIONAL EFFICIENCIES AND IMPROVING PROGRAM SERVICES

Form 990, Part III, Line 4c:

ROC THE DAY ROC THE DAY, IS AN ANNUAL 24-HOUR ONLINE EVENT ESTABLISHED BY THE UNITED WAY OF GREATER ROCHESTER THAT PROVIDES DONORS AN OPPORTUNITY TO SELECT FROM OVER 500 ELIGIBLE NOT-FOR-PROFIT ORGANIZATIONS IN THE NINE-COUNTY GREATER ROCHESTER AREA UNITED WAY POWERS THE ROC THE DAY WEBSITE, CONVENES COMMUNITY PARTNERS, RECRUITS LOCAL NOT-FOR-PROFITS TO PARTICIPATE AND PROCESSES THE DONATIONS DURING THE EVENT ROC THE DAY IS OPEN TO ANY ELIGIBLE NOT-FOR-PROFIT IN THE NINE-COUNTY GREATER ROCHESTER REGION, SERVING A VARIETY OF SECTORS INCLUDING ANIMALS, ARTS AND CULTURE, ENVIRONMENT, HUMAN SERVICES, HEALTH, EDUCATION, RELIGION AND COMMUNITY DEVELOPMENT

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 2,262,475 including grants of \$ 1,625,861) (Revenue \$)

ROCHESTER-MONROE ANTI-POVERTY INITIATIVE- UNITED WAY IS THE FIDUCIARY AGENCY FOR THE ROCHESTERMONROE ANTIPOVERTY INITIATIVE (RMAPI) RMAPI IS A MULTISECTOR COMMUNITY COLLABORATIVE WITH A GOAL TO IMPROVE QUALITY OF LIFE BY REDUCING POVERTY AND INCREASING SELFSUFFICIENCY TO DO THIS, RMAPI IS FOCUSED ON INCREASING INCOME, MAKING BASIC NEEDS MORE AFFORDABLE AND ACCESSIBLE, AND LOWERING CONCENTRATIONS OF POVERTY RMAPI FOCUSES ON CREATING SYSTEMWIDE CHANGES TO CREATE LONGTERM IMPROVEMENTS AND REDUCE POVERTY THE INITIATIVE HAS SET OUT TO ADDRESS TWO MAIN AREAS THE ACCESSIBILITY AND AFFORDABILITY OF BASIC NEEDS, AND HELPING PEOPLE FIND AND KEEP JOBS THROUGH EFFECTIVE WORKFORCE DEVELOPMENT STRATEGIES

(Code) (Expenses \$ 3,183,597 including grants of \$ 3,183,597) (Revenue \$)

CHARITABLE GIFT FUNDS UNITED WAY OFFERS A CHARITABLE GIFT FUND PROGRAM (DONOR ADVISED FUNDS) THAT ALLOWS DONORS TO COMBINE THE MOST FAVORABLE TAX BENEFITS WITH THE FLEXIBILITY TO SUPPORT THEIR FAVORITE CHARITY AT ANY TIME DISTRIBUTIONS CAN BE MADE WITH THE APPROVAL OF UWGR TO UNITED WAY AND ANY OTHER ORGANIZATION THAT QUALIFIES FOR TAX DEDUCTIBILITY UNDER THE INTERNAL REVENUE CODE

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 520,962 including grants of \$ 325,200) (Revenue \$)
GRANTS - GRANT EXPENDITURES INCLUDE AMOUNTS TO FUND THE FOLLOWING PROGRAMS A MOBILITY MANAGEMENT PILOT PROGRAM FOCUSING ON INCREASING MEDICAID ELIGIBLE PATIENT ENGAGEMENT, AN INITIATIVE THAT SUPPORTS COMMUNITY-BASED ORGANIZATIONS THROUGH ORGANIZATIONAL INFRASTRUCTURE BUILDING, VALUE-BASED PAYMENT EDUCATION AND TRAINING, AND STABLE HOUSING SUPPORT

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
DANIEL BURNS INTERIM PAST CHAIR	1 00	X		X				0	0	0
LAUREN DIXON CHAIR	1 00	X		X				0	0	0
JOHN P PUSLOSKIE VICE CHAIR, LABOR	1 00	X		X				0	0	0
DONALD CULETON VICE CHAIR, REGIONAL GROUP	1 00	X		X				0	0	0
MARY O'CONNELL VICE CHAIR, AUDIT	1 00	X		X				0	0	0
NAOMI SILVER VICE CHAIR, GOVERNANCE	1 00	X		X				0	0	0
DAVID L FIEDLER SECRETARY	1 00	X		X				0	0	0
EMERSON U FULLWOOD VICE CHAIR	1 00	X		X				0	0	0
FABRICIO S MORALES VICE CHAIR	1 00	X		X				0	0	0
LAURIE ZAUCHA CHAIR ELECT	1 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
DOROTHY A COLEMAN TREASURER	1 00	X		X				0	0	0
PETER G ROBINSON VICE CHAIR	1 00	X		X				0	0	0
DR KEVIN WILLIAMS BOARD MEMBER	1 00	X						0	0	0
GEORGE L GROBE III BOARD MEMBER	1 00	X						0	0	0
RUFUS M JUDSON BOARD MEMBER	1 00	X						0	0	0
DOLORES KRUCHTEN BOARD MEMBER	1 00	X						0	0	0
FAHEEM MASOOD BOARD MEMBER	1 00	X						0	0	0
PAUL STUART SR BOARD MEMBER	1 00	X						0	0	0
TIMOTHY THANAY BOARD MEMBER	1 00	X						0	0	0
DONNA M SHULTZ BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
MATT PARRILLI BOARD MEMBER	1 00	X						0	0	0
JAIME SAUNDERS PRESIDENT AND CEO	37 00	X		X				172,692	0	16,142
JEAN ELLEFSON BOARD MEMBER	3 00	X						0	0	0
JOE WESLEY BOARD MEMBER	1 00	X						0	0	0
DR ROBERT MAYO BOARD MEMBER	1 00	X						0	0	0
EDWARD WHITE BOARD MEMBER	1 00	X						0	0	0
CARRIE ANDREWS BOARD MEMBER	1 00	X						0	0	0
DR HEIDI MACPHERSON BOARD MEMBER	1 00	X						0	0	0
KENNY MONTGOMERY BOARD MEMBER	1 00	X						0	0	0
MARK SIWIEC BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
DEB STENDARDI BOARD MEMBER	1 00	X						0	0	0
MELISZA CAMPOS BOARD MEMBER	1 00	X						0	0	0
JAMES B BRUSH FORMER VICE CHAIR/TREASURER	1 00	X						0	0	0
ANTHONY CUCHIARELE FORMER BOARD MEMBER	1 00	X						0	0	0
FRANKLIN REYNOLDS FORMER BOARD MEMBER	1 00	X						0	0	0
ANGELA PANZARELLA FORMER BOARD MEMBER	1 00	X						0	0	0
LAURIE GANON CHIEF FINANCIAL OFFICER	34 00			X				155,950	0	29,946
CICELY STRICKLAND-RUIZ CHIEF OPERATING OFFICER	6 00 40 00			X				139,138	0	18,305
WYNNDY TURNER CHIEF HR OFFICER	40 00					X		114,032	0	20,583
DR LEONARD BROCK RMAPI EXECUTIVE DIRECTOR	40 00					X		109,158	0	12,408

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former				
FRAN WEISBERG FORMER PRESIDENT AND CEO	0 00						X	68,922	0	27,809	
PETER CARPINO FORMER PRESIDENT AND CEO	0 00						X	41,336	0	0	

SCHEDULE A
(Form 990 or 990-EZ)

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 the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER ROCHESTER INC

Employer identification number

16-1015782

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 **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 _____
 - 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		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	26,263,742	29,224,042	26,398,030	27,021,803	26,062,045	134,969,662
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	26,263,742	29,224,042	26,398,030	27,021,803	26,062,045	134,969,662
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						134,969,662

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	26,263,742	29,224,042	26,398,030	27,021,803	26,062,045	134,969,662
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,532,315	1,806,354	2,533,697	2,472,728	2,496,530	11,841,624
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.)	9,270	71,302	-9,875	-2,236	1,030,361	1,098,822
11 Total support. Add lines 7 through 10						147,910,108

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	91.250 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	91.920 %

16a 33 1/3% support test—2018. 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

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. 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

b 10%-facts-and-circumstances test—2017. 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

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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
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? If "Yes," provide detail in Part VI .		
	9c		
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)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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? <i>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.</i>	Yes	No
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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)	1	
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** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 16-1015782

Name: UNITED WAY OF GREATER ROCHESTER INC

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization UNITED WAY OF GREATER ROCHESTER INC	Employer identification number 16-1015782
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	26,328													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)	26,328													
d	Other exempt purpose expenditures	35,387,948													
e	Total exempt purpose expenditures (add lines 1c and 1d)	35,414,276													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	42,429	56,999	55,766	26,328	181,522
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	42,429	56,999	55,766	26,328	181,522

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER ROCHESTER INC

Employer identification number
16-1015782

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	136	
2 Aggregate value of contributions to (during year)	2,159,153	
3 Aggregate value of grants from (during year)	3,183,597	
4 Aggregate value at end of year	11,445,681	

- 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? Yes 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? Yes 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 (e g , recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

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 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** 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 SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b** Assets included in Form 990, Part X ▶ \$ _____

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 are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 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
- | | Amount |
|--|---------|
| c Beginning balance | 111,813 |
| d Additions during the year | -809 |
| e Distributions during the year | 111,004 |
| f Ending balance | 0 |
- 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 in 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	124,777,105	118,958,536	112,308,841	121,647,356	122,936,013
b Contributions	52,370	526,191	618,648	570,849	324,657
c Net investment earnings, gains, and losses	1,615,138	11,498,905	11,408,697	-4,368,680	4,631,767
d Grants or scholarships					
e Other expenditures for facilities and programs	-6,052,461	6,206,526	5,377,650	5,540,684	6,245,081
f Administrative expenses					
g End of year balance	120,392,152	124,777,105	118,958,536	112,308,841	121,647,356

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 45 000 %
 - b** Permanent endowment ▶ 29 000 %
 - c** Temporarily restricted endowment ▶ 26 000 %
- 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 | Yes | No |
| 3a(i) | | No |
| (ii) related organizations | | |
| 3a(ii) | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 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		730,387	569,644	160,743
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				160,743

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) REAL ESTATE SECURITIES	9,397,388	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	9,397,388	

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. (Column (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	
CHARITABLE GIFT ANNUITY RESERVE	215,803
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	215,803

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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	44,504,720
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-3,137,920
b	Donated services and use of facilities	2b	34,527
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	15,376,358
e	Add lines 2a through 2d	2e	12,272,965
3	Subtract line 2e from line 1	3	32,231,755
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	631,178
b	Other (Describe in Part XIII)	4b	238,388
c	Add lines 4a and 4b	4c	869,566
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	33,101,321

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	49,589,968
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	31,949
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	15,045,377
e	Add lines 2a through 2d	2e	15,077,326
3	Subtract line 2e from line 1	3	34,512,642
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	631,178
b	Other (Describe in Part XIII)	4b	274,239
c	Add lines 4a and 4b	4c	905,417
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	35,418,059

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 16-1015782

Name: UNITED WAY OF GREATER ROCHESTER INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	IN MAY 1927, THE UNITED WAY OF GREATER ROCHESTER RECEIVED ITS FIRST GIFT TO THE ENDOWMENT TO BE HELD IN PERPETUITY FOR THE BENEFIT OF THE ORGANIZATION THE ENDOWMENT HAS GROWN SINCE THAT DATE FROM RESTRICTED GIFTS AS WELL AS FROM UNRESTRICTED GIFTS DESIGNATED BY THE BOARD TO FUNCTION AS QUASI-ENDOWMENT THE ENDOWMENT HAS BEEN USED TO MEET ANNUAL OPERATING AND PROGRAMMATIC NEEDS OF THE UWGR AND TO ADDRESS THE CRITICAL LONGER-TERM HUMAN SERVICE NEEDS OF THE COMMUNITY THE UNITED WAY HAS INTERPRETED THE APPLICABLE PROVISIONS OF NEW YORK NOT-FOR-PROFIT CORPORATION LAW TO MEAN THAT THE CLASSIFICATION OF APPRECIATION ON PERMANENTLY RESTRICTED ENDOWMENT GIFTS, BEYOND THE ORIGINAL GIFT AMOUNT, FOLLOWS THE DONOR'S RESTRICTION ON THE USE OF THE RELATED INCOME (INTEREST AND DIVIDENDS), AND INCOME IS CLASSIFIED AS TEMPORARILY RESTRICTED UNTIL APPROPRIATED BY THE BOARD FOR EXPENDITURE

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSE 65,750 PLEDGE GAIN 219,203 UWGR HOLDING COMPANY REVENUE 90,567 WEGMANS FAMILY FOUNDATION CONTRIBUTIONS 15,000,838

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	CFC/SEFA CAMPAIGNS, NET 238,388

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSE 65,550 UWGR HOLDING COMPANY EXPENSES -23,897 WEGMANS FAMILY FOUNDATION GRANTS 15,003,724

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	CFC/SEFA CAMPAIGNS, GROSS 274,239

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER ROCHESTER INC

Employer identification number
16-1015782

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			3,494,138
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			3,494,138

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 16-1015782

Name: UNITED WAY OF GREATER ROCHESTER INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CAYMAN ISLANDS	0	0	INVESTMENT	LAKEWOOD CAPITAL OFFSHORE FUND, LTD	1,515,139
CAYMAN ISLANDS	0	0	INVESTMENT	VARDE CREDIT PARTNERS (OFFSHORE), LTD	1,978,999

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF GREATER ROCHESTER INC

Employer identification number
16-1015782

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		ONTARIO GOLF TOURNAMENT (event type)	LIVINGSTON GALA (event type)	2 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	37,206	44,704	15,881	97,791
	2 Less Contributions	3,877	22,719	200	26,796
	3 Gross income (line 1 minus line 2)	33,329	21,985	15,681	70,995
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	12,476	19,286	9,822	41,584
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	12,665	2,491	2,109	17,265
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				58,849
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				12,146

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization UNITED WAY OF GREATER ROCHESTER INC

Employer identification number 16-1015782

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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. Rows 1-12.

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.

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	UNITED WAY GRANTS FUNDS USING THE FOLLOWING CRITERIA (1) POSSESS EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, (2) ARE GOVERNED BY A VOLUNTEER BOARD OF DIRECTORS, (3) INVOLVED IN THE DIRECT PROVISION OF SERVICES, (4) ARE COMMITTED AND ABLE TO MAKE MEASUREABLE IMPROVEMENTS FOR CLIENTS IN ONE OF THE STRATEGIES FOR WHICH UNITED WAY WILL INVEST FUNDS MEASUREABLE IMPROVEMENTS MUST ALIGN WITH PUBLISHED OUTCOMES AND INDICATORS, (5) HAVE DOCUMENTED RESULTS AND RELATED EXPERIENCE AND EXPERTISE IN THE STRATEGY AREA, (6) ARE WILLING AND ABLE TO ENTER INTO A PROVIDER AGREEMENT WITH UNITED WAY REGARDING PROVISION OF SERVICES AND COMPLIANCE WITH UNITED WAY REQUIREMENTS INCLUDING SUBMISSION OF REPORTS OF CLIENT DEMOGRAPHIC, PROGRAM REPORTS DETAILING OUTCOMES ACHIEVED, AND FINANCIAL REPORTS SHOWING SUPPORT, REVENUE AND EXPENSES BY FUNDED PROGRAM, (7) ADHERANCE TO THE UNITED WAY STANDARDS AND ALL REQUIREMENTS OF ANY APPLICABLE FEDERAL, STATE AND LOCAL LAWS, ORDINANCES AND REGULATIONS AND (8) PRACTICE NON-DISCRIMINATION IN HIRING AND PROGRAM DELIVERY AND DEMONSTRATE ABILITY TO DELIVER SERVICES IN A CULTURALLY COMPETENT AND SENSITIVE WAY CHARITABLE GIFT FUND (DONOR ADVISED FUND) GRANTS ARE RECOMMENDED BY THE DONOR AND THE BOARD HAS DELEGATED THE RESPONSIBILITY FOR APPROVAL OF THE RECOMMENDATIONS TO FINANCE COMMITTEE ALL RECOMMENDATIONS ARE REQUIRED TO BE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE AND ATTEST THAT FUNDS WILL BE USED IN ACCORDANCE WITH ALL APPLICABLE LAWS AND REGULATIONS

Additional Data

Software ID:
Software Version:
EIN: 16-1015782
Name: UNITED WAY OF GREATER ROCHESTER INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
ALL BABIES CHERISHED 445 ELLICOTT STREET BATAVIA, NY 14020	16-1459107	501(C)(3)	6,501				AGENCY ALLOCATION
AMERICAN RED CROSS - GENESEE COUNTY 109 MAIN STREET BATAVIA, NY 14020	53-0196605	501(C)(3)	10,000				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
ARC - GENESEE COUNTY 64 WALNUT STREET BATAVIA, NY 14020	16-1001185	501(C)(3)	17,499				AGENCY ALLOCATION
BOY SCOUTS IROQUOIS TRAIL COUNCIL 7121 ROCHESTER ROAD LOCKPORT, NY 140941625	22-1576300	501(C)(3)	11,500				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
CARE A VAN MINISTRIES INC 4 LEWIS AVENUE BATAVIA, NY 14020	20-0405936	501(C)(3)	5,376				AGENCY ALLOCATION
FOODLINK 1999 MT READ BLVD ROCHESTER, NY 14615	22-2428304	501(C)(3)	5,073				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
GENESEE CO CASA FOR CHILDREN ONE WEST MAIN STREET BATAVIA, NY 14020	16-1571894	501(C)(3)	5,500				AGENCY ALLOCATION
GILLIAM GRANT COMMUNITY CENTER 6966 WEST BERGEN ROAD BERGEN, NY 14416	16-1025925	501(C)(3)	9,502				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
HOMECARE & HOSPICE 1225 WEST STATE STREET OLEAN, NY 14760	16-0844109	501(C)(3)	7,874				AGENCY ALLOCATION
PATHSTONE CORPORATION 400 EAST AVENUE ROCHESTER, NY 14607	16-0984913	501(C)(3)	7,000				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
REGIONAL ACTION PHONE PO BOX 281 BATAVIA, NY 14021	23-7159003	501(C)(3)	9,376				AGENCY ALLOCATION
SALVATION ARMY BATAVIA CORPS 529 EAST MAIN STREET BATAVIA, NY 14020	16-0743180	501(C)(3)	48,502				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
YMCA OF THE GENESEE AREA 209 EAST MAIN STREET BATAVIA, NY 14020	16-0743230	501(C)(3)	63,062				AGENCY ALLOCATION
YWCA OF GENESEE COUNTY 301 NORTH STREET BATAVIA, NY 14020	16-0743248	501(C)(3)	20,750				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 57 ELIZABETH STREET DANSVILLE, NY 14437	53-0196605	501(C)(3)	20,000				AGENCY ALLOCATION
ARC OF LIVINGSTON WYOMING COUNTY 18 MAIN STREET MT MORRIS, NY 14510	16-1022565	501(C)(3)	11,336				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS IROQUOIS TRAIL COUNCIL 7121 ROCHESTER ROAD LOCKPORT, NY 140941625	22-1576300	501(C)(3)	5,121				AGENCY ALLOCATION
CATHOLIC CHARITIES 34 E STATE STREET MT MORRIS, NY 145109727	16-0743944	501(C)(3)	19,000				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
CHANCES & CHANGES PO BOX 326 GENESE0, NY 14454	16-1348835	501(C)(3)	30,000				AGENCY ALLOCATION
DANSVILLE ECUMENICAL COMMUNITY FOOD PANTRY 40 ELIZABETH STREET DANSVILLE, NY 14437	16-1569346	501(C)(3)	6,336				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
FOCUS ON THE CHILDREN PO BOX 31 CALEDONIA, NY 14423	16-1432649	501(C)(3)	5,024				AGENCY ALLOCATION
GENESEE VALLEY HEALTH PO BOX 545 DANSVILLE, NY 14437	20-5274512	501(C)(3)	6,414				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
GENESE0 PARISH OUTREACH 4520 GENESEE STREET GENESE0, NY 14454	14-1916822	501(C)(3)	28,385				AGENCY ALLOCATION
HILLSIDE BEHAVIORAL HEALTH 1183 MONROE AVENUE ROCHESTER, NY 14620	16-0743039	501(C)(3)	10,073				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
LEGAL AID SOCIETY ONE WEST MAIN STREETSUITE 800 ROCHESTER, NY 146142294	16-0743070	501(C)(3)	5,500				AGENCY ALLOCATION
LIVINGSTON COUNTY - OFFICE FOR THE AGING LIVINGSTON CAMPUS BLDG 8 MT MORRIS, NY 14510	16-6002561	501(C)(3)	10,082				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
TERESA HOUSE 21 HIGHLAND ROAD GENESE0, NY 14454	16-1487351	501(C)(3)	20,139				AGENCY ALLOCATION
ALLENDALE COLUMBIA SCHOOL 519 ALLENS CREEK ROAD ROCHESTER, NY 14618	16-0983166	501(C)(3)	30,000				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS GREATER ROCHESTER CHAPTER 50 PRINCE STREET ROCHESTER, NY 146071016	53-0196605	501(C)(3)	499,744				AGENCY ALLOCATION
ARC OF MONROE COUNTY PO BOX 23438 ROCHESTER, NY 14692	16-1419196	501(C)(3)	62,800				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
BADEN STREET SETTLEMENT OF ROCHESTER INC 152 BADEN STREET ROCHESTER, NY 14605	16-0743914	501(C)(3)	541,807				AGENCY ALLOCATION
BOY SCOUTS SENECA WATERWAYS COUNCIL 474 EAST AVENUE ROCHESTER, NY 14607	22-1576300	501(C)(3)	207,158				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF ROCHESTER INC 500 GENESEE STREET ROCHESTER, NY 14611	16-1001619	501(C)(3)	270,000				AGENCY ALLOCATION
CATHOLIC FAMILY CENTER 87 CLINTON AVENUE N ROCHESTER, NY 146041407	16-0743945	501(C)(3)	778,830				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR YOUTH SERVICES 905 MONROE AVENUE ROCHESTER, NY 14620	16-0992259	501(C)(3)	515,700				AGENCY ALLOCATION
CHARLES SETTLEMENT HOUSE INC 445 JAY STREET ROCHESTER, NY 14611	16-0869128	501(C)(3)	516,404				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY PARTNERS FOR YOUTH INC 232 PLYMOUTH AVENUE SOUTH ROCHESTER, NY 146082237	16-0997229	501(C)(3)	150,000				AGENCY ALLOCATION
COMMUNITY PLACE OF ROCHESTER 145 PARSELLS AVENUE ROCHESTER, NY 14609	16-1602979	501(C)(3)	759,370				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
COMPEER INC 259 MONROE AVENUE ROCHESTER, NY 14607	22-2482872	501(C)(3)	100,000				AGENCY ALLOCATION
EMPIRE JUSTICE CENTER 1 WEST MAIN STREET SUITE 200 ROCHESTER, NY 146141403	16-1487925	501(C)(3)	200,000				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
ENCOMPASS RESOURCES 275 PINNACLE ROAD ROCHESTER, NY 14623	20-1612594	501(C)(3)	40,000				AGENCY ALLOCATION
FOODLINK 1999 MT READ BLVD ROCHESTER, NY 14615	22-2428304	501(C)(3)	281,420				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP CHILDREN'S CENTER 310 FERNWOOD AVE ROCHESTER, NY 14609	16-0743027	501(C)(3)	25,000				AGENCY ALLOCATION
GIRL SCOUTS OF WESTERN NY 3332 WALDEN AVENUE - SUITE 106 DEPEW, NY 14043	16-0743141	501(C)(3)	158,658				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
GOODWILL OF THE FINGER LAKES 422 SOUTH CLINTON AVENUE ROCHESTER, NY 14620	27-4212702	501(C)(3)	284,000				AGENCY ALLOCATION
HILLSIDE 1183 MONROE AVENUE ROCHESTER, NY 14620	16-0743039	501(C)(3)	864,658				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
HORIZONS AT MCC 228 MAIN STREET ROCHESTER, NY 14604	16-1204210	501(C)(3)	56,000				AGENCY ALLOCATION
HORIZONS AT WARNER 1-202A DEWEY HALL ROCHESTER, NY 14627	16-0743209	501(C)(3)	67,500				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
HORIZONS STUDENT ENRICHMENT 1981 CLOVER STREET ROCHESTER, NY 14618	16-0755783	501(C)(3)	67,500				AGENCY ALLOCATION
HOUSING COUNCIL IN THE MONROE COUNTY AREA 75 COLLEGE AVENUE ROCHESTER, NY 14607	16-0991179	501(C)(3)	100,000				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
IBERO AMERICAN ACTION LEAGUE 911 EAST MAIN STREET ROCHESTER, NY 146052798	16-0954745	501(C)(3)	373,168				AGENCY ALLOCATION
JEWISH FAMILY SERVICE 441 EAST AVENUE ROCHESTER, NY 14607	16-0743059	501(C)(3)	275,150				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
LEGAL AID SOCIETY ONE WEST MAIN STREETSUITE 800 ROCHESTER, NY 146142294	16-0743070	501(C)(3)	275,000				AGENCY ALLOCATION
LEGAL ASSISTANCE OF WESTERN NY 1 WEST MAIN STREET 4TH FLOOR ROCHESTER, NY 146041350	16-0955954	501(C)(3)	75,000				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
LIFESPAN 1900 SOUTH CLINTON AVENUE ROCHESTER, NY 14618	16-0986298	501(C)(3)	752,466				AGENCY ALLOCATION
MARY CARIOLA CHILDRENS CENTER 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	16-0771078	501(C)(3)	136,440				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
MEDICAL MOTOR SERVICE 608 CLINTON AVENUE S ROCHESTER, NY 14620	16-0743080	501(C)(3)	312,000				AGENCY ALLOCATION
MENTAL HEALTH ASSOCIATION 320 NORTH GOODMAN STREET ROCHESTER, NY 14607	16-1395575	501(C)(3)	89,650				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
MONROE COUNTY HEALTH & HUMAN SERVICES 111 WESTFALL RD ROCHESTER, NY 14620	16-6002563	501(C)(3)	500,000				AGENCY ALLOCATION
ROCHESTER REHABILITATION CENTER 1000 ELMWOOD AVENUE SUITE 600 ROCHESTER, NY 14620	16-0743143	501(C)(3)	175,000				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY 70 LIBERTY POLE WAY PO BOX 41210 ROCHESTER, NY 146044310	16-1488306	501(C)(3)	887,390				AGENCY ALLOCATION
SCHOOL OF THE HOLY CHILDHOOD 100 GROTON PARKWAY ROCHESTER, NY 14623	16-0761224	501(C)(3)	112,000				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST AREA NEIGHBORHOOD ASSOCIATION 275 DR SAMUEL MCCREE WAY ROCHESTER, NY 14611	16-1207512	501(C)(3)	79,470				AGENCY ALLOCATION
STARBRIDGE 1650 SOUTH AVE SUITE 200 ROCHESTER, NY 14620	22-2702285	501(C)(3)	103,740				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
SUNY BROCKPORT 350 NEW CAMPUS DRIVE BROCKPORT, NY 14420	14-6013200	501(C)(3)	30,000				AGENCY ALLOCATION
TRILLIUM HEALTH 259 MONROE AVENUE ROCHESTER, NY 146071622	16-1356734	501(C)(3)	102,640				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY SERVICES CORP 75 COLLEGE AVENUE ROCHESTER, NY 14607	16-1075480	501(C)(3)	49,788				AGENCY ALLOCATION
URBAN LEAGUE OF ROCHESTER 265 NORTH CLINTON AVENUE ROCHESTER, NY 14605	16-0906150	501(C)(3)	271,000				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
VISITING NURSE SERVICE 2180 EMPIRE BLVD WEBSTER, NY 14580	16-0743215	501(C)(3)	419,658				AGENCY ALLOCATION
VISITING NURSE SIGNATURE CARE 2180 EMPIRE BLVD WEBSTER, NY 14580	16-1561691	501(C)(3)	427,500				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEER LEGAL SERVICES PROJECT ONE WEST MAIN STREET 5TH FLOOR ROCHESTER, NY 14614	22-2462905	501(C)(3)	50,000				AGENCY ALLOCATION
VOLUNTEERS OF AMERICA 214 LAKE AVE ROCHESTER, NY 14608	16-6011713	501(C)(3)	53,000				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
WILLOW DOMESTIC VIOLENCE CENTER PO BOX 39601 ROCHESTER, NY 14604	16-1099257	501(C)(3)	158,904				AGENCY ALLOCATION
YMCA OF GREATER ROCHESTER 444 EAST MAIN STREET ROCHESTER, NY 14604	16-0743242	501(C)(3)	685,108				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
YWCA OF ROCHESTER & MONROE COUNTY 175 NORTH CLINTON AVENUE ROCHESTER, NY 14604	16-0743248	501(C)(3)	250,000				AGENCY ALLOCATION
AMERICAN RED CROSS - GREATER ROCHESTER CHAPTER 50 PRINCE STREET ROCHESTER, NY 146071016	53-0196605	501(C)(3)	12,909				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
ARC OF ONT 3071 COUNTY COMPLEX DRIVE CANANDAIGUA, NY 14424	13-5678837	501(C)(3)	8,460				AGENCY ALLOCATION
BIG BROTHERBIG SISTER 232 PLYMOUTH AVENUE SOUTH ROCHESTER, NY 146082237	16-0997229	501(C)(3)	33,900				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
BISHOP SHEEN ECUMENICAL HOUSING 935 EAST AVENUE ROCHESTER, NY 14607	16-6101149	501(C)(3)	25,000				AGENCY ALLOCATION
BOY SCOUTS OF AMERICA - SENECA WATERWAYS COUNCIL 474 EAST AVENUE ROCHESTER, NY 14607	22-1576300	501(C)(3)	16,247				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOYS & GIRLS CLUB OF GENEVA ONE GOODMAN STREET GENEVA, NY 14456	16-1481026	501(C)(3)	30,000				AGENCY ALLOCATION
CANANDAIGUA VETERANS CLUB PO BOX 1033 CANANDAIGUA, NY 14424	23-7004307	501(C)(3)	5,417				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE FINGER LAKES 94 EXCHANGE STREET GENEVA, NY 14456	16-0743944	501(C)(3)	30,600				AGENCY ALLOCATION
CLIFTON SPRINGS YMCA 5 CRANE STREET CLIFTON SPRINGS, NY 14432	16-6000962	501(C)(3)	70,725				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
COORDINATED CHILD DEVELOPMENT PROGRAM 400 FORT HILL AVE BLDG 34 CANANDAIGUA, NY 14424	16-0997229	501(C)(3)	32,448				AGENCY ALLOCATION
FAMILY COUNSELING SERVICE OF THE FINGER LAKES 671 SOUTH EXCHANGE STREET GENEVA, NY 14456	16-0864789	501(C)(3)	77,500				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
FLACRA 28 EAST MAIN STREET CLIFTON SPRINGS, NY 14432	20-3807812	501(C)(3)	50,403				AGENCY ALLOCATION
GENEVA FAMILY YMCA 399 WILLIAM STREET GENEVA, NY 14456	16-0743236	501(C)(3)	34,000				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
GENEVA LAKEFRONT CHILDCARE CENTER 61 ELIZABETH BLACKWELL STREET GENEVA, NY 144563410	16-1000123	501(C)(3)	16,250				AGENCY ALLOCATION
GIRL SCOUTS OF THE USA NYPENN 300 ROUTE 318 RD 2 PHELPS, NY 14532	16-0844808	501(C)(3)	16,247				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
LEGAL ASSISTANCE OF THE FINGER LAKES 361 MAIN STREET GENEVA, NY 144562601	16-0955954	501(C)(3)	28,043				AGENCY ALLOCATION
LITERACY VOLUNTEERS OF ONTARIO 208 SOUTH MAIN STREET CANANDAIGUA, NY 14424	22-2881397	501(C)(3)	5,100				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1650 SOUTH AVENUE SUITE 100 ROCHESTER, NY 146203901	16-0777886	501(C)(3)	6,046				AGENCY ALLOCATION
PARTNERSHIP FOR ONTARIO 8 COY STREET CANANDAIGUA, NY 14424	16-1546830	501(C)(3)	21,753				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PHELPS COMMUNITY CENTER 8 BANTA STREET SUITE 100 PHELPS, NY 14532	55-0851769	501(C)(3)	41,828				AGENCY ALLOCATION
SAFE HARBORS OF THE FINGER LAKES PO BOX 624 PENN YAN, NY 14527	56-2290403	501(C)(3)	7,500				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY CANANDAIGUA CORPS PO BOX 510 110 SALTONSTALL ST CANANDAIGUA, NY 14424	13-5562351	501(C)(3)	93,000				AGENCY ALLOCATION
SALVATION ARMY GENEVA CORPS PO BOX 532 GENEVA, NY 14456	13-5562351	501(C)(3)	39,736				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SERENITY HOUSE 1278 BRACE ROAD VICTOR, NY 14564	16-1535985	501(C)(3)	19,447				AGENCY ALLOCATION
ST VINCENT DEPAUL SOCIETY 95 NORTH MAIN STREET CANANDAIGUA, NY 14424	16-1291205	501(C)(3)	35,580				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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YMCA OF GREATER CANANDAIGUA 32 NORTH MAIN ST CANANDAIGUA, NY 14424	16-0755898	501(C)(3)	60,692				AGENCY ALLOCATION
ALEX ELIGH COMMUNITY CENTER P O BOX 43 EAST AVENUE NEWARK, NY 14513	15-0532223	501(C)(3)	28,700				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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AMERICAN RED CROSS - WAYNE 400 SOUTH MAIN STREET NEWARK, NY 14513	53-0196605	501(C)(3)	9,592				AGENCY ALLOCATION
BIG BROTHERBIG SISTER 232 PLYMOUTH AVENUE SOUTH ROCHESTER, NY 146082237	16-0997229	501(C)(3)	9,000				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOY SCOUTS OF AMERICA - SENECA WATERWAYS COUNCIL 3685 PRE-EMPTION ROAD GENEVA, NY 14456	22-1576300	501(C)(3)	13,000				AGENCY ALLOCATION
CATHOLIC CHARITIES OF WAYNE 1141 EAST UNION STREET NEWARK, NY 14513	20-4649120	501(C)(3)	82,100				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FAMILY COUNSELING SERVICE OF THE FINGER LAKES 671 SOUTH EXCHANGE STREET GENEVA, NY 14456	16-0864789	501(C)(3)	27,500				AGENCY ALLOCATION
FLACRA 28 EAST MAIN STREET CLIFTON SPRINGS, NY 14432	20-3807812	501(C)(3)	20,000				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
FOODLINK 1999 MT READ BLVD ROCHESTER, NY 14615	22-2428304	501(C)(3)	22,000				AGENCY ALLOCATION
GIRL SCOUTS OF THE USA NYPENN 300 ROUTE 318 RD 2 PHELPS, NY 14532	16-0844808	501(C)(3)	13,000				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
HOME MEAL SERVICE 1519 NYE ROAD SUITE 400 LYONS, NY 14489	22-2176702	501(C)(3)	20,000				AGENCY ALLOCATION
LITERACY VOLUNTEERS OF WAYNE 12 CANAL STREET LYONS, NY 14489	16-1343466	501(C)(3)	12,300				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LYONS COMMUNITY CENTER PO BOX 70 LYONS, NY 144890070	15-0503158	501(C)(3)	17,000				AGENCY ALLOCATION
PALMYRA COMMUNITY CENTER 424 STAFFORD STREET PO BOX 404 PALMYRA, NY 14522	16-1126996	501(C)(3)	15,221				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VICTIMS RESOURCE CENTER 132 HARRISON STREET NEWARK, NY 14513	16-1208385	501(C)(3)	10,800				AGENCY ALLOCATION
WAYNE PRE-TRIAL SERVICES 103 COLTON AVENUE NEWARK, NY 14513	22-2272583	501(C)(3)	10,000				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOY SCOUTS OF AMERICA IROQUOIS TRAIL COUNCIL 7121 ROCHESTER ROAD LOCKPORT, NY 140941625	22-1576300	501(C)(3)	8,510				AGENCY ALLOCATION
GENESEEWYOMING COUNTY YMCA 209 EAST MAIN STREET BATAVIA, NY 14020	16-0743230	501(C)(3)	9,100				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOMECARE & HOSPICE 1225 WEST STATE STREET OLEAN, NY 14760	16-0844109	501(C)(3)	6,248				AGENCY ALLOCATION
WARSAW FOOD PANTRY (UNITED CHURCH OF WARSAW) 10-22 SOUTH MAIN STREET WARSAW, NY 14569	13-1957221	501(C)(3)	8,845				AGENCY ALLOCATION

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WYOMING COUNTY BUSINESS EDUCATION COUNCIL 6470 ROUTE 20ASUITE 3 PERRY, NY 145309797	16-1399355	501(C)(3)	18,026				AGENCY ALLOCATION
WYOMING COUNTY COMMUNITY ACTION 6470 ROUTE 20A PERRY, NY 14530	16-1488538	501(C)(3)	11,292				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ABVI - GOODWILL TOTAL 422 S CLINTON AVENUE ROCHESTER, NY 14620	16-0743906	501(C)(3)	32,500				CHARITABLE GIFT FUND
AL SIGL COMMUNITY OF AGENCIES TOTAL 1000 ELMWOOD AVE ROCHESTER, NY 14620	16-1544847	501(C)(3)	13,825				CHARITABLE GIFT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ALLENDALE COLUMBIA SCHOOL TOTAL 519 ALLENS CREEK ROAD ROCHESTER, NY 14618	16-0983166	501(C)(3)	111,800				CHARITABLE GIFT FUND
AMERICAN RED CROSS TOTAL GREATER ROCHESTER CHAPTER 50 PRINCE STREET ROCHESTER, NY 14607	53-0196605	501(C)(3)	5,600				CHARITABLE GIFT FUND

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AQUINAS INSTITUTE OF ROCHESTER TOTAL 1127 DEWEY AVENUE ROCHESTER, NY 14613	16-0743904	501(C)(3)	9,150				CHARITABLE GIFT FUND
BILL'S BRIGADE TOTAL PO BOX 222 CANASTOTA, NY 13032	82-3120487	501(C)(3)	10,000				CHARITABLE GIFT FUND

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BIVONA CHILD ADVOCACY CENTER TOTAL 275 LAKE AVENUE ROCHESTER, NY 14608	03-0519569	501(C)(3)	30,000				CHARITABLE GIFT FUND
BOYS & GIRLS CLUB TOTAL 500 GENESEE STREET ROCHESTER, NY 14611	16-1001619	501(C)(3)	60,200				CHARITABLE GIFT FUND

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CATHOLIC CHARITIES TOTAL 87 CLINTON AVENUE N ROCHESTER, NY 14604	16-0743945	501(C)(3)	35,715				CHARITABLE GIFT FUND
CENTER FOR YOUTH SERVICES INC TOTAL 905 MONROE AVENUE ROCHESTER, NY 14620	16-0992259	501(C)(3)	10,500				CHARITABLE GIFT FUND

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CHURCH OF THE RESURRECTION TOTAL 63 MASON ROAD FAIRPORT, NY 14450	23-7317829	501(C)(3)	7,580				CHARITABLE GIFT FUND
CONCORDIA THEOLOGICAL SEMINARY TOTAL 6600 N CLINTON STREET FT WAYNE, IN 46825	37-0673478	501(C)(3)	17,000				CHARITABLE GIFT FUND

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DAVID HOCHSTEIN MEMORIAL MUSIC SCHOOL TOTAL 50 NORTH PLYMOUTH AVENUE ROCHESTER, NY 14614	16-0768758	501(C)(3)	5,975				CHARITABLE GIFT FUND
DAYSTAR TOTAL 700 LAC DE VILLE BOULEVARD ROCHESTER, NY 14607	16-0755765	501(C)(3)	6,000				CHARITABLE GIFT FUND

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DICKINSON COLLEGE TOTAL PO BOX 1773 CARLILE, PA 170132896	23-1365954	501(C)(3)	250,000				CHARITABLE GIFT FUND
FAIRPORT BAPTIST HOMES TOTAL 4646 NINE MILE POINT ROAD FAIRPORT, NY 14450	16-0341870	501(C)(3)	6,575				CHARITABLE GIFT FUND

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FIRST PRESBYTERIAN CHURCH OF PITTSFORD NY TOTAL 21 CHURCH ST PITTSFORD, NY 14534	16-0805157	501(C)(3)	11,063				CHARITABLE GIFT FUND
FOODLINK TOTAL 1999 MT READ BOULEVARD ROCHESTER, NY 14615	22-2428304	501(C)(3)	7,785				CHARITABLE GIFT FUND

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FRIENDS OF BARNABAS FOUNDATION TOTAL 4001 STIGALL DRIVE MIDLOTHIAN, VA 23112	54-1947279	501(C)(3)	12,000				CHARITABLE GIFT FUND
GENESEE COUNTRY MUSEUM TOTAL PO BOX 310 MUMFORD, NY 14511	16-0918567	501(C)(3)	7,290				CHARITABLE GIFT FUND

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HILLEL SCHOOL TOTAL 191 FAIRFIELD DRIVE ROCHESTER, NY 14620	16-0743038	501(C)(3)	29,000				CHARITABLE GIFT FUND
HILLSIDE CHILDREN'S CENTER TOTAL 1183 MONROE AVENUE ROCHESTER, NY 14620	16-0743039	501(C)(3)	6,575				CHARITABLE GIFT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HILLSIDE CHILDREN'S FOUNDATION TOTAL 1183 MONROE AVE ROCHESTER, NY 14620	16-1493404	501(C)(3)	110,400				CHARITABLE GIFT FUND
HILLSIDE FAMILY OF AGENCIES TOTAL 1183 MONROE AVE ROCHESTER, NY 14620	16-1493407	501(C)(3)	10,265				CHARITABLE GIFT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOBART & WILLIAM SMITH COLLEGE TOTAL OFFICE OF ADVANCEMENT 300 PULTENEY STREET GENEVA, NY 14456	16-0743040	501(C)(3)	12,000				CHARITABLE GIFT FUND
HOLY CHILDHOOD TOTAL 100 GROTON PARKWAY ROCHESTER, NY 146235603	16-0761224	501(C)(3)	6,000				CHARITABLE GIFT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOPE HALL TOTAL 1612 BUFFALO RD ROCHESTER, NY 14624	16-1463706	501(C)(3)	81,200				CHARITABLE GIFT FUND
HOUSE OF MERCY TOTAL 725 HUDSON AVENUE ROCHESTER, NY 14621	31-1754068	501(C)(3)	16,250				CHARITABLE GIFT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HUMANE SOCIETY OF ROCHESTER & MONROE COUNTY TOTAL 99 VICTOR ROAD FAIRPORT, NY 14450	16-0743047	501(C)(3)	43,035				CHARITABLE GIFT FUND
JEWISH COMMUNITY CENTER OF GREATER ROCHESTER TOTAL 1200 EDGEWOOD AVENUE ROCHESTER, NY 14618	16-0743060	501(C)(3)	8,875				CHARITABLE GIFT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JEWISH COMMUNITY FEDERATION OF GREATER ROCHESTER NY INC TOTAL 441 EAST AVE ROCHESTER, NY 14607	16-0868942	501(C)(3)	7,290				CHARITABLE GIFT FUND
LAKE AVENUE BAPTIST CHURCH TOTAL 57 AMBROSE ST ROCHESTER, NY 14608	16-0734042	501(C)(3)	18,590				CHARITABLE GIFT FUND

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MANLIUS PEBBLE HILL SCHOOL TOTAL 5300 JAMESVILLE RD SYRACUSE, NY 13214	16-0973557	501(C)(3)	20,000				CHARITABLE GIFT FUND
MARY CARIOLA CHILDREN'S CENTER TOTAL 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	16-0771078	501(C)(3)	52,500				CHARITABLE GIFT FUND

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MCQUAID JESUIT HIGH SCHOOL TOTAL 1800 S CLINTON AVE ROCHESTER, NY 14618	16-0781584	501(C)(3)	29,100				CHARITABLE GIFT FUND
MEDSTAR WASHINGTON HOSPITAL CENTER TOTAL OFFICE OF PHILANTHROPY - EAST BLDG S1001 110 IRVING ST NW WASHINGTON, DC 20010	52-1272129	501(C)(3)	25,000				CHARITABLE GIFT FUND

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MONROE COMMUNITY COLLEGE FOUNDATION TOTAL 228 EAST MAIN ST ROCHESTER, NY 14604	16-1204210	501(C)(3)	36,800				CHARITABLE GIFT FUND
NAZARETH COLLEGE TOTAL 4245 EAST AVE ROCHESTER, NY 14618	16-0743088	501(C)(3)	146,575				CHARITABLE GIFT FUND

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OCEAN REEF COMMUNITY FOUNDATION TOTAL 60 FISHING VILLAGE DRIVE KEY LARGO, FL 33037	65-0509255	501(C)(3)	47,500				CHARITABLE GIFT FUND
PEF ISRAEL ENDOWMENT FUNDS INC TOTAL 630 THIRD AVE 15TH FLOOR NEW YORK, NY 10017	13-6104086	501(C)(3)	7,200				CHARITABLE GIFT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER AREA COMMUNITY FOUNDATION TOTAL 500 EAST AVENUE ROCHESTER, NY 14607	23-7250641	501(C)(3)	15,100				CHARITABLE GIFT FUND
ROCHESTER INSTITUTE OF TECHNOLOGY TOTAL 7 LOMB MEMORIAL DR ROCHESTER, NY 146235603	16-0743140	501(C)(3)	321,350				CHARITABLE GIFT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ROCHESTER PHILHARMONIC ORCHESTRA TOTAL 108 EAST AVE ROCHESTER, NY 14604	16-0765613	501(C)(3)	22,785				CHARITABLE GIFT FUND
ROCHESTER REGIONAL HEALTH FOUNDATION TOTAL 1445 PORTLAND AVE ROCHESTER, NY 14621	22-2229425	501(C)(3)	246,535				CHARITABLE GIFT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ROMAN CATHOLIC DIOCESE OF ROCHESTER TOTAL 1150 BUFFALO RD ROCHESTER, NY 14624	16-0755765	501(C)(3)	30,075				CHARITABLE GIFT FUND
RONALD MCDONALD HOUSE CHARITIES OF ROCHESTER NY INC TOTAL 333 WESTMORELAND DRIVE ROCHESTER, NY 14620	16-1271311	501(C)(3)	8,000				CHARITABLE GIFT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SAWAN KIRPAL MEDITATION CENTER TOTAL PO BOX 544 BOWLING GREEN, VA 22427	51-0206205	501(C)(3)	5,500				CHARITABLE GIFT FUND
SENECA PARK ZOO SOCIETY TOTAL 2222 ST PAUL ST ROCHESTER, NY 14621	16-0905390	501(C)(3)	42,500				CHARITABLE GIFT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
SENECA WATERWAYS COUNCIL INC BSA TOTAL 474 EAST AVE ROCHESTER, NY 14607	16-6122899	501(C)(3)	22,400				CHARITABLE GIFT FUND
ST BENEDICT PARISH TOTAL 95 NORTH MAIN STREET CANANDAIGUA, NY 14424	16-0755765	501(C)(3)	10,000				CHARITABLE GIFT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
ST BONAVENTURE UNIVERSITY TOTAL 120 FRANCIS HALL ST BONAVENTURE, NY 14778	16-0743150	501(C)(3)	11,000				CHARITABLE GIFT FUND
ST LAWRENCE UNIVERSITY 23 ROMODA DRIVE CANTON, NY 136171475	15-0532239	501(C)(3)	10,000				CHARITABLE GIFT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST PAUL'S EPISCOPAL CHURCH 25 WESTMINSTER RD ROCHESTER, NY 14607	16-0743122	501(C)(3)	7,873				CHARITABLE GIFT FUND
SYRACUSE UNIVERSITY SCHOOL OF LAW 950 IRVING AVE SYRACUSE, NY 13244	15-0532081	501(C)(3)	17,600				CHARITABLE GIFT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TEMPLE BETH EL 139 WINTON RD SOUTH ROCHESTER, NY 14610	16-0773643	501(C)(3)	6,557				CHARITABLE GIFT FUND
THE CENTER FOR TEEN EMPOWERMENT 392 GENESEE STREET ROCHESTER, NY 14611	04-3091002	501(C)(3)	51,000				CHARITABLE GIFT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE HARLEY SCHOOL 1981 CLOVER STREET ROCHESTER, NY 14618	16-0755783	501(C)(3)	133,300				CHARITABLE GIFT FUND
THE HUMANE SOCIETY OF THE UNITED STATES 2100 L STREET NW WASHINGTON, DC 20037	53-0225390	501(C)(3)	10,000				CHARITABLE GIFT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THIRD PRESBYTERIAN CHURCH 4 MEIGS ST ROCHESTER, NY 14607	16-0743201	501(C)(3)	5,162				CHARITABLE GIFT FUND
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 08543	21-0634501	501(C)(3)	18,500				CHARITABLE GIFT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNITED WAY OF GREATER ROCHESTER 75 COLLEGE AVENUE ROCHESTER, NY 14607	16-1015782	501(C)(3)	486,495				CHARITABLE GIFT FUND
UNIVERSITY OF ROCHESTER GIFT OFFICE 601 ELMWOOD AVE ROCHESTER, NY 14642	16-0743209	501(C)(3)	422,031				CHARITABLE GIFT FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WXXI PUBLIC BROADCASTING 506 OLD LIVERPOOL RD PO BOX 2400 SYRACUSE, NY 132202400	16-0838086	501(C)(3)	19,975				CHARITABLE GIFT FUND
YMCA OF GREATER ROCHESTER 444 MAIN ST ROCHESTER, NY 146042508	16-0743242	501(C)(3)	42,411				CHARITABLE GIFT FUND

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13 THIRTY CANCER CONNECT 1000 ELMWOOD AVE HENRIETTA, NY 14620	13-4167052	501(C)(3)	9,696				DONOR DESIGNATIONS
ACTION FOR A BETTER 550 EAST MAIN STREET ROCHESTER, NY 14606	16-0902835	501(C)(3)	16,086				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ADVENT HOUSE OF PERINTON 1010 MOSLEY ROAD FAIRPORT, NY 14450	16-1553183	501(C)(3)	15,355				DONOR DESIGNATIONS
ALS OF UPSTATE NEW YORK 890 7TH NORTH STREET SUITE 108 LIVERPOOL, NY 13088	41-2129176	501(C)(3)	7,830				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ALZHEIMER'S ASSOCIATION 435 EAST HENRIETTA ROAD ROCHESTER, NY 14620	16-1159941	501(C)(3)	79,866				DONOR DESIGNATIONS
AMERICAN CANCER SOCIETY 1120 S GOODMAN STREET ROCHESTER, NY 14620	16-0743902	501(C)(3)	45,494				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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AMERICAN DIABETES ASSOCIATION 160 ALLENS CREED ROAD SUITE 4 ROCHESTER, NY 14618	13-1623888	501(C)(3)	32,838				DONOR DESIGNATIONS
AMERICAN HEART ASSOC 3500 WINTON PLACE SUITE 4 ROCHESTER, NY 14623	13-5613797	501(C)(3)	23,053				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ARTISTS UNLIMITED INC PO BOX 26766 ROCHESTER, NY 14626	26-0618109	501(C)(3)	8,265				DONOR DESIGNATIONS
ASBURY DININGCARING CENTER 1050 EAST AVENUE ROCHESTER, NY 14607	16-0755728	501(C)(3)	10,915				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED 422 SOUTH CLINTON AVENUE ROCHESTER, NY 14620	16-0743906	501(C)(3)	18,890				DONOR DESIGNATIONS
AURORA HOUSE OF WESTERN MONROE COUNTY PO BOX 21 SPENCERPORT, NY 14559	20-8748980	501(C)(3)	12,915				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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AVON ROTARY LIONS AMBULANCE 74 GENESEE STREET AVON, NY 14414	16-1464963	501(C)(3)	5,174				DONOR DESIGNATIONS
BENINCASA INC 3880 RUSH MENDON ROAD MENDON, NY 14506	16-1502442	501(C)(3)	17,525				DONOR DESIGNATIONS

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BETHANY HOUSE INC 1111 JOSEPH AVENUE ROCHESTER, NY 14621	22-2850706	501(C)(3)	17,324				DONOR DESIGNATIONS
BIRTHRIGHT OF ROCHESTER 3380 MONROE AVENUE SUITE 103 ROCHESTER, NY 14618	16-0991730	501(C)(3)	9,112				DONOR DESIGNATIONS

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BIVONA CHILD ADVOCACY CENTER 275 LAKE AVENUE ROCHESTER, NY 14608	03-0519569	501(C)(3)	43,843				DONOR DESIGNATIONS
BLESSED SACRAMENT SUPPER 259 RUTGERS STREET ROCHESTER, NY 14607	16-0752496	501(C)(3)	24,056				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BREAST CANCER COALITION OF 840 UNIVERSITY AVENUE ROCHESTER, NY 146071236	16-1541293	501(C)(3)	75,120				DONOR DESIGNATIONS
CAMERON COMMUNITY MINISTRIES 48 CAMERON STREET ROCHESTER, NY 146061743	16-1257507	501(C)(3)	22,784				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CAMP GOOD DAYS PO BOX 665 MENDON, NY 14506	22-2329654	501(C)(3)	83,587				DONOR DESIGNATIONS
CAMP HACCAMO PO BOX 25177 ROCHESTER, NY 14625	16-6102714	501(C)(3)	5,137				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CAMP KOINONIA PO BOX 58 SPENCERPORT, NY 14559	16-1205008	501(C)(3)	6,038				DONOR DESIGNATIONS
CAMP PUZZLE PEACE INC 3861 ORCHARD STREET WALWORTH, NY 14568	46-1887844	501(C)(3)	7,732				DONOR DESIGNATIONS

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CAMP STELLA MARIS 4395 EAST LAKE ROAD LIVONIA, NY 14487	16-0743941	501(C)(3)	11,298				DONOR DESIGNATIONS
CANCER WELLNESS CONNECTIONS 7 BRICKSTON DR PITTSFORD, NY 14534	20-5543461	501(C)(3)	18,564				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CARE NET PREGNANCY CENTER OF WAYNE COUNTY 184 EAST UNION STREET NEWARK, NY 14513	16-1321323	501(C)(3)	6,335				DONOR DESIGNATIONS
CARLISLE FAMILY YMCA 311 SOUTH WEST STREET CARLISLE, PA 17013	23-1386198	501(C)(3)	6,600				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CASA OF ROCHESTERMONROE CNTY HALL OF JUSTICEROOM 332 ROCHESTER, NY 14614	22-2296489	501(C)(3)	6,003				DONOR DESIGNATIONS
CATHOLIC CHARITIES COMMUNITY 1945 EAST RIDGE ROADSUITE 24 ROCHESTER, NY 14622	16-0743944	501(C)(3)	19,001				DONOR DESIGNATIONS

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CDS MONARCH 860 HARD ROAD WEBSTER, NY 14580	16-1089115	501(C)(3)	16,562				DONOR DESIGNATIONS
CENTER FOR TEEN EMPOWERMENT 392 GENESEE STREET ROCHESTER, NY 14611	04-3091002	501(C)(3)	8,459				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHALLENGER MIRACLE FIELD OF WNY PO BOX 826 WEBSTER, NY 14580	47-4470598	501(C)(3)	5,872				DONOR DESIGNATIONS
CHARLES FINNEY CORPORATE HIGH SCHOOL 2070 FIVE MILE LINE ROAD PENFIELD, NY 14526	16-1422818	501(C)(3)	14,743				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHILDREN AWAITING PARENTS INC 274 NORTH GOODMAN STREET ROCHESTER, NY 14607	16-1047933	501(C)(3)	11,502				DONOR DESIGNATIONS
CHILI FIRE DEPARTMENT INC 3231 CHILI AVENUE ROCHESTER, NY 14624	16-6063476	501(C)(3)	15,746				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHS MOBILE INTEGRATED CARE 280 CALKINS ROAD ROCHESTER, NY 14623	16-6050390	501(C)(3)	11,557				DONOR DESIGNATIONS
CHURCHVILLE VOLUNTEER FIRE 25 EAST BUFFALO STREET CHURCHVILLE, NY 14428	22-2332150	501(C)(3)	8,762				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CORNELL COOPERATIVE EXTENSION MONROE COUNTY 249 HIGHLAND AVENUE ROCHESTER, NY 14620	16-6072886	501(C)(3)	7,264				DONOR DESIGNATIONS
CP ROCHESTER 3399 WINTON ROAD SOUTH ROCHESTER, NY 146233057	16-0743950	501(C)(3)	12,631				DONOR DESIGNATIONS

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CRISIS PREGNANCY SERVICES 300 WHITE SPRUCE BLVD SUITE 230 ROCHESTER, NY 146231621	16-1157181	501(C)(3)	36,561				DONOR DESIGNATIONS
CROHN'S & COLITIS FOUNDATION 2117 BUFFALO ROAD SUITE 299 ROCHESTER, NY 14624	13-6193105	501(C)(3)	10,025				DONOR DESIGNATIONS

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CROSSROADS HOUSE 11 LIBERTY STREET PO BOX 403 BATAVIA, NY 14021	16-1505042	501(C)(3)	9,604				DONOR DESIGNATIONS
CURE CHILDHOOD CANCER 200 WESTFALL ROAD ROCHESTER, NY 14620	51-0215037	501(C)(3)	41,845				DONOR DESIGNATIONS

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CYSTIC FIBROSIS FOUNDATION SUITE 408 ROCHESTER, NY 146262700	13-1930701	501(C)(3)	6,982				DONOR DESIGNATIONS
DAVID HOCHSTEIN MEMORIAL MUSIC 50 NORTH PLYMOUTH AVENUE ROCHESTER, NY 14614	16-0768758	501(C)(3)	8,992				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DAYSTAR -SISTERS OF ST JOSEPH OF ROCHESTER 700 LAC DE VILLE BLVD ROCHESTER, NY 14618	16-0743089	501(C)(3)	27,360				DONOR DESIGNATIONS
DIMITRI HOUSE INC 102 NORTH UNION STREET ROCHESTER, NY 14607	16-1587868	501(C)(3)	8,756				DONOR DESIGNATIONS

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EAST HOUSE CORP 259 MONROE AVENUE SUITE 200 ROCHESTER, NY 14607	16-0926404	501(C)(3)	17,577				DONOR DESIGNATIONS
EMBRACE YOUR SISTERS PO BOX 322 CANANDAIGUA, NY 14424	80-0277604	501(C)(3)	5,568				DONOR DESIGNATIONS

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EPILEPSY-PRALID INC 2 TOWNLINE CIRCLE ROCHESTER, NY 14623	16-1422825	501(C)(3)	18,405				DONOR DESIGNATIONS
EPISCOPAL SENIORLIFE 505 MOUNT HOPE AVENUE ROCHESTER, NY 14620	16-1509425	501(C)(3)	19,090				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
EQUICENTER 3247 RUSH MENDON ROAD HONEOYE FALLS, NY 14472	33-1082985	501(C)(3)	7,736				DONOR DESIGNATIONS
FAIRPORT BAPTIST HOMES 4646 NINE MILE POINT ROAD FAIRPORT, NY 14450	16-0341870	501(C)(3)	8,022				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FAIRPORT FIRE DEPARTMENT 27 EAST CHURCH STREET FAIRPORT, NY 14450	16-1372980	501(C)(3)	11,790				DONOR DESIGNATIONS
FAMILY RESTORATION PROJECT INC 360 WELLINGTON AVENUE ROCHESTER, NY 14619	16-1486503	501(C)(3)	6,895				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FLOWER CITY HABITAT FOR 755 CULVER ROAD ROCHESTER, NY 14609	13-3281487	501(C)(3)	29,189				DONOR DESIGNATIONS
GATES-CHILI FIRE DEPARTMENT 2355 CHILI AVE ROCHESTER, NY 14624	16-0780963	501(C)(3)	5,932				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GATES VOLUNTEER AMBULANCE 1600 BUFFALO ROAD ROCHESTER, NY 14624	16-6054869	501(C)(3)	10,439				DONOR DESIGNATIONS
GENESEE COUNTRY VILLAGE & MUSEUM PO BOX 310 MUMFORD, NY 14511	16-0918567	501(C)(3)	11,568				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
GEVA THEATRE CENTER 75 WOODBURY BLVD ROCHESTER, NY 14607	23-7202906	501(C)(3)	6,939				DONOR DESIGNATIONS
GILDA'S CLUB - AKA CANCER ACTION INC 255 ALEXANDER STREET ROCHESTER, NY 14607	16-0836556	501(C)(3)	29,601				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GILLAM-GRANT COMMUNITY CENTER 6966 WEST BERGEN ROAD BERGEN, NY 14416	16-1025925	501(C)(3)	12,079				DONOR DESIGNATIONS
GOLISANO CHILDREN'S HOSPITAL AT STRONG 1000 EAST RIVER ROAD ROCHESTER, NY 14623	16-0743209	501(C)(3)	96,996				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
GOOD NEWS JAIL & PRISON 130 SOUTH PLYMOUTH AVENUE ROCHESTER, NY 14614	54-0703077	501(C)(3)	6,681				DONOR DESIGNATIONS
GRACE AND TRUTH SPORTS PARK 990 MANITOU ROAD HILTON, NY 14468	16-0965372	501(C)(3)	5,148				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREECE ECUMENICAL FOOD SHELF 500 MAIDEN LANE ROCHESTER, NY 14616	22-2503892	501(C)(3)	10,419				DONOR DESIGNATIONS
GREECE VOLUNTEER AMBULANCE 867 LONG POND ROAD ROCHESTER, NY 14612	16-1126181	501(C)(3)	12,211				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
HAPPINESS HOUSEFINGER LAKES 731 PRE EMPTION ROAD GENEVA, NY 14456	16-0965912	501(C)(3)	11,993				DONOR DESIGNATIONS
HENRIETTA FIRE COMPANY #1 INC 3129 EAST HENRIETTA ROAD PO BOX 102 102 HENRIETTA, NY 14467	16-1223814	501(C)(3)	7,302				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
HERITAGE CHRISTIAN SERVICES 349 WEST COMMERCIAL STR SUITE 2795 EAST ROCHESTER, NY 14445	22-2334190	501(C)(3)	45,200				DONOR DESIGNATIONS
HIGHLAND HOSPITAL CO U OF R 300 E RIVER ROAD PO BOX 278996 ROCHESTER, NY 146278996	16-0743037	501(C)(3)	20,794				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HILTON FIRE DEPARTMENT 120 OLD HOJACK LANE HILTON, NY 14468	16-0996419	501(C)(3)	10,026				DONOR DESIGNATIONS
HOMESTEADS FOR HOPE 2185 MANITOU ROAD ROCHESTER, NY 14624	46-2731613	501(C)(3)	8,554				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HONEOYE FALLS FIRE DEPARTMENT 7 MONROE STREET HONEOYE FALLS, NY 14472	20-0054699	501(C)(3)	5,704				DONOR DESIGNATIONS
HONEOYE FALLS MENDON VOLUNTEER AMBULANCE 210 EAST STREET HONEOYE FALLS, NY 14472	16-1467662	501(C)(3)	6,022				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOPE HALL 1612 BUFFALO ROAD ROCHESTER, NY 14618	16-1463706	501(C)(3)	53,679				DONOR DESIGNATIONS
HOUSE OF JOHN 14 SPRING STREET ROCHESTER, NY 14621	20-4539532	501(C)(3)	9,758				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOUSE OF MERCY 285 ORMOND STREET ROCHESTER, NY 14605	31-1754068	501(C)(3)	39,811				DONOR DESIGNATIONS
HUMANE SOCIETY OF WAYNE COUNTY 1475 COUNTY HOUSE ROAD LYONS, NY 14489	22-2541964	501(C)(3)	14,377				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HUTHER-DOYLE 360 EAST AVENUE ROCHESTER, NY 14604	22-2238075	501(C)(3)	5,278				DONOR DESIGNATIONS
IGNITE (FKA ASADV) PO BOX 20023 ROCHESTER, NY 14602	22-3627749	501(C)(3)	5,360				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IRONDEQUOIT COMMUNITY CUPBOARD 156 AVONDALE RD ROCHESTER, NY 14622	56-2367283	501(C)(3)	15,303				DONOR DESIGNATIONS
IRONDEQUOIT VOLUNTEER AMBULANCE 2330 NORTON ST BOX 90360 ROCHESTER, NY 14605	16-1179476	501(C)(3)	7,132				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ISAIAH HOUSE INC 71 PRINCE STREET CALEDONIA, NY 14423	16-1587953	501(C)(3)	19,420				DONOR DESIGNATIONS
ISLAMIC CENTER OF ROCHESTER 727 WESTFALL ROAD PO BOX 23266 ROCHESTER, NY 14692	16-1115214	501(C)(3)	13,512				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ITS ABOUT CARING FOR KIDS INC PO BOX 16201 ROCHESTER, NY 14616	45-4391226	501(C)(3)	17,659				DONOR DESIGNATIONS
JEWISH COMMUNITY CENTER 1200 EDGEWOOD AVE ROCHESTER, NY 14618	16-0743060	501(C)(3)	23,161				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JEWISH HOME OF ROCHESTER 2021 WINTON ROAD SOUTH ROCHESTER, NY 14618	16-0743058	501(C)(3)	5,755				DONOR DESIGNATIONS
JIM DOOLEY CENTER FOR EARLY LEARNING 196 NORTH STREET GENEVA, NY 14456	16-0743032	501(C)(3)	6,056				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JOURNEY HOME INC 994 LONG POND ROAD ROCHESTER, NY 14626	16-1488829	501(C)(3)	25,021				DONOR DESIGNATIONS
JOYFUL RESCUES INC 1319 TUROCK DRIVE CUBA, NY 14727	65-1183542	501(C)(3)	16,741				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JUNIOR ACHIEVEMENT OF CENTRAL NY 259 MONROE AVENUE SUITE 108 ROCHESTER, NY 14607	16-0956147	501(C)(3)	23,018				DONOR DESIGNATIONS
JUVENILE DIABETES RESEARCH 1200 A SCOTTSVILLE RD ROCHESTER, NY 14624	23-1907729	501(C)(3)	18,972				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LEROY HISTORICAL SOCIETY PO BOX 176 LEROY, NY 14482	16-0867469	501(C)(3)	5,334				DONOR DESIGNATIONS
LIFETIME ASSISTANCE 425 PAUL ROAD ROCHESTER, NY 14624	22-2221158	501(C)(3)	20,579				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LIFETIME CARE 3111 WINTON ROAD SOUTH ROCHESTER, NY 14623	16-0844109	501(C)(3)	15,245				DONOR DESIGNATIONS
LIMA VOLUNTEER AMBULANCE PO BOX 335 LIMA, NY 14485	16-6002484	501(C)(3)	7,766				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LITERACY VOLUNTEERS OF ROCHESTER 1600 SOUTH AVENUE ROCHESTER, NY 14620	23-7110291	501(C)(3)	17,273				DONOR DESIGNATIONS
LIVONIA FIRE DEPT PO BOX 151 LIVONIA, NY 14487	01-0721193	501(C)(3)	5,369				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LOLLYPOP FARM HUMANE SOCIETY OF GREATER ROCHESTER 99 VICTOR ROAD ROCHESTER, NY 14616	16-0743047	501(C)(3)	202,282				DONOR DESIGNATIONS
LUPUS ALLIANCE OF UPSTATE NY 3871 HARLEM ROAD CHEEKTOWAGA, NY 14215	16-1081561	501(C)(3)	10,152				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MAKE-A-WISH FOUNDATION OF 3901 GENESEE STREET BUFFALO, NY 14225	22-3215726	501(C)(3)	24,345				DONOR DESIGNATIONS
MARGARET'S HOUSE CHILD CARE CENTER 112 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623	16-0743140	501(C)(3)	5,808				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MARY M GOOLEY HEMOPHILIA CENTER 1415 PORTLAND AVE ROCHESTER, NY 14621	16-0836536	501(C)(3)	9,781				DONOR DESIGNATIONS
MATT TALBOT MINISTRIES INC 514 OXFORD STREET ROCHESTER, NY 14607	22-2522242	501(C)(3)	7,742				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MATTHEW'S CLOSET 124 EVERGREEN STREET ROCHESTER, NY 14605	16-0755765	501(C)(3)	5,205				DONOR DESIGNATIONS
MCQUAID JESUIT HIGH SCHOOL 1800 SOUTH CLINTON AVE ROCHESTER, NY 14618	16-0781584	501(C)(3)	13,539				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MERCY FLIGHT CENTRAL INC 2420 BRICKYARD ROAD CANANDAIGUA, NY 14424	16-1427751	501(C)(3)	58,857				DONOR DESIGNATIONS
MT CARMEL HOUSE INC 4 PLANET STREET ROCHESTER, NY 14606	16-1259069	501(C)(3)	7,492				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NAMI ROCHESTER (ALLIANCE FOR MENTALLY ILL) 320 N GOODMAN STREET ROCHESTER, NY 14607	22-2797794	501(C)(3)	8,021				DONOR DESIGNATIONS
NATIONAL CENTER FOR MISSING 275 LAKE AVENUE ROCHESTER, NY 14608	52-1328557	501(C)(3)	9,909				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NATIONAL KIDNEY FOUNDATION 15 PRINCE STREET ROCHESTER, NY 146071495	16-1169134	501(C)(3)	15,730				DONOR DESIGNATIONS
NATIONAL MULTIPLE SCLEROSIS SOCIETY UPSTATE NEW YORK CHAPTER 1000 ELMWOOD AVENUE SUITE 900 ROCHESTER, NY 14620	16-0777886	501(C)(3)	39,304				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NATIONAL PARKINSON FOUNDATION - GREATER ROCHESTER PO BOX 23204 ROCHESTER, NY 14692	16-1496012	501(C)(3)	5,501				DONOR DESIGNATIONS
NATIVITY PREPARATORY ACADEMY ASSOCIATES 15 WHALIN STREET ROCHESTER, NY 14620	26-3155719	501(C)(3)	8,826				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ONTARIO ARC 3071 COUNTY COMPLEX DRIVE CANANDAIGUA, NY 14424	16-0786219	501(C)(3)	11,743				DONOR DESIGNATIONS
ONTARIO COUNTY HUMANE SOCIETY 2976 COUNTY ROAD 48 CANANDAIGUA, NY 14424	16-1361934	501(C)(3)	12,126				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OPEN DOOR MISSION 156 NORTH PLYMOUTH ROCHESTER, NY 14614	16-6050714	501(C)(3)	17,049				DONOR DESIGNATIONS
OUT ALLIANCE 100 COLLEGE AVENUE SUITE 110 ROCHESTER, NY 14607	16-1066400	501(C)(3)	34,467				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OUTREACH COMMUNITY CENTER 447 GENESEE STREET ROCHESTER, NY 14611	16-1268037	501(C)(3)	5,300				DONOR DESIGNATIONS
PENFIELD FIRE COMPANY 1838 PENFIELD ROAD PENFIELD, NY 14526	16-1120156	501(C)(3)	6,338				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PENFIELD VOLUNTEER AMBULANCE 1585 JACKSON RD PO BOX 220 PENFIELD, NY 14526	23-7133070	501(C)(3)	5,908				DONOR DESIGNATIONS
PERINTON VOLUNTEER AMBULANCE 1400 TURK HILL ROAD FAIRPORT, NY 144508751	16-0914440	501(C)(3)	5,439				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PINES OF PEACE INC 2378 RIDGE ROAD PO BOX 238 ONTARIO, NY 14519	16-1531479	501(C)(3)	9,531				DONOR DESIGNATIONS
PITTSFORD FOOD CUPBOARD 1 GROVE STREET SUITE 103A PITTSFORD, NY 14534	16-1558331	501(C)(3)	5,993				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PITTSFORD VOLUNTEER AMBULANCE PO BOX 122 PITTSFORD, NY 14534	23-7100977	501(C)(3)	9,293				DONOR DESIGNATIONS
PITTSFORD YOUTH SERVICES INC 35 LINCOLN AVENUE ROOM 208 PITTSFORD, NY 14534	16-1299684	501(C)(3)	9,385				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF CENTRAL AND WESTERN NY 114 UNIVERSITY AVENUE ROCHESTER, NY 14605	16-0743085	501(C)(3)	198,185				DONOR DESIGNATIONS
PLUTA CANCER CENTER PO BOX 18129 ROCHESTER, NY 14618	02-0535964	501(C)(3)	38,191				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
PROSPERITY FUND LLC 75 COLLEGE AVENUE ROCHESTER, NY 14607	16-1075480	501(C)(3)	325,000				DONOR DESIGNATIONS
QUAD A FOR KIDS 500 EAST AVENUE ROCHESTER, NY 14607	80-0024332	501(C)(3)	11,246				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER AREA INTERFAITH (RAIHN) 34 MEIGS ST ROCHESTER, NY 14607	41-2064888	501(C)(3)	15,198				DONOR DESIGNATIONS
RESOLVE OF ROCHESTER PO BOX 21 FAIRPORT, NY 14450	27-3618657	501(C)(3)	13,245				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER ATAXIA FOUNDATION PO BOX 16560 ROCHESTER, NY 14616	45-1270159	501(C)(3)	5,536				DONOR DESIGNATIONS
ROCHESTER CHILDFIRST NETWORK 941 SOUTH AVENUE ROCHESTER, NY 14620	16-0743129	501(C)(3)	7,843				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER EDUCATION FOUNDATION 250 MILL STREET ROCHESTER, NY 14614	27-0132133	501(C)(3)	6,157				DONOR DESIGNATIONS
ROCHESTER HEARING AND SPEECH CENTER 1000 ELMWOOD AVENUE SUITE 400 ROCHESTER, NY 14620	16-0743137	501(C)(3)	5,401				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER PHILHARMONIC YOUTH ORCHESTER 108 EAST AVENUE ROCHESTER, NY 14604	16-0765613	501(C)(3)	5,201				DONOR DESIGNATIONS
ROCHESTER REGIONAL HEALTHROCHESTER GENERAL 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617	22-2229425	501(C)(3)	33,069				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER ROOTS INC PO BOX 10045 ROCHESTER, NY 14610	16-1398194	501(C)(3)	9,600				DONOR DESIGNATIONS
ROCHESTER ROTARY SUNSHINE 180 LINDEN OAKS DRIVE ROCHESTER, NY 14625	16-0778060	501(C)(3)	20,767				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER SCHOOL FOR THE DEAF 1545 ST PAUL STREET ROCHESTER, NY 14621	16-0761231	501(C)(3)	12,514				DONOR DESIGNATIONS
ROCHESTER YOUTH FOR CHRIST PO BOX 30069 ROCHESTER, NY 146033069	16-0821835	501(C)(3)	7,558				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE 333 WESTMORELAND DRIVE ROCHESTER, NY 14620	16-1271311	501(C)(3)	57,166				DONOR DESIGNATIONS
RRHS UNITY HOSPITAL 1555 LONG POND ROAD ROCHESTER, NY 14626	23-7221763	501(C)(3)	7,728				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
RUSH VOLUNTEER FIRE DEPARTMENT 1971 RUSH-MENDON RD RUSH, NY 14543	16-1282585	501(C)(3)	5,220				DONOR DESIGNATIONS
SAINT'S PLACE 46 SOUTH MAIN STREET PITTSFORD, NY 14534	16-0755852	501(C)(3)	9,270				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
SENECA PARK ZOO SOCIETY 2222 ST PAUL ST ROCHESTER, NY 14621	16-0905390	501(C)(3)	7,106				DONOR DESIGNATIONS
SHEPHERD HOME 1959 FIVE MILE LINE RD PENFIELD, NY 14526	03-0381582	501(C)(3)	12,335				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOJOURNER HOUSE 30 MILLBANK STREET ROCHESTER, NY 14619	16-1170113	501(C)(3)	11,430				DONOR DESIGNATIONS
SPENCERPORT VOLUNTEER FIREMEN PO BOX 74 SPENCERPORT, NY 14559	16-6063665	501(C)(3)	9,614				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
SPIRITUS CHRISTI MENTAL HEALTH CENTER 121 NORTH FITZHUGH STREET ROCHESTER, NY 14614	16-1563341	501(C)(3)	18,667				DONOR DESIGNATIONS
SPIRITUS CHRISTI PRISON OUTREACH 934 CULVER ROAD ROCHESTER, NY 146097143	16-1582433	501(C)(3)	16,925				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
ST JOHN'S HOME 150 HIGHLAND AVE ROCHESTER, NY 14620	16-1469476	501(C)(3)	8,179				DONOR DESIGNATIONS
ST JOSEPH'S NEIGHBORHOOD CENTER 417 SOUTH AVE ROCHESTER, NY 14620	16-0743089	501(C)(3)	112,992				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
ST ANN'S COMMUNITY 1500 PORTLAND AVENUE ROCHESTER, NY 14621	16-1494042	501(C)(3)	41,402				DONOR DESIGNATIONS
STRONG MEMORIAL HOSPITAL 300 E RIVER ROAD PO BOX 278996 ROCHESTER, NY 146278996	16-0743209	501(C)(3)	44,292				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
SUNSET HOUSE INC 3746 ST PAUL BOULEVARD ROCHESTER, NY 14617	22-3070946	501(C)(3)	14,288				DONOR DESIGNATIONS
SUSAN B ANTHONY HOUSE 17 MADISON STREET ROCHESTER, NY 14608	23-7098699	501(C)(3)	7,096				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE AUTISM COUNCIL 1000 ELMWOOD AVE SUTIE 200 ROCHESTER, NY 14620	26-1430358	501(C)(3)	5,448				DONOR DESIGNATIONS
THE LEUKEMIA & LYMPHOMA SOCIETY 4043 MAPLE ROAD AMHERST, NY 14226	13-5644916	501(C)(3)	8,477				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE STRONG (MUSEUM) 1 MANHATTAN SQUARE DRIVE ROCHESTER, NY 14607	16-0954168	501(C)(3)	12,247				DONOR DESIGNATIONS
TRUE NORTH ROCHESTER PREPARATORY CHARTER SCHOOL 826 BROAD STREET FLOOR 9 NEW YORK, NY 10003	20-5060104	501(C)(3)	9,698				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UPSTATE NEW YORK FAMILIES FOR EFFECTIVE AUTISM 855 PUBLISHERS PARKWAY WEBSTER, NY 14580	04-3833868	501(C)(3)	31,421				DONOR DESIGNATIONS
VERONA STREET ANIMAL SOCIETY PO BOX 22874 ROCHESTER, NY 14607	74-3141579	501(C)(3)	34,785				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VETERANS OUTREACH CENTER INC 459 SOUTH AVENUE ROCHESTER, NY 14620	16-1137379	501(C)(3)	59,636				DONOR DESIGNATIONS
VICTOR-FARMINGTON FOOD 221 HIGH STREET VICTOR, NY 14564	22-2087052	501(C)(3)	14,672				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VICTOR-FARMINGTON VOLUNTEER AMBULANCE 1321 EAST VICTOR ROAD VICTOR, NY 14564	23-7076305	501(C)(3)	8,402				DONOR DESIGNATIONS
VIETNAM VETERANS OF AMERICA PO BOX 12580 ROCHESTER, NY 14612	16-1185365	501(C)(3)	9,084				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VILLA OF HOPE 3300 DEWEY AVENUE ROCHESTER, NY 14616	16-0743164	501(C)(3)	40,102				DONOR DESIGNATIONS
WALWORTH AMBULANCE PO BOX 36 WALWORTH, NY 14568	26-2568760	501(C)(3)	8,529				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WEBSTER COMFORT CARE 700 HOLT ROAD WEBSTER, NY 14580	91-2119016	501(C)(3)	17,033				DONOR DESIGNATIONS
WEBSTER COMMUNITY CHEST INC 1000 RIDGE ROAD WEBSTER, NY 14580	16-6032223	501(C)(3)	7,547				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WEST WEBSTER VOLUNTEER FIREMAN'S 1051 GRAVEL ROAD WEST WEBSTER, NY 14580	86-1082684	501(C)(3)	15,812				DONOR DESIGNATIONS
WILSON COMMENCEMENT PARK 251 JOSEPH AVENUE ROCHESTER, NY 14605	22-2667299	501(C)(3)	6,636				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WOMEN'S CARE CENTER 3252 LAKE AVENUE ROCHESTER, NY 14612	16-1383775	501(C)(3)	5,939				DONOR DESIGNATIONS
YOUNG LIFE ROCHESTER WEST PO BOX 60 NORTH CHILI, NY 14514	84-0385934	501(C)(3)	6,613				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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YOUNG WOMEN'S COLLEGE PREP 133 HOOVER DRIVE ROCHESTER, NY 14615	45-3436498	501(C)(3)	7,973				DONOR DESIGNATIONS
ROCHESTER MARKET DRIVEN COMMUNICATIONS 510 CLINTON SQUARE ROCHESTER, NY 14614	81-3967418	501(C)(3)	25,000				SPECIAL GRANT

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ROCHESTER AREA COMMUNITY FOUNDATION 500 EAST AVENUE ROCHESTER, NY 14607	23-7250641	501(C)(3)	10,000				SPECIAL GRANT
CONNECTED COMMUNITIES 410 ATLANTIC AVENUE BLD2 ROCHESTER, NY 14609	47-5104440	501(C)(3)	25,000				SPECIAL GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREATER ROCHESTER SUMMER LEARNING 1981 CLOVER STREET ROCHESTER, NY 14618	45-2797098	501(C)(3)	615,000				SPECIAL GRANT
MT HOPE FAMILY CENTER 187 EDINBURGH STREET ROCHESTER, NY 14608	16-0743209	501(C)(3)	175,000				SPECIAL GRANT

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CATHOLIC FAMILY CENTER 87 CLINTON AVENUE NORTH ROCHESTER, NY 14604	16-0743945	501(C)(3)	5,700				ROC THE DAY DESIGNATIONS
FAIRY GODMOTHERS INC 3 SUNRISE PARK PITTSFORD, NY 14534	23-3070710	501(C)(3)	9,365				ROC THE DAY DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FOODLINK INC 1999 MT READ BOULEVARD ROCHESTER, NY 14615	22-2428304	501(C)(3)	15,144				ROC THE DAY DESIGNATIONS
GENESEE LAND TRUST INC 46 PRINCE STREET ROCHESTER, NY 14607	22-3033712	501(C)(3)	7,668				ROC THE DAY DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOUSE OF MERCY INC 285 ORMOND STREET ROCHESTER, NY 14605	31-1754068	501(C)(3)	6,945				ROC THE DAY DESIGNATIONS
JOYFUL RESCUES INC 1319 TUROCK DRIVE CUBA, NY 14727	65-1183542	501(C)(3)	5,607				ROC THE DAY DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LAGOM LANDING INC 7966 REEDS CORNERS ROAD DANSVILLE, NY 14437	27-2789939	501(C)(3)	13,115				ROC THE DAY DESIGNATIONS
LOLLYPOP FARM HUMANE SOCIETY 99 VICTOR ROAD FAIRPORT, NY 14450	16-0743047	501(C)(3)	14,719				ROC THE DAY DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MARY CARIOLA CHILDREN CENTER 1000 ELMWOOD SUITE 100 ROCHESTER, NY 14620	16-0771078	501(C)(3)	7,693				ROC THE DAY DESIGNATIONS
MONROE COMMUNITY COLLEGE FOUNDATION 228 EAST MAIN STREET ROCHESTER, NY 14604	16-1204210	501(C)(3)	7,652				ROC THE DAY DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OPEN DOOR MISSION 156 PLYMOUTH AVENUE NORTH ROCHESTER, NY 14608	16-6050714	501(C)(3)	8,779				ROC THE DAY DESIGNATIONS
PLANNED PARENTHOOD OF CENTRAL & WESTERN NY 114 UNIVERSITY AVE ROCHESTER, NY 14605	16-0743085	501(C)(3)	6,058				ROC THE DAY DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SISTERS OF SAINT JOSEPH OF ROCHESTER INC 150 FRENCH ROAD ROCHESTER, NY 14618	16-0743089	501(C)(3)	5,632				ROC THE DAY DESIGNATIONS
ST JOSEPH'S NEIGHBORHOOD CENTER 417 SOUTH AVENUE ROCHESTER, NY 14620	16-0743089	501(C)(3)	14,904				ROC THE DAY DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNITED WAY OF GREATER ROCHESTER 75 COLLEGE AVENUE ROCHESTER, NY 14607	16-1015782	501(C)(3)	6,618				ROC THE DAY DESIGNATIONS
VERONA STREET ANIMAL SOCIETY PO BOX 22874 ROCHESTER, NY 14692	74-3141579	501(C)(3)	7,490				ROC THE DAY DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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AMERICAN CANCER SOCIETY 1120 SOUTH GOODMAN STREET ROCHESTER, NY 14620	13-1788491	501(C)(3)	5,209				SEFA DONOR DESIGNATIONS
FOODLINK 936 EXCHANGE BLVD ROCHESTER, NY 14608	22-2428304	501(C)(3)	9,163				SEFA DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HUMANE SOCIETY AT LOLLYPOP FARMS 99 VICTOR ROAD FAIRPORT, NY 144509582	16-0743047	501(C)(3)	8,206				SEFA DONOR DESIGNATIONS
PLANNED PARENTHOOD OF CENTRAL AND WESTERN NY 114 UNIVERSITY AVENUE ROCHESTER, NY 14605	16-0743085	501(C)(3)	8,627				SEFA DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FINGER LAKES COMMUNITY HEALTH PO BOX 423 PENN YAN, NY 14527	16-1581104	501(C)(3)	10,216				AGENCY ALLOCATION
ANTHONY JORDAN HEALTH CENTER 82 HOLLAND STREET ROCHESTER, NY 14605	16-0977295	501(C)(3)	22,477				AGENCY ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
YOUNG ADULTS MANUFACTURER TRAINING EMPLOYMENT PROGRAM 282 HOLLENBECK STREET ROCHESTER, NY 14621	47-5000982	501(C)(3)	660,000				AGENCY ALLOCATION
PARTICIPATORY BUDGETING PROJECT 540 PRESIDENT STREET NEW YORK, NY 11215	45-3858268	501(C)(3)	13,700				AGENCY ALLOCATION

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

2018

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER ROCHESTER INC

Employer identification number
16-1015782

Part I Questions Regarding Compensation

		Yes	No		
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing 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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>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</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAIME SAUNDERS PRESIDENT AND CEO	(i)	172,692	0	0	0	16,142	188,834	0
	(ii)	0	0	0	0	0	0	0
2 LAURIE GANON CHIEF FINANCIAL OFFICER	(i)	144,753	0	11,197	12,569	17,377	185,896	0
	(ii)	0	0	0	0	0	0	0
3 CICELY STRICKLAND-RUIZ CHIEF OPERATING OFFICER	(i)	139,138	0	0	11,418	6,887	157,443	0
	(ii)	0	0	0	0	0	0	0
4 FRAN WEISBERG FORMER PRESIDENT AND CEO	(i)	70,263	0	-1,341	19,547	8,262	96,731	8,162
	(ii)	0	0	0	0	0	0	0
5 PETER CARPINO FORMER PRESIDENT AND CEO	(i)	40,936	0	400	0	0	41,336	40,936
	(ii)	0	0	0	0	0	0	0

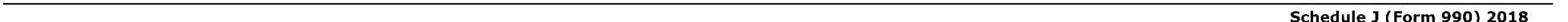
Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	SOCIAL CLUB DUES FOR JAIME SAUNDERS, PRESIDENT AND CEO. THIS BENEFIT IS CONSIDERED A WORKING CONDITION FRINGE BENEFIT, AND AS SUCH, IS NOT TREATED AS TAXABLE COMPENSATION TO THE PRESIDENT & CEO AS THERE IS NO PERSONAL USE OF THIS CLUB MEMBERSHIP. UNITED WAY REQUIRES THIS MEMBERSHIP FOR THE PRESIDENT & CEO FOR BUSINESS PURPOSES.

Return Reference	Explanation
PART II, LINE 5	THE AMOUNT SHOWN AS PAID TO MR PETER CARPINO DURING CALENDAR YEAR 2018 REPRESENTS FINAL PAYOUT OF EMPLOYEE RETIREMENT DEFERRALS

Return Reference	Explanation
PART II, LINE 4	THE AMOUNT SHOWN AS PAID TO MS FRAN WEISBERG DURING CALENDAR YEAR 2018 REPRESENTS FINAL PAYMENT RELATED TO HER TENURE AS FORMER PRESIDENT AND CEO



Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LAUREN DIXON	BOARD MEMBER	225,866	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE L, PART IV, (D)	THE UNITED WAY PAYS DIXON SCHWABL ADVERTISING FOR CONSULTING AND PROFESSIONAL FUNDRAISING COUNSEL LAUREN DIXON IS A BOARD MEMBER OF THE UNITED WAY OF GREATER ROCHESTER & CEO OF DIXON SCHWABL ADVERTISING

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047
2018
Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF GREATER ROCHESTER INC

Employer identification number
16-1015782

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	125	1,093,851	SALES PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MEETINGS)	X	4	2,025	COST
26 Other ▶ (TROPHIES AND AWARDS)	X	1	1,760	COST
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a		No
33		

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

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

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on 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

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

UNITED WAY OF GREATER ROCHESTER INC

Employer identification number

16-1015782

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	CHANGES WERE MADE TO THE BYLAWS TO CLARIFY LANGUAGE REGARDING TERM LIMITS AND MAKE CHANGES TO BE IN COMPLIANCE WITH THE NONPROFIT REVITALIZATION ACT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE AUDIT COMMITTEE IS PROVIDED A COPY OF THE FORM 990 AND AUDITED FINANCIAL STATEMENTS FOR REVIEW PRIOR TO FILING. THE AUDIT COMMITTEE HAS BEEN DELEGATED THE RESPONSIBILITY OF REVIEWING THE FINANCIAL STATEMENTS AND FORM 990 IN DETAIL. ONCE THEY HAVE APPROVED THESE DOCUMENTS, THE 990 IS POSTED TO A SECURE WEBSITE FOR THE BOARD OF DIRECTORS TO REVIEW PRIOR TO FILING WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, BOARD MEMBERS RECEIVE THE CODE OF ETHICS AND CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO RESPOND TO THE ANNUAL REQUEST AND REPORT ANY NEW CONFLICTS THAT ARISE DURING THE YEAR ANNUALLY, THESE CONFLICTS ARE REPORTED TO THE BOARD BOARD MEMBERS ARE ALSO REMINDED AT EACH MEETING TO REPORT ANY NEW CONFLICTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION PROGRAM IS ADMINISTERED BY THE COMPENSATION COMMITTEE OF THE BOARD CURRENTLY THE EXECUTIVE COMMITTEE OF THE BOARD SERVES AS THE COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE MEETS ANNUALLY AND FOLLOWS THE WRITTEN COMPENSATION POLICY THEY ARE RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR KEY EXECUTIVES AND EMPLOYEES OF THE ORGANIZATION THE PROCESS INCLUDES (1) ANNUAL REVIEW AND APPROVAL BY THE BOARD, (2) USE OF COMPARABLE COMPENSATION DATA, AND (3) CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE UNITED WAY OF GREATER ROCHESTER COMPLIES WITH ALL FEDERAL AND STATE REQUIREMENTS FOR PUBLIC INSPECTION OF DOCUMENTS BY MAKING THE DOCUMENTS AVAILABLE TO THE PUBLIC AT ITS ADMINISTRATIVE OFFICES LOCATED AT 75 COLLEGE AVENUE, ROCHESTER, NY 14607

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN FUNDED STATUS OF PENSION AND POST RETIREMENT LIABILITY 269,321 CFC/SEFA CAMPAIGN FEES 35,851 PLEDGE GAIN 219,203

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THERE HAVE BEEN NO CHANGES IN REGARDS TO THE AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF GREATER ROCHESTER INC

Employer identification number

16-1015782

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

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
(1) UWGR HOLDING COMPANY INC 75 COLLEGE AVE ROCHESTER, NY 14607 16-1536000	TO ACCEPT, HOLD AND MANAGE GIFTS OF REAL PROPERTY FOR THE BENEFIT OF UWGR	NY	501(C)(3)	11	UNITED WAY OF GREATER ROCHESTER INC	Yes	
(2) UNITED WAY OF ONTARIO COUNTY INC 5297 PARKSIDE DRIVE SUITE 440 CANANDAIGUA, NY 14424 16-0865060	CHARITABLE FUNDRAISING AND COMMUNITY PROBLEM SOLVING	NY	501(C)(3)	7 OR 10	N/A		No
(3) UNITED WAY OF WAYNE COUNTY INC 165 EAST UNION STREET NEWARK, NY 14513 16-1006098	CHARITABLE FUNDRAISING AND COMMUNITY PROBLEM SOLVING	NY	501(C)(3)	7 OR 10	N/A		No
(4) GENESEE COUNTRY UNITED WAY 29 LIBERTY STREET UNIT 201 BATAVIA, NY 14020 16-0803013	CHARITABLE FUNDRAISING AND COMMUNITY PROBLEM SOLVING	NY	501(C)(3)	7 OR 10	N/A		No
(5) UNITED WAY OF LIVINGSTON COUNTY INC 106 MAIN STREET PO BOX 366 GENESEO, NY 14454 22-2424011	CHARITABLE FUNDRAISING AND COMMUNITY PROBLEM SOLVING	NY	501(C)(3)	7 OR 10	N/A		No
(6) UNITED WAY OF WYOMING COUNTY INC 106 MAIN STREET PO BOX 366 GENESEO, NY 14454 22-3309038	CHARITABLE FUNDRAISING AND COMMUNITY PROBLEM SOLVING	NY	501(C)(3)	7 OR 10	N/A		No
(7) WEGMANS FAMILY FOUNDATION INC 1500 BROOKS AVE ROCHESTER, NY 146243512 81-3284270	BENEFITTING AND SUPPORTING THE CHARITABLE ACTIVITIES OF THE UNITED WAY	DE	507		N/A		No

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	

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

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		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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) UWGR HOLDING COMPANY INC	K	132,733	FAIR MARKET VALUE
(2) UWGR HOLDING COMPANY INC	O	189,023	FAIR MARKET VALUE
(3) UWGR HOLDING COMPANY INC	B	241,812	FAIR MARKET VALUE

Part VII **Supplemental Information**

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

Return Reference	Explanation