

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
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 04-01-2019, and ending 03-31-2020

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

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

G Gross receipts \$ 103,037,933

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

Activities & Governance	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	33		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	32		
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	107		
	6 Total number of volunteers (estimate if necessary)	6	1,624		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
b Net unrelated business taxable income from Form 990-T, line 39	7b	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	26,062,970	Current Year	30,390,539
	9 Program service revenue (Part VIII, line 2g)		0		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,998,692		17,060,898
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,039,659		52,684
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		33,101,321		47,504,121
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		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)			6,251,990		7,232,446
16a Professional fundraising fees (Part IX, column (A), line 11e)			0		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,241,223					
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			3,722,169		3,620,817
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		35,418,059		38,754,419	
19 Revenue less expenses. Subtract line 18 from line 12		-2,316,738		8,749,702	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	149,868,507	End of Year	128,692,161
	21 Total liabilities (Part X, line 26)		12,641,494		13,555,554
	22 Net assets or fund balances. Subtract line 21 from line 20		137,227,013		115,136,607

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2020-10-16

JAIME SAUNDERS PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____

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

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 SUPPORTS A BROAD NETWORK OF HUMAN SERVICE ORGANIZATIONS, COMMUNITY INITIATIVES AND INNOVATIVE STRATEGIES TO ADDRESS OUR MOST PRESSING LOCAL CHALLENGES WITH REAL, IMPACTFUL SOLUTIONS. UNITED WAY IS A FOUR-STAR RATED CHARITY NAVIGATOR CHARITY, A BETTER BUSINESS BUREAU ACCREDITED CHARITY, AND HOLDS A GOLD SEAL OF TRANSPARENCY FROM GUIDESTAR.

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 \$ 19,096,570 including grants of \$ 19,096,570) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 3,051,581 including grants of \$) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 6,106,959 including grants of \$ 4,983,970) (Revenue \$)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 4,595,515 including grants of \$ 3,820,616) (Revenue \$)

4e Total program service expenses 32,850,625

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14. Each row has a corresponding '1' through '21' in the first column of the table grid.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	Yes	

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

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

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

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16. Each question has a corresponding box for the answer.

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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its 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.
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 VIII Statement of Revenue

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

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 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions, totaling 30,390,539.

Table for Program Service Revenue with 6 rows (2a-f) and 5 columns (A-D). Includes Business Code column and a total line 9.

Table for Other Revenue with 12 rows (3-12) and 5 columns (A-D). Includes investment income, rental income, gain from sales of assets, fundraising events, gaming activities, and sales of inventory, totaling 47,504,121.

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	27,901,156	27,901,156		
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	667,009	219,298	176,389	271,322
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	4,723,577	2,419,735	951,339	1,352,503
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	300,146	134,924	67,265	97,957
9 Other employee benefits	1,164,019	510,614	270,039	383,366
10 Payroll taxes	377,695	188,075	74,754	114,866
11 Fees for services (non-employees):				
a Management				
b Legal	77,583	53,483	19,678	4,422
c Accounting	51,800	1,500	50,300	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	688,268	29,930	656,248	2,090
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	955,380	507,180	117,770	330,430
12 Advertising and promotion	305,144	78,785	2,501	223,858
13 Office expenses	235,987	148,994	32,185	54,808
14 Information technology	196,964	106,976	41,697	48,291
15 Royalties				
16 Occupancy	180,619	88,287	34,463	57,869
17 Travel	35,640	12,751	3,538	19,351
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	328,981	183,865	34,509	110,607
20 Interest	47	15	6	26
21 Payments to affiliates	331,698	154,795	72,014	104,889
22 Depreciation, depletion, and amortization	63,718	24,850	16,567	22,301
23 Insurance	87,342	42,662	19,073	25,607
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 DUES AND SUBSCRIPTIONS	34,026	12,752	9,950	11,324
b MAINTENANCE AND REPAIRS	9,084	9,084	0	0
c LOSS ON SALE/DISPOSAL	4,533	1,768	1,179	1,586
d				
e All other expenses	34,003	19,146	11,107	3,750
25 Total functional expenses. Add lines 1 through 24e	38,754,419	32,850,625	2,662,571	3,241,223
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	233,918	1	42,341	
	2 Savings and temporary cash investments	8,699,681	2	7,804,811	
	3 Pledges and grants receivable, net	7,183,798	3	7,490,898	
	4 Accounts receivable, net		4		
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	745,827			
	b Less: accumulated depreciation	615,231	160,743	10c	130,596
	11 Investments—publicly traded securities	78,360,345	11	63,717,652	
	12 Investments—other securities. See Part IV, line 11	50,855,119	12	45,603,029	
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	4,374,903	15	3,902,834	
16 Total assets. Add lines 1 through 15 (must equal line 34)	149,868,507	16	128,692,161		
Liabilities	17 Accounts payable and accrued expenses	6,984,066	17	7,735,327	
	18 Grants payable	5,441,625	18	3,723,479	
	19 Deferred revenue		19	1,891,016	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	215,803	25	205,732	
	26 Total liabilities. Add lines 17 through 25	12,641,494	26	13,555,554	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	65,847,247	27	53,841,236	
	28 Net assets with donor restrictions	71,379,766	28	61,295,371	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	137,227,013	32	115,136,607		
33 Total liabilities and net assets/fund balances	149,868,507	33	128,692,161		

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	47,504,121
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,754,419
3	Revenue less expenses. Subtract line 2 from line 1	3	8,749,702
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	137,227,013
5	Net unrealized gains (losses) on investments	5	-29,310,048
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	-1,530,060
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	115,136,607

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 (2019)

Form 990, Part III, Line 4a:

COMMUNITY IMPACT: A NETWORK OF COMMUNITY VOLUNTEERS, IN COORDINATION WITH TRAINED STAFF, DETERMINE HOW UNITED WAY OF GREATER ROCHESTER INVESTS DONOR DOLLARS FROM ITS ANNUAL WORKPLACE CAMPAIGN EFFORTS INTO THE COMMUNITY EACH YEAR. THESE INVESTMENTS SUPPORT A BROAD NETWORK OF HUMAN SERVICE ORGANIZATIONS, COMMUNITY INITIATIVES AND INNOVATIVE STRATEGIES TO ADDRESS OUR MOST PRESSING LOCAL CHALLENGES WITH REAL, IMPACTFUL SOLUTIONS. 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:

GRANTS - GRANT EXPENDITURES INCLUDE AMOUNTS TO FUND THE FOLLOWING PROGRAMS: SUMMER LEARNING PROGRAMS; SYSTEMS INTEGRATION PROJECT TO DEVELOP COMMUNITY INFORMATION EXCHANGE TO LINK HEALTH, EDUCATION AND HUMAN SERVICE SECTORS; PROJECT UPLIFT TO PROVIDE DIRECT SUPPORT TO LOW-INCOME INDIVIDUALS THROUGH A NETWORK OF HUMAN SERVICE PROVIDERS; COMMUNITY CRISIS FUND IN RESPONSE TO COVID-19; A MOBILITY MANAGEMENT PILOT PROGRAM FOCUSING ON INCREASING MEDICAID ELIGIBLE PATIENT ENGAGEMENT; LIVABLE COMMUNITIES WORK WITH AGING ALLIANCE; AND STABLE HOUSING SUPPORT.

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 \$ 1,471,101 including grants of \$ 744,940) (Revenue \$)

ROCHESTER-MONROE ANTI-POVERTY INITIATIVE- UNITED WAY IS THE FIDUCIARY AGENCY FOR THE ROCHESTER-MONROE ANTI-POVERTY 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 \$ 2,566,177 including grants of \$ 2,566,177) (Revenue \$)

DONOR ADVISED FUNDS: UNITED WAY OFFERS A DONOR ADVISED 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 \$ 558,237 including grants of \$ 509,499) (Revenue \$)

ROC THE DAY: ROC THE DAY IS AN ANNUAL 24-HOUR ONLINE EVENT ESTABLISHED BY 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 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 CHAIR EMERITUS	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 FULLWOOD VICE CHAIR	1.00	X		X				0	0	0
FABRICIO 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			
MATTHEW PARRILLI TREASURER	1.00	X		X				0	0	0
PETER J ROBINSON VICE CHAIR	1.00	X		X				0	0	0
DR KEVIN WILLIAMS BOARD MEMBER	1.00	X						0	0	0
GEORGE GROBE BOARD MEMBER	1.00	X						0	0	0
RUFUS 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
TIM THANAY BOARD MEMBER	1.00	X						0	0	0
DONNA SHULTZ BOARD MEMBER	1.00	X						0	0	0
JEAN ELLEFSON 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			
JOE WESLEY BOARD MEMBER	1.00	X						0	0	0
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
HEIDI MACPHERSON BOARD MEMBER	1.00	X						0	0	0
MARK SIWIEC BOARD MEMBER	1.00	X						0	0	0
DEBORAH STENDARDI BOARD MEMBER	1.00	X						0	0	0
MELISZA CAMPOS BOARD MEMBER	1.00	X						0	0	0
MONA CHITRE BOARD MEMBER	1.00	X						0	0	0
DOROTHY COLEMAN FORMER TREASURER	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			
PAUL STUART SR BOARD MEMBER	1.00	X		X				0	0	0
KEN MONTGOMERY BOARD MEMBER	1.00	X		X				0	0	0
CICELY STRICKLAND-RUIZ CHIEF OPERATING OFFICER	40.00			X				143,319	0	19,038
LAURA GUSTIN DIRECTOR OF MONROE COUNTY SYSTEMS INTEGRATION	40.00					X		109,836	0	9,467
TWYLLA DILLION DIRECTOR OF COMMUNITY IMPACT	40.00					X		107,946	0	1,951
JENNIFER CATHY CHIEF IMPACT OFFICER	40.00					X		124,158	0	2,284
DR LEONARD BROCK RMAPI EXECUTIVE DIRECTOR	40.00					X		112,042	0	15,371
WYNNNDY TURNER CHIEF HR OFFICER	40.00					X		116,112	0	21,273
FRAN WEISBERG FORMER PRESIDENT AND CEO	0.00						X	14,871	0	0
PETER CARPINO FORMER PRESIDENT AND CEO	0.00						X	43,776	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			
JAIME SAUNDERS PRESIDENT AND CEO	37.00 3.00	X		X				271,288	0	34,376
LAURIE GANON CHIEF FINANCIAL OFFICER	34.00 6.00			X				171,260	0	31,205

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	29,224,042	26,398,030	27,021,803	26,062,045	30,390,539	139,096,459
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	29,224,042	26,398,030	27,021,803	26,062,045	30,390,539	139,096,459
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.						139,096,459

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.	29,224,042	26,398,030	27,021,803	26,062,045	30,390,539	139,096,459
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,806,354	2,533,697	2,472,728	2,496,530	2,147,694	11,457,003
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.).	71,302	-9,875	-2,236	1,030,361	20,503	1,110,055
11	Total support. Add lines 7 through 10						151,663,517

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 2019 (line 6, column (f) divided by line 11, column (f)) **14** 91.710 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 **15** 91.250 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

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

2019
Open to Public Inspection

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
-----------------------------------------------------------------	----------------------------------------------

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)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

0	
0	
0	
0	
0	
0	

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)
- h** Subtract line 1g from line 1a. If zero or less, enter -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?

Yes 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	0	3,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000
c Total lobbying expenditures	56,999	55,766	26,328	0	139,093
d Grassroots nontaxable amount	250,000	250,000	250,000	0	750,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000
f Grassroots lobbying expenditures	56,999	55,766	26,328	0	139,093

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

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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. Table with 2 columns: Held at the End of the Year, rows 2a-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?
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)?
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:
(ii) 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 |
|---------------------------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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	120,392,152	124,777,105	118,958,536	112,308,841	121,647,356
b Contributions	368,790	52,370	526,191	618,648	570,849
c Net investment earnings, gains, and losses	-8,994,730	1,615,138	11,498,905	11,408,697	-4,368,680
d Grants or scholarships					
e Other expenditures for facilities and programs	-9,410,832	-6,052,461	6,206,526	5,377,650	5,540,684
f Administrative expenses					
g End of year balance	102,355,380	120,392,152	124,777,105	118,958,536	112,308,841

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 46.000 %
 - b** Permanent endowment ▶ 33.000 %
 - c** Temporarily restricted endowment ▶ 21.000 %
- 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:
- | | Yes | No |
|--------------------------------------------------------------------------------------------------------|---------------|----|
| (i) unrelated organizations | 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		745,827	615,231	130,596
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				130,596

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) CORPORATE BONDS	103,431	C
(B) PRIVATE EQUITY	4,830	C
(C) MUTUAL FUNDS AT NET ASSET VALUE	3,833,304	C
(D) POOLED FUNDS	34,363,450	C
(E) FLEXIBLE CAPITAL	4,840,787	C
(F) COMMODITIES FUNDS	2,457,227	C
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	45,603,029	

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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	205,732

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	18,771,546
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-29,310,048
b	Donated services and use of facilities	2b	111,694
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,122,362
e	Add lines 2a through 2d	2e	-28,075,992
3	Subtract line 2e from line 1	3	46,847,538
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	688,268
b	Other (Describe in Part XIII.)	4b	-31,685
c	Add lines 4a and 4b	4c	656,583
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	47,504,121

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	39,399,691
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	111,694
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,221,846
e	Add lines 2a through 2d	2e	1,333,540
3	Subtract line 2e from line 1	3	38,066,151
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	688,268
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	688,268
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	38,754,419

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	

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 57,580. PLEDGE LOSS -35,070. UWGR HOLDING COMPANY REVENUE 99,118. WEGMANS FAMILY FOUNDATION CONTRIBUTIONS 1,000,734.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	CFC/SEFA CAMPAIGNS, NET -31,685.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSE 57,580. UWGR HOLDING COMPANY EXPENSES 157,700. WEGMANS FAMILY FOUNDATION GRANTS 1,006,566.

**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

2019

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" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			2,866,572
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			2,866,572

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 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 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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

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	VARDE CREDIT PARTNERS (OFFSHORE), LTD	1,715,225
CAYMAN ISLANDS	0	0	INVESTMENT	LAKWOOD CAPITAL OFFSHORE FUND, LTD.	1,151,347

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) Total events
	<u>ONTARIO GOLF TOURNAMENT</u> (event type)	<u>LIVINGSTON GALA</u> (event type)	<u>3</u> (total number)	(add col. (a) through col. (c))
1 Gross receipts	25,325	40,212	22,558	88,095
2 Less: Contributions	1,100			1,100
3 Gross income (line 1 minus line 2)	24,225	40,212	22,558	86,995
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	10,712	20,379	15,020	46,111
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	7,293	1,538	922	9,753
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				55,864
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				31,131

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			
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 as Filed, 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

2019

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.

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 396
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:	<p>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 DEMOSTRATE 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.</p>

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
AL SIGL COMMUNITY OF AGENCIES 1000 ELMWOOD AVE ROCHESTER, NY 14620	16-1544847	501(C)(3)	15,825				CHARITABLE GIFT FUND
ALLENDALE COLUMBIA SCHOOL 519 ALLENS CREEK RD ROCHESTER, NY 14618	16-0983166	501(C)(3)	64,900				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
AMERICAN CANCER SOCIETY OF MINNESOTA 950 BLUE GENTIAN RD STE 100 EAGAN, MN 55121	13-1788491	501(C)(3)	30,000				CHARITABLE GIFT FUND
AMERICAN HEART ASSOCIATION 25 CIRCLE ST STE 102 ROCHESTER, NY 14607	13-5613797	501(C)(3)	6,100				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
AMERICAN RED CROSS GREATER ROCHESTER CHAPTER 50 PRINCE ST ROCHESTER, NY 14607	53-0196605	501(C)(3)	5,100				CHARITABLE GIFT FUND
AQUINAS INSTITUTE OF ROCHESTER 1127 DEWEY AVE ROCHESTER, NY 14613	16-0743904	501(C)(3)	29,650				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
AUTISM UP 855 PUBLISHERS PARKWAY WEBSTER, NY 14580	04-3833868	501(C)(3)	7,000				CHARITABLE GIFT FUND
BOYS & GIRLS CLUB 500 GENESEE ST ROCHESTER, NY 14611	16-1001619	501(C)(3)	60,000				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
CATHOLIC CHARITIES DIOCESE OF ROCHESTER 87 CLINTON AVE N ROCHESTER, NY 14604	16-0743945	501(C)(3)	13,000				CHARITABLE GIFT FUND
CENTER FOR YOUTH SERVICES INC 905 MONROE AVE ROCHESTER, NY 14620	16-0992259	501(C)(3)	13,250				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
CHALLENGER MIRACLE FIELD OF WESTERN NEW YORK PO BOX 826 WEBSTER, NY 14580	47-4470598	501(C)(3)	75,500				CHARITABLE GIFT FUND
CHURCH OF THE TRANSFIGURATION 50 W BLOOMFIELD RD PITTSFORD, NY 14534	16-0755765	501(C)(3)	5,855				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
CONCORDIA THEOLOGICAL SEMINARY 6600 N CLINTON ST FT WAYNE, IN 46825	37-0673478	501(C)(3)	17,000				CHARITABLE GIFT FUND
CONGREGATION BETH SHOLOM 1161 MONROE AVE ROCHESTER, NY 14620	16-0814112	501(C)(3)	16,100				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
DAVID HOCHSTEIN MEMORIAL MUSIC SCHOOL 50 NORTH PLYMOUTH AVE ROCHESTER, NY 14614	16-0768758	501(C)(3)	5,700				CHARITABLE GIFT FUND
FAIRPORT BAPTIST HOMES 4646 NINE MILE POINT RD FAIRPORT, NY 14450	16-0341870	501(C)(3)	6,000				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
FAITH LUTHERAN CHURCH 2576 BROWNCROFT BLVD ROCHESTER, NY 14625	16-0866062	501(C)(3)	5,500				CHARITABLE GIFT FUND
FIRST PRESBYTERIAN CHURCH 112 SOUTH SALISBURY ST RALEIGH, NC 27601	56-0560328	501(C)(3)	18,000				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
FIRST PRESBYTERIAN CHURCH OF PITTSFORD NY 21 CHURCH ST PITTSFORD, NY 14534	16-0805157	501(C)(3)	11,275				CHARITABLE GIFT FUND
FOODLINK 1999 MT READ BLVD ROCHESTER, NY 14615	22-2428304	501(C)(3)	15,535				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
FRIENDS OF BARNABAS FOUNDATION 4001 STIGALL DR MIDLOTHIAN, VA 23112	54-1947279	501(C)(3)	14,000				CHARITABLE GIFT FUND
HANCOCK SHAKER VILLAGE PO BOX 927 PITTSFIELD, MA 02102	04-2281657	501(C)(3)	7,500				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
HILLEL SCHOOL 191 FAIRFIELD DR ROCHESTER, NY 14620	16-0743038	501(C)(3)	18,900				CHARITABLE GIFT FUND
HILLSIDE FAMILY OF AGENCIES 1183 MONROE AVE ROCHESTER, NY 14620	16-1493407	501(C)(3)	10,100				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
HOBART & WILLIAM SMITH COLLEGE OFFICE OF ADVANCEMENT 300 PULTENEY ST GENEVA, NY 14456	16-0743040	501(C)(3)	6,000				CHARITABLE GIFT FUND
HOPE HALL 1612 BUFFALO RD ROCHESTER, NY 14624	16-1463706	501(C)(3)	175,200				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
HUMANE SOCIETY OF ROCHESTER & MONROE COUNTY 99 VICTOR RD FAIRPORT, NY 14450	16-0743047	501(C)(3)	6,100				CHARITABLE GIFT FUND
JEWISH COMMUNITY FEDERATION OF GREATER ROCHESTER NY INC 441 EAST AVE ROCHESTER, NY 14607	16-0868942	501(C)(3)	8,290				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
JEWISH SENIOR LIFE FOUNDATION 2021 WINTON RD S ROCHESTER, NY 14618	22-3409164	501(C)(3)	5,600				CHARITABLE GIFT FUND
JUNIOR ACHIEVEMENT OF ROCHESTER ONE SOUTH WASHINGTON ST STE 110 ROCHESTER, NY 14614	16-0956147	501(C)(3)	6,500				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
LOWER CAPE OUTREACH COUNCIL INC 19 BREWSTER CROSS RD ORLEANS, MA 02653	04-2864255	501(C)(3)	9,000				CHARITABLE GIFT FUND
LUTHERAN CHURCH OF THE INCARNATE WORD 597 EAST AVE ROCHESTER, NY 14607	16-0763154	501(C)(3)	6,500				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
MANLIUS PEBBLE HILL SCHOOL 5300 JAMESVILLE RD SYRACUSE, NY 13214	16-0973557	501(C)(3)	40,000				CHARITABLE GIFT FUND
MARY CARIOLA CHILDREN'S CENTER 1000 ELMWOOD AVE ROCHESTER, NY 14620	16-0771078	501(C)(3)	51,000				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
MCQUAID JESUIT HIGH SCHOOL 1800 S CLINTON AVE ROCHESTER, NY 14618	16-0781584	501(C)(3)	27,600				CHARITABLE GIFT FUND
MONROE COMMUNITY COLLEGE FOUNDATION 228 EAST MAIN ST ROCHESTER, NY 14604	16-1204210	501(C)(3)	13,250				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
MUSEUM OF NEW MEXICO FOUNDATION PO BOX 2065 SANTA FE, NM 87504	85-0202503	501(C)(3)	6,000				CHARITABLE GIFT FUND
NATIONAL SUSAN B ANTHONY MUSEUM AND HOUSE 17 MADISON ST ROCHESTER, NY 14608	23-7098699	501(C)(3)	63,000				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
NATIVITY PREPARATORY ACADEMY OF ROCHESTER 15 WHALIN ST ROCHESTER, NY 14620	26-3155719	501(C)(3)	15,000				CHARITABLE GIFT FUND
NAZARETH COLLEGE 4245 EAST AVE ROCHESTER, NY 14618	16-0743088	501(C)(3)	19,575				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
OPEN DOOR MISSION INC 156 PLYMOUTH AVE N ROCHESTER, NY 14608	16-6050714	501(C)(3)	12,425				CHARITABLE GIFT FUND
PURDUE FOUNDATION INC 403 WEST WOOD ST WEST LAFAYETTE, IN 47907	35-1052049	501(C)(3)	250,000				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
ROCHESTER FRIENDLY HOME 3156 EAST AVE ROCHESTER, NY 14618	16-0743132	501(C)(3)	17,100				CHARITABLE GIFT FUND
ROCHESTER INSTITUTE OF TECHNOLOGY 7 LOMB MEMORIAL DR ROCHESTER, NY 146235603	16-0743140	501(C)(3)	214,225				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 MUSEUM & SCIENCE CTR 657 EAST AVE ROCHESTER, NY 14607	16-0794131	501(C)(3)	7,500				CHARITABLE GIFT FUND
ROCHESTER PHILHARMONIC ORCHESTRA 108 EAST AVE ROCHESTER, NY 14604	16-0765613	501(C)(3)	35,250				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 REGIONAL HEALTH FOUNDATION 1445 PORTLAND AVE ROCHESTER, NY 14621	22-2229425	501(C)(3)	6,540				CHARITABLE GIFT FUND
ROMAN CATHOLIC DIOCESE OF ROCHESTER 1150 BUFFALO RD ROCHESTER, NY 14624	16-0755765	501(C)(3)	17,284				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
RONALD MCDONALD HOUSE CHARITIES OF ROCHESTER NY INC 333 WESTMORELAND DR ROCHESTER, NY 14620	16-1271311	501(C)(3)	9,000				CHARITABLE GIFT FUND
SENECA PARK ZOO SOCIETY 2222 ST PAUL ST ROCHESTER, NY 14621	16-0905390	501(C)(3)	5,200				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
SENECA WATERWAYS COUNCIL INC BSA 474 EAST AVE ROCHESTER, NY 14607	16-6122899	501(C)(3)	13,000				CHARITABLE GIFT FUND
ST JOHN FISHER COLLEGE 3690 EAST AVE ROCHESTER, NY 14618	16-0746864	501(C)(3)	5,500				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
ST LAWRENCE UNIVERSITY 23 ROMODA DR CANTON, NY 136171475	15-0532239	501(C)(3)	15,000				CHARITABLE GIFT FUND
ST PAUL'S EPISCOPAL CHURCH 25 WESTMINSTER RD ROCHESTER, NY 14607	16-0743122	501(C)(3)	8,350				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
SYRACUSE UNIVERSITY SCHOOL OF LAW 950 IRVING AVE SYRACUSE, NY 13244	15-0532081	501(C)(3)	25,100				CHARITABLE GIFT FUND
THE HARLEY SCHOOL 1981 CLOVER ST ROCHESTER, NY 14618	16-0755783	501(C)(3)	35,994				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
THE HUMANE SOCIETY OF THE UNITED STATES 2100 L ST NW WASHINGTON, DC 20037	53-0225390	501(C)(3)	10,000				CHARITABLE GIFT FUND
THE STRONG NATIONAL MUSEUM OF PLAY ONE MANHATTAN SQUARE ROCHESTER, NY 14607	16-0954168	501(C)(3)	12,000				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
THIRD PRESBYTERIAN CHURCH 4 MEIGS ST ROCHESTER, NY 14607	16-0743201	501(C)(3)	5,112				CHARITABLE GIFT FUND
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 08543	21-0634501	501(C)(3)	18,750				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
UNCOMMON SCHOOLS C/O RHF 826 BRDWAY 9TH FL NEW YORK, NY 10003	31-1488698	501(C)(3)	10,000				CHARITABLE GIFT FUND
UNITED WAY OF GREATER ROCHESTER 75 COLLEGE AVE ROCHESTER, NY 14607	16-1015782	501(C)(3)	321,545				CHARITABLE GIFT FUND

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

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UNIVERSITY OF ROCHESTER GIFT OFFICE 601 ELMWOOD AVE ROCHESTER, NY 14642	16-0743209	501(C)(3)	418,055				CHARITABLE GIFT FUND
VETERANS OUTREACH CENTER INC 459 SOUTH AVE ROCHESTER, NY 14620	16-1137379	501(C)(3)	7,450				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
WXXI PUBLIC BROADCASTING 506 OLD LIVERPOOL RD PO BOX 2400 SYRACUSE, NY 132202400	16-0838086	501(C)(3)	22,250				CHARITABLE GIFT FUND
YMCA OF GREATER ROCHESTER 444 MAIN ST ROCHESTER, NY 146042508	16-0743242	501(C)(3)	30,458				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
ALL BABIES CHERISHED 445 ELLICOTT STREET BATAVIA, NY 14020	16-1459107	501(C)(3)	6,176				AGENCY ALLOCATION
AMERICAN RED CROSS - GENESEE COUNTY 109 MAIN STREET BATAVIA, NY 14020	53-0196605	501(C)(3)	6,125				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)	18,666				AGENCY ALLOCATION
BOY SCOUTS IROQUOIS TRAIL COUNCIL 7121 ROCHESTER ROAD LOCKPORT, NY 140941625	22-1576300	501(C)(3)	11,000				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
CARE A VAN MINISTRIES INC 4 LEWIS AVENUE BATAVIA, NY 14020	20-0405936	501(C)(3)	6,250				AGENCY ALLOCATION
COMMUNITY ACTION OF ORLEANS 409 EAST MAIN STREET ALBION, NY 14411	16-6059252	501(C)(3)	51,875				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)	8,601				AGENCY ALLOCATION
GENESEE CO CASA FOR CHILDREN ONE WEST MAIN STREET BATAVIA, NY 14020	16-1571894	501(C)(3)	6,626				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
GILLIAM GRANT COMMUNITY CENTER 6966 WEST BERGEN ROAD BERGEN, NY 14416	16-1025925	501(C)(3)	10,299				AGENCY ALLOCATION
GO ART (GENESEE-ORLEANS REGIONAL ARTS) 201 EAST MAIN STREET BATAVIA, NY 14020	16-1067054	501(C)(3)	6,250				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)	8,750				AGENCY ALLOCATION
PATHSTONE CORPORATION 400 EAST AVENUE ROCHESTER, NY 14607	16-0984913	501(C)(3)	8,166				AGENCY ALLOCATION

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

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REGIONAL ACTION PHONE PO BOX 281 BATAVIA, NY 14021	23-7159003	501(C)(3)	8,125				AGENCY ALLOCATION
SALVATION ARMY BATAVIA CORPS 529 EAST MAIN STREET BATAVIA, NY 14020	16-0743180	501(C)(3)	78,709				AGENCY ALLOCATION

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

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YMCA OF THE GENESEE AREA 209 EAST MAIN STREET BATAVIA, NY 14020	16-0743230	501(C)(3)	49,544				AGENCY ALLOCATION
YWCA OF GENESEE COUNTY 301 NORTH STREET BATAVIA, NY 14020	16-0743248	501(C)(3)	28,209				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 - CLARA BARTON LIVINGSTON CHAPTER 57 ELIZABETH STREET DANSVILLE, NY 14437	53-0196605	501(C)(3)	22,498				AGENCY ALLOCATION
ARC OF LIVINGSTON WYOMING COUNTY 18 MAIN STREET MT MORRIS, NY 14510	16-1022565	501(C)(3)	13,500				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
CATHOLIC CHARITIES 34 E STATE STREET MT MORRIS, NY 145109727	16-0743944	501(C)(3)	72,978				AGENCY ALLOCATION
CHANCES & CHANGES PO BOX 326 GENESE0, NY 14454	16-1348835	501(C)(3)	33,750				AGENCY ALLOCATION

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

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DANSVILLE ECUMENICAL COMMUNITY FOOD PANTRY 40 ELIZABETH STREET DANSVILLE, NY 14437	16-1569346	501(C)(3)	6,279				AGENCY ALLOCATION
FOCUS ON THE CHILDREN PO BOX 31 CALEDONIA, NY 14423	16-1432649	501(C)(3)	6,000				AGENCY ALLOCATION

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

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GENESEO PARISH OUTREACH 4520 GENESEE STREET GENESEO, NY 14454	14-1916822	501(C)(3)	41,250				AGENCY ALLOCATION
HILLSIDE BEHAVIORAL HEALTH 1183 MONROE AVENUE ROCHESTER, NY 14620	16-0743039	501(C)(3)	11,252				AGENCY ALLOCATION

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

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LEGAL AID SOCIETY ONE WEST MAIN STREET SUITE 800 ROCHESTER, NY 146142294	16-0743070	501(C)(3)	6,191				AGENCY ALLOCATION
LIVINGSTON COUNTY - OFFICE FOR THE AGING LIVINGSTON CAMPUS BLDG 8 MT MORRIS, NY 14510	16-6002561	501(C)(3)	11,252				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
NOYES MEMORIAL HOSPITAL 111 CLARA BARTON STREET DANSVILLE, NY 14437	16-0743979	501(C)(3)	6,750				AGENCY ALLOCATION
RESEARCH FOUNDATION FOR SUNY GENESEO 1 COLLEGE CIRCLE GENESEO, NY 14454	23-7104179	501(C)(3)	11,513				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
SANTA HAT SOCIETY PO BOX 443 DANSVILLE, NY 14437	47-1011716	501(C)(3)	6,000				AGENCY ALLOCATION
TERESA HOUSE 21 HIGHLAND ROAD GENESE0, NY 14454	16-1487351	501(C)(3)	35,781				AGENCY ALLOCATION

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

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ALLENDALE COLUMBIA SCHOOL 519 ALLENS CREEK ROAD ROCHESTER, NY 14618	16-0983166	501(C)(3)	41,100				AGENCY ALLOCATION
AMERICAN RED CROSS GREATER ROCHESTER CHAPTER 50 PRINCE STREET ROCHESTER, NY 146071016	53-0196605	501(C)(3)	331,819				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 MONROE COUNTY PO BOX 23438 ROCHESTER, NY 14692	16-1419196	501(C)(3)	165,516				AGENCY ALLOCATION
BADEN STREET SETTLEMENT OF ROCHESTER INC 152 BADEN STREET ROCHESTER, NY 14605	16-0743914	501(C)(3)	651,592				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 SENECA WATERWAYS COUNCIL 474 EAST AVENUE ROCHESTER, NY 14607	22-1576300	501(C)(3)	217,649				AGENCY ALLOCATION
BOYS & GIRLS CLUB OF ROCHESTER INC 500 GENESEE STREET ROCHESTER, NY 14611	16-1001619	501(C)(3)	321,293				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 FAMILY CENTER 87 CLINTON AVENUE N ROCHESTER, NY 146041407	16-0743945	501(C)(3)	964,761				AGENCY ALLOCATION
CENTER FOR YOUTH SERVICES 905 MONROE AVENUE ROCHESTER, NY 14620	16-0992259	501(C)(3)	704,521				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
CHARLES SETTLEMENT HOUSE INC 445 JAY STREET ROCHESTER, NY 14611	16-0869128	501(C)(3)	644,721				AGENCY ALLOCATION
COMMUNITY PARTNERS FOR YOUTH INC 232 PLYMOUTH AVENUE SOUTH ROCHESTER, NY 146082237	16-0997229	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
COMMUNITY PLACE OF ROCHESTER 145 PARSELLS AVENUE ROCHESTER, NY 14609	16-1602979	501(C)(3)	901,391				AGENCY ALLOCATION
COMPEER INC 259 MONROE AVENUE ROCHESTER, NY 14607	22-2482872	501(C)(3)	128,199				AGENCY ALLOCATION

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

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EMPIRE JUSTICE CENTER 1 WEST MAIN STREET SUITE 200 ROCHESTER, NY 146141403	16-1487925	501(C)(3)	360,041				AGENCY ALLOCATION
ENCOMPASS RESOURCES 275 PINNACLE ROAD ROCHESTER, NY 14623	20-1612594	501(C)(3)	82,163				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)	607,658				AGENCY ALLOCATION
FRIENDSHIP CHILDREN'S CENTER 310 FERNWOOD AVE ROCHESTER, NY 14609	16-0743027	501(C)(3)	15,000				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
GIRL SCOUTS OF WESTERN NY 3332 WALDEN AVENUE - SUITE 106 DEPEW, NY 14043	16-0743141	501(C)(3)	164,917				AGENCY ALLOCATION
GOODWILL OF THE FINGER LAKES 422 SOUTH CLINTON AVENUE ROCHESTER, NY 14620	27-4212702	501(C)(3)	354,675				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
HILLSIDE 1183 MONROE AVENUE ROCHESTER, NY 14620	16-0743039	501(C)(3)	1,163,106				AGENCY ALLOCATION
HOLY CHILDHOOD 100 GROTON PARKWAY ROCHESTER, NY 14623	16-0761224	501(C)(3)	181,188				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)	71,000				AGENCY ALLOCATION
HORIZONS AT WARNER 1-202A DEWEY HALL ROCHESTER, NY 14627	16-0743209	501(C)(3)	83,100				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
HORIZONS STUDENT ENRICHMENT 1981 CLOVER STREET ROCHESTER, NY 14618	16-0755783	501(C)(3)	82,600				AGENCY ALLOCATION
HOUSING COUNCIL IN THE MONROE COUNTY AREA 75 COLLEGE AVENUE ROCHESTER, NY 14607	16-0991179	501(C)(3)	316,666				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)	464,731				AGENCY ALLOCATION
JEWISH FAMILY SERVICE 441 EAST AVENUE ROCHESTER, NY 14607	16-0743059	501(C)(3)	353,166				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)	366,959				AGENCY ALLOCATION
LEGAL ASSISTANCE OF WESTERN NY 1 WEST MAIN STREET 4TH FLOOR ROCHESTER, NY 146041350	16-0955954	501(C)(3)	87,500				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
LIFESPAN 1900 SOUTH CLINTON AVENUE ROCHESTER, NY 14618	16-0986298	501(C)(3)	951,439				AGENCY ALLOCATION
MARY CARIOLA CHILDRENS CENTER 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	16-0771078	501(C)(3)	353,680				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)	344,520				AGENCY ALLOCATION
MENTAL HEALTH ASSOCIATION 320 NORTH GOODMAN STREET ROCHESTER, NY 14607	16-1395575	501(C)(3)	127,655				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)	625,000				AGENCY ALLOCATION
ROCHESTER REHABILITATION CENTER 1000 ELMWOOD AVENUE SUITE 600 ROCHESTER, NY 14620	16-0743143	501(C)(3)	303,354				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)	1,108,524				AGENCY ALLOCATION
SOUTHWEST AREA NEIGHBORHOOD ASSOCIATION 275 DR SAMUEL MCCREE WAY ROCHESTER, NY 14611	16-1207512	501(C)(3)	92,716				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
STARBRIDGE 1650 SOUTH AVE SUITE 200 ROCHESTER, NY 14620	22-2702285	501(C)(3)	144,093				AGENCY ALLOCATION
SUNY BROCKPORT 350 NEW CAMPUS DRIVE BROCKPORT, NY 14420	14-6013200	501(C)(3)	42,500				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
TRILLIUM HEALTH 259 MONROE AVENUE ROCHESTER, NY 146071622	16-1356734	501(C)(3)	244,496				AGENCY ALLOCATION
UNITED WAY SERVICES CORP 75 COLLEGE AVENUE ROCHESTER, NY 14607	16-1075480	501(C)(3)	62,626				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
URBAN LEAGUE OF ROCHESTER 265 NORTH CLINTON AVENUE ROCHESTER, NY 14605	16-0906150	501(C)(3)	353,125				AGENCY ALLOCATION
VISITING NURSE SERVICE 2180 EMPIRE BLVD WEBSTER, NY 14580	16-0743215	501(C)(3)	535,712				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 SIGNATURE CARE 2180 EMPIRE BLVD WEBSTER, NY 14580	16-1561691	501(C)(3)	651,542				AGENCY ALLOCATION
VOLUNTEER LEGAL SERVICES PROJECT ONE WEST MAIN STREET 5TH FLOOR ROCHESTER, NY 14614	22-2462905	501(C)(3)	81,397				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
VOLUNTEERS OF AMERICA 214 LAKE AVE ROCHESTER, NY 14608	16-6011713	501(C)(3)	146,375				AGENCY ALLOCATION
WILLOW DOMESTIC VIOLENCE CENTER PO BOX 39601 ROCHESTER, NY 14604	16-1099257	501(C)(3)	273,157				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 GREATER ROCHESTER 444 EAST MAIN STREET ROCHESTER, NY 14604	16-0743242	501(C)(3)	876,301				AGENCY ALLOCATION
YWCA OF ROCHESTER & MONROE COUNTY 175 NORTH CLINTON AVENUE ROCHESTER, NY 14604	16-0743248	501(C)(3)	383,916				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)	14,675				AGENCY ALLOCATION
BIG BROTHERBIG SISTER 232 PLYMOUTH AVENUE SOUTH ROCHESTER, NY 146082237	16-0997229	501(C)(3)	39,550				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)	29,166				AGENCY ALLOCATION
BOYS & GIRLS CLUB OF GENEVA ONE GOODMAN STREET GENEVA, NY 14456	16-1481026	501(C)(3)	45,000				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
CANANDAIGUA VETERANS CLUB PO BOX 1033 CANANDAIGUA, NY 14424	23-7004307	501(C)(3)	6,250				AGENCY ALLOCATION
CATHOLIC CHARITIES OF THE FINGER LAKES 94 EXCHANGE STREET GENEVA, NY 14456	16-0743944	501(C)(3)	130,824				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
CLIFTON SPRINGS YMCA 5 CRANE STREET CLIFTON SPRINGS, NY 14432	16-6000962	501(C)(3)	87,850				AGENCY ALLOCATION
COORDINATED CHILD DEVELOPMENT PROGRAM 400 FORT HILL AVE BLDG 34 CANANDAIGUA, NY 14424	16-0997229	501(C)(3)	36,574				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
FAMILY COUNSELING SERVICE OF THE FINGER LAKES 671 SOUTH EXCHANGE STREET GENEVA, NY 14456	16-0864789	501(C)(3)	90,416				AGENCY ALLOCATION
FLACRA 28 EAST MAIN STREET CLIFTON SPRINGS, NY 14432	20-3807812	501(C)(3)	58,916				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 FAMILY YMCA 399 WILLIAM STREET GENEVA, NY 14456	16-0743236	501(C)(3)	39,666				AGENCY ALLOCATION
GENEVA LAKEFRONT CHILDCARE CENTER 61 ELIZABETH BLACKWELL STREET GENEVA, NY 144563410	16-1000123	501(C)(3)	7,573				AGENCY ALLOCATION

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

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LEGAL ASSISTANCE OF THE FINGER LAKES 361 MAIN STREET GENEVA, NY 144562601	16-0955954	501(C)(3)	32,666				AGENCY ALLOCATION
LITERACY VOLUNTEERS OF ONTARIO 208 SOUTH MAIN STREET CANANDAIGUA, NY 14424	22-2881397	501(C)(3)	6,000				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
PARTNERSHIP FOR ONTARIO 8 COY STREET CANANDAIGUA, NY 14424	16-1546830	501(C)(3)	16,834				AGENCY ALLOCATION
PHELPS COMMUNITY CENTER 8 BANTA STREET SUITE 100 PHELPS, NY 14532	55-0851769	501(C)(3)	55,999				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
SAFE HARBORS OF THE FINGER LAKES PO BOX 624 PENN YAN, NY 14527	56-2290403	501(C)(3)	24,788				AGENCY ALLOCATION
SALVATION ARMY CANANDAIGUA CORPS PO BOX 510 110 SALTONSTALL ST CANANDAIGUA, NY 14424	13-5562351	501(C)(3)	108,500				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 GENEVA CORPS PO BOX 532 GENEVA, NY 14456	13-5562351	501(C)(3)	46,666				AGENCY ALLOCATION
SERENITY HOUSE 1278 BRACE ROAD VICTOR, NY 14564	16-1535985	501(C)(3)	22,400				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
ST VINCENT DEPAUL SOCIETY 95 NORTH MAIN STREET CANANDAIGUA, NY 14424	16-1291205	501(C)(3)	40,834				AGENCY ALLOCATION
YMCA OF GREATER CANANDAIGUA 32 NORTH MAIN ST CANANDAIGUA, NY 14424	16-0755898	501(C)(3)	75,834				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
ALEX ELIGH COMMUNITY CENTER P O BOX 43 EAST AVENUE NEWARK, NY 14513	15-0532223	501(C)(3)	31,092				AGENCY ALLOCATION
AMERICAN RED CROSS - WAYNE 400 SOUTH MAIN STREET NEWARK, NY 14513	53-0196605	501(C)(3)	15,323				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 WAYNE COUNTY 150 VAN BUREN STREET NEWARK, NY 14513	13-5678837	501(C)(3)	5,688				AGENCY ALLOCATION
BIG BROTHERBIG SISTER 232 PLYMOUTH AVENUE SOUTH ROCHESTER, NY 146082237	16-0997229	501(C)(3)	9,750				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
BISHOP SHEEN ECUMENICAL HOUSING 935 EAST AVENUE ROCHESTER, NY 14607	16-6101149	501(C)(3)	6,250				AGENCY ALLOCATION
BOY SCOUTS OF AMERICA - SENECA WATERWAYS COUNCIL 3685 PRE-EMPTION ROAD GENEVA, NY 14456	22-1576300	501(C)(3)	14,083				AGENCY ALLOCATION

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

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CATHOLIC CHARITIES OF WAYNE 1141 EAST UNION STREET NEWARK, NY 14513	20-4649120	501(C)(3)	183,942				AGENCY ALLOCATION
FAMILY COUNSELING SERVICE OF THE FINGER LAKES 671 SOUTH EXCHANGE STREET GENEVA, NY 14456	16-0864789	501(C)(3)	29,792				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)	21,667				AGENCY ALLOCATION
FOODLINK 1999 MT READ BLVD ROCHESTER, NY 14615	22-2428304	501(C)(3)	23,833				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
GIRL SCOUTS OF THE USA NYPENN 300 ROUTE 318 RD 2 PHELPS, NY 14532	16-0844808	501(C)(3)	14,083				AGENCY ALLOCATION
HOME MEAL SERVICE 1519 NYE ROAD SUITE 400 LYONS, NY 14489	22-2176702	501(C)(3)	21,667				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
LITERACY VOLUNTEERS OF WAYNE 12 CANAL STREET LYONS, NY 14489	16-1343466	501(C)(3)	13,325				AGENCY ALLOCATION
LYONS COMMUNITY CENTER PO BOX 70 LYONS, NY 144890070	15-0503158	501(C)(3)	18,417				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
PALMYRA COMMUNITY CENTER 424 STAFFORD STREET PO BOX 404 PALMYRA, NY 14522	16-1126996	501(C)(3)	15,664				AGENCY ALLOCATION
VICTIMS RESOURCE CENTER 132 HARRISON STREET NEWARK, NY 14513	16-1208385	501(C)(3)	11,700				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
WAYNE PRE-TRIAL SERVICES 103 COLTON AVENUE NEWARK, NY 14513	22-2272583	501(C)(3)	10,833				AGENCY ALLOCATION
BOY SCOUTS OF AMERICA IROQUOIS TRAIL COUNCIL 7121 ROCHESTER ROAD LOCKPORT, NY 140941625	22-1576300	501(C)(3)	9,208				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
GENESEEWYOMING COUNTY YMCA 209 EAST MAIN STREET BATAVIA, NY 14020	16-0743230	501(C)(3)	10,000				AGENCY ALLOCATION
HOMECARE & HOSPICE 1225 WEST STATE STREET OLEAN, NY 14760	16-0844109	501(C)(3)	9,079				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
WYOMING COUNTY BUSINESS EDUCATION COUNCIL 6470 ROUTE 20ASUITE 3 PERRY, NY 145309797	16-1399355	501(C)(3)	9,500				AGENCY ALLOCATION
WYOMING COUNTY COMMUNITY ACTION 6470 ROUTE 20A PERRY, NY 14530	16-1488538	501(C)(3)	10,788				AGENCY ALLOCATION

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

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13 THIRTY CANCER CONNECT 1000 ELMWOOD AVE HENRIETTA, NY 14620	13-4167052	501(C)(3)	10,904				DONOR DESIGATIONS
ACTION FOR A BETTER 400 WEST AVE ROCHESTER, NY 14611	16-0902835	501(C)(3)	5,789				DONOR DESIGATIONS

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)	14,261				DONOR DESIGATIONS
ALS OF UPSTATE NEW YORK 135 OLD COVE ROAD LIVERPOOL, NY 13088	41-2129176	501(C)(3)	8,964				DONOR DESIGATIONS

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ALZHEIMER'S ASSOCIATION 435 EAST HENRIETTA ROAD ROCHESTER, NY 14620	16-1159941	501(C)(3)	73,917				DONOR DESIGNATIONS
AMERICAN CANCER SOCIETY 1120 S GOODMAN STREET ROCHESTER, NY 14620	16-0743902	501(C)(3)	45,115				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)	26,611				DONOR DESIGATIONS
AMERICAN HEART ASSOC 25 CIRCLE STREET ROCHESTER, NY 14607	13-5613797	501(C)(3)	21,560				DONOR DESIGATIONS

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)	7,514				DONOR DESIGATIONS
ASBURY DININGCARING CENTER 1050 EAST AVENUE ROCHESTER, NY 14607	16-0755728	501(C)(3)	10,282				DONOR DESIGATIONS

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)	15,435				DONOR DESIGATIONS
AURORA HOUSE OF WESTERN MONROE COUNTY PO BOX 21 SPENCERPORT, NY 14559	20-8748980	501(C)(3)	8,704				DONOR DESIGATIONS

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

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BENINCASA INC 3880 RUSH MENDON ROAD MENDON, NY 14506	16-1502442	501(C)(3)	16,708				DONOR DESIGATIONS
BERGEN FIRE DEPT 10 HUNTER STREET BERGEN, NY 14416	22-2328450	501(C)(3)	5,128				DONOR DESIGATIONS

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

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BETHANY HOUSE INC 1111 JOSEPH AVENUE ROCHESTER, NY 14621	22-2850706	501(C)(3)	13,692				DONOR DESIGNATIONS
BIVONA CHILD ADVOCACY CENTER 1 MOUNT HOPE AVE ROCHESTER, NY 14621	03-0519569	501(C)(3)	39,976				DONOR DESIGNATIONS

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

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BLESSED SACRAMENT SUPPER 259 RUTGERS STREET ROCHESTER, NY 14607	16-0752496	501(C)(3)	25,815				DONOR DESIGATIONS
BREAST CANCER COALITION OF 840 UNIVERSITY AVENUE ROCHESTER, NY 146071236	16-1541293	501(C)(3)	77,844				DONOR DESIGATIONS

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

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CAMERON COMMUNITY MINISTRIES 48 CAMERON STREET ROCHESTER, NY 146061743	16-1257507	501(C)(3)	22,861				DONOR DESIGATIONS
CAMP GOOD DAYS PO BOX 665 MENDON, NY 14506	22-2329654	501(C)(3)	78,061				DONOR DESIGATIONS

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)	5,487				DONOR DESIGATIONS
CAMP STELLA MARIS 4395 EAST LAKE ROAD LIVONIA, NY 14487	16-0743941	501(C)(3)	11,283				DONOR DESIGATIONS

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

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CANCER WELLNESS CONNECTIONS 7 BRICKSTON DR PITTSFORD, NY 14534	20-5543461	501(C)(3)	6,894				DONOR DESIGATIONS
CASA OF ROCHESTERMONROE CNTY HALL OF JUSTICE ROOM 332 ROCHESTER, NY 14614	22-2296489	501(C)(3)	5,730				DONOR DESIGATIONS

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

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CATHOLIC CHARITIES COMMUNITY 1099 JAY STREET ROCHESTER, NY 14611	16-0743944	501(C)(3)	14,641				DONOR DESIGATIONS
CDS MONARCH 860 HARD ROAD WEBSTER, NY 14580	16-1089115	501(C)(3)	14,929				DONOR DESIGATIONS

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)	5,680				DONOR DESIGATIONS
CHARLES FINNEY CORPORATE HIGH SCHOOL 2070 FIVE MILE LINE ROAD PENFIELD, NY 14526	16-1422818	501(C)(3)	21,274				DONOR DESIGATIONS

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)	9,769				DONOR DESIGATIONS
CHILI FIRE DEPARTMENT INC 3231 CHILI AVENUE ROCHESTER, NY 14624	16-6063476	501(C)(3)	12,721				DONOR DESIGATIONS

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)	8,422				DONOR DESIGATIONS
CHURCHVILLE VOLUNTEER FIRE 24 WASHINGTON STREET CHURCHVILLE, NY 14428	22-2332150	501(C)(3)	9,291				DONOR DESIGATIONS

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

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CRISIS PREGNANCY SERVICES 2024 WEST HENRIETTA ROAD SUITE 6D ROCHESTER, NY 14623	16-1157181	501(C)(3)	35,985				DONOR DESIGATIONS
CROHN'S & COLITIS FOUNDATION 2117 BUFFALO ROAD SUITE 299 ROCHESTER, NY 14624	13-6193105	501(C)(3)	9,730				DONOR DESIGATIONS

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

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CROSSROADS HOUSE 11 LIBERTY STREET PO BOX 403 BATAVIA, NY 14021	16-1505042	501(C)(3)	9,485				DONOR DESIGATIONS
CURE CHILDHOOD CANCER 200 WESTFALL ROAD ROCHESTER, NY 14620	51-0215037	501(C)(3)	40,454				DONOR DESIGATIONS

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CYSTIC FIBROSIS FOUNDATION PO BOX 368 PITTSFORD, NY 14534	13-1930701	501(C)(3)	9,236				DONOR DESIGATIONS
DAVID HOCHSTEIN MEMORIAL MUSIC 50 NORTH PLYMOUTH AVENUE ROCHESTER, NY 14614	16-0768758	501(C)(3)	7,844				DONOR DESIGATIONS

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)	23,440				DONOR DESIGATIONS
EAST HOUSE CORP 259 MONROE AVENUE SUITE 200 ROCHESTER, NY 14607	16-0926404	501(C)(3)	14,371				DONOR DESIGATIONS

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EMBRACE YOUR SISTERS PO BOX 322 CANANDAIGUA, NY 14424	80-0277604	501(C)(3)	5,279				DONOR DESIGATIONS
EPILEPSY-PRALID INC 2 TOWNLINE CIRCLE ROCHESTER, NY 14623	16-1422825	501(C)(3)	18,856				DONOR DESIGATIONS

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

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EPISCOPAL SENIORLIFE 505 MOUNT HOPE AVENUE ROCHESTER, NY 14620	16-1509425	501(C)(3)	13,462				DONOR DESIGATIONS
EQUICENTER 3247 RUSH MENDON ROAD HONEOYE FALLS, NY 14472	33-1082985	501(C)(3)	10,118				DONOR DESIGATIONS

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FAIRPORT BAPTIST HOMES 4646 NINE MILE POINT ROAD FAIRPORT, NY 14450	16-0341870	501(C)(3)	10,492				DONOR DESIGATIONS
FAIRPORT FIRE DEPARTMENT 27 EAST CHURCH STREET FAIRPORT, NY 14450	16-1372980	501(C)(3)	11,914				DONOR DESIGATIONS

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FAMILY RESTORATION PROJECT INC 360 WELLINGTON AVENUE ROCHESTER, NY 14619	16-1486503	501(C)(3)	8,183				DONOR DESIGATIONS
FLOWER CITY HABITAT FOR 755 CULVER ROAD ROCHESTER, NY 14609	13-3281487	501(C)(3)	24,619				DONOR DESIGATIONS

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

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FREDERICK FERRIS THOMPSON HOSPITAL 350 PARRISH STREET CANANDAIGUA, NY 14424	16-0743024	501(C)(3)	6,135				DONOR DESIGATIONS
FUTURE BOXING CLUB INC 460 BUFFALO ROAD ROCHESTER, NY 14611	26-3728923	501(C)(3)	6,788				DONOR DESIGATIONS

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GATES-CHILI FIRE DEPARTMENT 2355 CHILI AVE ROCHESTER, NY 14624	16-0780963	501(C)(3)	5,150				DONOR DESIGATIONS
GATES VOLUNTEER AMBULANCE 1001 ELMGROVE ROAD ROCHESTER, NY 14624	16-6054869	501(C)(3)	8,270				DONOR DESIGATIONS

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

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GILDA'S CLUB - AKA CANCER ACTION INC 255 ALEXANDER STREET ROCHESTER, NY 14607	16-0836556	501(C)(3)	24,744				DONOR DESIGATIONS
GILLAM-GRANT COMMUNITY CENTER 6966 WEST BERGEN ROAD BERGEN, NY 14416	16-1025925	501(C)(3)	8,982				DONOR DESIGATIONS

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

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GOLISANO CHILDREN'S HOSPITAL AT STRONG 1000 EAST RIVER ROAD ROCHESTER, NY 14623	16-0743209	501(C)(3)	104,607				DONOR DESIGATIONS
GOOD NEWS JAIL & PRISON 130 SOUTH PLYMOUTH AVENUE ROCHESTER, NY 14614	54-0703077	501(C)(3)	10,302				DONOR DESIGATIONS

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)	6,409				DONOR DESIGATIONS
GREECE VOLUNTEER AMBULANCE 867 LONG POND ROAD ROCHESTER, NY 14612	16-1126181	501(C)(3)	14,747				DONOR DESIGATIONS

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

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HAPPINESS HOUSEFINGER LAKES 731 PRE EMPTION ROAD GENEVA, NY 14456	16-0965912	501(C)(3)	10,792				DONOR DESIGATIONS
HENRIETTA FIRE COMPANY #1INC 3129 EAST HENRIETTA ROAD PO BOX 102 102 HENRIETTA, NY 14467	16-1223814	501(C)(3)	7,921				DONOR DESIGATIONS

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

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HERITAGE CHRISTIAN SERVICES 275 KENNETH DRIVE SUITE 100 ROCHESTER, NY 14623	22-2334190	501(C)(3)	40,071				DONOR DESIGATIONS
HIGHLAND HOSPITAL CO U OF R 300 E RIVER ROAD PO BOX 278996 ROCHESTER, NY 146278996	23-7310662	501(C)(3)	22,567				DONOR DESIGATIONS

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

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HILLEL SCHOOL 191 FAIRFIELD DRIVE ROCHESTER, NY 14620	16-0743038	501(C)(3)	8,000				DONOR DESIGATIONS
HILTON FIRE DEPARTMENT 120 OLD HOJACK LANE HILTON, NY 14468	16-0996419	501(C)(3)	6,773				DONOR DESIGATIONS

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

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HONEYE FALLS MENDON VOLUNTEER AMBULANCE 210 EAST STREET HONEYE FALLS, NY 14472	16-1467662	501(C)(3)	5,258				DONOR DESIGATIONS
HOPE HALL 1612 BUFFALO ROAD ROCHESTER, NY 14618	16-1463706	501(C)(3)	60,289				DONOR DESIGATIONS

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

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HOUSE OF JOHN 14 SPRING STREET ROCHESTER, NY 14621	20-4539532	501(C)(3)	9,804				DONOR DESIGNATIONS
HOUSE OF MERCY 285 ORMOND STREET ROCHESTER, NY 14605	31-1754068	501(C)(3)	38,906				DONOR DESIGNATIONS

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

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HUMANE SOCIETY OF WAYNE COUNTY 1475 COUNTY HOUSE ROAD LYONS, NY 14489	22-2541964	501(C)(3)	14,893				DONOR DESIGATIONS
IRONDEQUOIT COMMUNITY CUPBOARD 4275 CULVER ROAD ROCHESTER, NY 14622	56-2367283	501(C)(3)	18,417				DONOR DESIGATIONS

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

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IRONDEQUOIT VOLUNTEER AMBULANCE 2330 NORTON ST BOX 90360 ROCHESTER, NY 14605	16-1179476	501(C)(3)	5,411				DONOR DESIGATIONS
ISAIAH HOUSE INC 71 PRINCE STREET CALEDONIA, NY 14423	16-1587953	501(C)(3)	19,389				DONOR DESIGATIONS

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ISLAMIC CENTER OF ROCHESTER 727 WESTFALL ROAD PO BOX 23266 ROCHESTER, NY 14692	16-1115214	501(C)(3)	14,176				DONOR DESIGATIONS
ITS ABOUT CARING FOR KIDS INC PO BOX 16201 ROCHESTER, NY 14616	45-4391226	501(C)(3)	21,693				DONOR DESIGATIONS

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(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
JEWISH COMMUNITY CENTER 1200 EDGEWOOD AVE ROCHESTER, NY 14618	16-0743060	501(C)(3)	25,329				DONOR DESIGATIONS
JEWISH HOME OF ROCHESTER 2021 WINTON ROAD SOUTH ROCHESTER, NY 14618	16-0743058	501(C)(3)	6,818				DONOR DESIGATIONS

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
JIM DOOLEY CENTER FOR EARLY LEARNING 196 NORTH STREET GENEVA, NY 14456	16-0743032	501(C)(3)	6,841				DONOR DESIGATIONS
JOURNEY HOME INC 994 LONG POND ROAD ROCHESTER, NY 14626	16-1488829	501(C)(3)	22,974				DONOR DESIGATIONS

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
JOYFUL RESCUES INC 1319 TUROCK DRIVE CUBA, NY 14727	65-1183542	501(C)(3)	12,127				DONOR DESIGATIONS
JUNIOR ACHIEVEMENT OF CENTRAL NY 1 WASHINGTON STREET SOUTH ROCHESTER, NY 14614	16-0956147	501(C)(3)	34,751				DONOR DESIGATIONS

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
JUVENILE DIABETES RESEARCH 1200 A SCOTTSVILLE RD ROCHESTER, NY 14624	23-1907729	501(C)(3)	22,109				DONOR DESIGATIONS
LIFETIME ASSISTANCE 425 PAUL ROAD ROCHESTER, NY 14624	22-2221158	501(C)(3)	16,740				DONOR DESIGATIONS

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
LIFETIME CARE 3111 WINTON ROAD SOUTH ROCHESTER, NY 14623	16-0844109	501(C)(3)	12,912				DONOR DESIGATIONS
LITERACY VOLUNTEERS OF ROCHESTER 1600 SOUTH AVENUE ROCHESTER, NY 14620	23-7110291	501(C)(3)	14,477				DONOR DESIGATIONS

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
LOLLYPOP FARM HUMANE SOCIETY OF GREATER ROCHESTER 99 VICTOR ROAD ROCHESTER, NY 14616	16-0743047	501(C)(3)	186,373				DONOR DESIGATIONS
LUPUS ALLIANCE OF UPSTATE NY 438 MAIN STREET BUFFALO, NY 14202	16-1081561	501(C)(3)	6,791				DONOR DESIGATIONS

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
MAKE-A-WISH FOUNDATION OF METRO NY AND WESTERN NY 3025 MONROE AVE ROCHESTER, NY 14618	11-2645641	501(C)(3)	23,060				DONOR DESIGATIONS
MARY M GOOLEY HEMOPHILIA CENTER 1415 PORTLAND AVE ROCHESTER, NY 14621	16-0836536	501(C)(3)	7,367				DONOR DESIGATIONS

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
MATT TALBOT MINISTRIES INC 514 OXFORD STREET ROCHESTER, NY 14607	22-2522242	501(C)(3)	7,289				DONOR DESIGATIONS
MATTHEW'S CLOSET 124 EVERGREEN STREET ROCHESTER, NY 14605	16-0755765	501(C)(3)	6,250				DONOR DESIGATIONS

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
MCQUAID JESUIT HIGH SCHOOL 1800 SOUTH CLINTON AVE ROCHESTER, NY 14618	16-0781584	501(C)(3)	14,461				DONOR DESIGATIONS
MERCY FLIGHT CENTRAL INC 2420 BRICKYARD ROAD CANANDAIGUA, NY 14424	16-1427751	501(C)(3)	53,452				DONOR DESIGATIONS

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
MT CARMEL HOUSE INC 288 FRISBEE HILL ROAD HILTON, NY 14468	16-1259069	501(C)(3)	6,020				DONOR DESIGATIONS
NAMI ROCHESTER (ALLIANCE FOR MENTALLY ILL) 320 N GOODMAN STREET ROCHESTER, NY 14607	22-2797794	501(C)(3)	7,283				DONOR DESIGATIONS

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 CENTER FOR MISSING 275 LAKE AVENUE ROCHESTER, NY 14608	52-1328557	501(C)(3)	9,689				DONOR DESIGATIONS
NATIONAL KIDNEY FOUNDATION 1344 UNIVERSITY AVE SUITE 270 ROCHESTER, NY 14607	16-1169134	501(C)(3)	14,144				DONOR DESIGATIONS

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 UPSTATE NEW YORK CHAPTER 1000 ELMWOOD AVENUE SUITE 900 ROCHESTER, NY 14620	16-0777886	501(C)(3)	30,581				DONOR DESIGATIONS
NATIONAL PARKINSON FOUNDATION - GREATER ROCHESTER PO BOX 23204 ROCHESTER, NY 14692	16-1496012	501(C)(3)	5,085				DONOR DESIGATIONS

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
NATIVITY PREPARATORY ACADEMY ASSOCIATES 15 WHALIN STREET ROCHESTER, NY 14620	26-3155719	501(C)(3)	6,875				DONOR DESIGATIONS
NORMAN HOWARD SCHOOL 275 PINNACLE ROAD ROCHESTER, NY 14623	11-9904502	501(C)(3)	11,849				DONOR DESIGATIONS

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
ONTARIO ARC 3071 COUNTY COMPLEX DRIVE CANANDAIGUA, NY 14424	16-0786219	501(C)(3)	9,994				DONOR DESIGATIONS
ONTARIO COUNTY HUMANE SOCIETY 2976 COUNTY ROAD 48 CANANDAIGUA, NY 14424	16-1361934	501(C)(3)	9,663				DONOR DESIGATIONS

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
OPEN DOOR MISSION 156 NORTH PLYMOUTH ROCHESTER, NY 14614	16-6050714	501(C)(3)	17,812				DONOR DESIGATIONS
OUT ALLIANCE 100 COLLEGE AVENUE SUITE 110 ROCHESTER, NY 14607	16-1066400	501(C)(3)	29,613				DONOR DESIGATIONS

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
OUTREACH COMMUNITY CENTER 447 GENESEE STREET ROCHESTER, NY 14611	16-1268037	501(C)(3)	8,236				DONOR DESIGATIONS
PERINTON VOLUNTEER AMBULANCE 1400 TURK HILL ROAD FAIRPORT, NY 144508751	16-0914440	501(C)(3)	5,703				DONOR DESIGATIONS

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
PINES OF PEACE INC 2378 RIDGE ROAD PO BOX 238 ONTARIO, NY 14519	16-1531479	501(C)(3)	10,069				DONOR DESIGATIONS
PIRATE TOY FUND 1453 MAIN STREET EAST ROCHESTER, NY 14609	16-1548695	501(C)(3)	5,765				DONOR DESIGATIONS

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
PITTSFORD VOLUNTEER AMBULANCE 40 TOBEY ROAD PITTSFORD, NY 14534	23-7100977	501(C)(3)	7,430				DONOR DESIGATIONS
PITTSFORD YOUTH SERVICES INC 4 SOUTH MAIN STREET PITTSFORD, NY 14534	16-1299684	501(C)(3)	5,729				DONOR DESIGATIONS

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)	163,952				DONOR DESIGNATIONS
PLUTA CANCER CENTER 125 RED CREEK DRIVE ROCHESTER, NY 14623	02-0535964	501(C)(3)	38,706				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) 142 WEBSTER AVE ROCHESTER, NY 14609	41-2064888	501(C)(3)	14,108				DONOR DESIGATIONS
RESOLVE OF ROCHESTER PO BOX 21 FAIRPORT, NY 14450	27-3618657	501(C)(3)	7,779				DONOR DESIGATIONS

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 CRIME STOPPERS PO BOX 92208 ROCHESTER, NY 14692	16-1190497	501(C)(3)	5,437				DONOR DESIGATIONS
ROCHESTER FAMILY MISSION 388 TREMONT STREET ROCHESTER, NY 14608	16-0796383	501(C)(3)	5,761				DONOR DESIGATIONS

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 GENERAL HOSPITAL 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617	16-0743134	501(C)(3)	5,276				DONOR DESIGNATIONS
ROCHESTER HEARING AND SPEECH CENTER 1000 ELMWOOD AVENUE SUITE 400 ROCHESTER, NY 14620	16-0743137	501(C)(3)	7,253				DONOR DESIGNATIONS

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

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ROCHESTER PHILHARMONIC YOUTH ORCHESTER 255 EAST AVENUE ROCHESTER, NY 14604	16-0765613	501(C)(3)	5,135				DONOR DESIGATIONS
ROCHESTER REGIONAL HEALTHROCHESTER GENERAL 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617	22-2229425	501(C)(3)	18,502				DONOR DESIGATIONS

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 ROTARY SUNSHINE 180 LINDEN OAKS DRIVE ROCHESTER, NY 14625	16-0778060	501(C)(3)	16,722				DONOR DESIGATIONS
ROCHESTER SAILING AND BOATING FOUNDATION 5555 ST PAUL BLVD ROCHESTER, NY 14617	27-1410019	501(C)(3)	5,165				DONOR DESIGATIONS

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

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ROCHESTER SCHOOL FOR THE DEAF 1545 ST PAUL STREET ROCHESTER, NY 14621	16-0761231	501(C)(3)	11,151				DONOR DESIGNATIONS
ROCHESTER YOUTH FOR CHRIST PO BOX 30069 ROCHESTER, NY 146033069	16-0821835	501(C)(3)	7,536				DONOR DESIGNATIONS

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

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RONALD MCDONALD HOUSE 333 WESTMORELAND DRIVE ROCHESTER, NY 14620	16-1271311	501(C)(3)	59,782				DONOR DESIGATIONS
RRHS UNITY HOSPITAL 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617	23-7221763	501(C)(3)	5,241				DONOR DESIGATIONS

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

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SAINT'S PLACE 46 SOUTH MAIN STREET PITTSFORD, NY 14534	16-0755852	501(C)(3)	9,015				DONOR DESIGATIONS
SHEPHERD HOME 1959 FIVE MILE LINE RD PENFIELD, NY 14526	03-0381582	501(C)(3)	9,590				DONOR DESIGATIONS

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
SODUS BAY JUNIOR SAILING AND BOATING FOUNDATION PO BOX 117 SODUS POINT, NY 14555	15-0585554	501(C)(3)	5,905				DONOR DESIGATIONS
SOJOURNER HOUSE 30 MILLBANK STREET ROCHESTER, NY 14619	16-1170113	501(C)(3)	9,098				DONOR DESIGATIONS

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
SPENCERPORT VOLUNTEER FIREMEN 175 LYELL AVE SPENCERPORT, NY 14559	16-6063665	501(C)(3)	8,994				DONOR DESIGATIONS
SPIRITUS CHRISTI MENTAL HEALTH CENTER 121 NORTH FITZHUGH STREET ROCHESTER, NY 14614	16-1563341	501(C)(3)	20,111				DONOR DESIGATIONS

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

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SPIRITUS CHRISTI PRISON OUTREACH 934 CULVER ROAD ROCHESTER, NY 146097143	16-1582433	501(C)(3)	17,618				DONOR DESIGATIONS
ST JOHN'S HOME 150 HIGHLAND AVE ROCHESTER, NY 14620	16-1469476	501(C)(3)	11,505				DONOR DESIGATIONS

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

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ST JOSEPH'S NEIGHBORHOOD CENTR 417 SOUTH AVE ROCHESTER, NY 14620	16-0743089	501(C)(3)	42,657				DONOR DESIGATIONS
ST ANN'S COMMUNITY 1500 PORTLAND AVENUE ROCHESTER, NY 14621	16-1494042	501(C)(3)	45,020				DONOR DESIGATIONS

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 PETER'S KITCHEN PO BOX 11031 ROCHESTER, NY 14611	16-0755765	501(C)(3)	5,504				DONOR DESIGATIONS
STRONG MEMORIAL HOSPITAL 300 E RIVER ROAD PO BOX 278996 ROCHESTER, NY 146278996	16-0743209	501(C)(3)	49,727				DONOR DESIGATIONS

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

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SUNSET HOUSE INC 3746 ST PAUL BOULEVARD ROCHESTER, NY 14617	22-3070946	501(C)(3)	12,588				DONOR DESIGATIONS
THE AUTISM COUNCIL 1025 COMMONS WAY ROCHESTER, NY 14623	26-1430358	501(C)(3)	7,814				DONOR DESIGATIONS

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

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THE LEUKEMIA & LYMPHOMA SOCIETY 4043 MAPLE ROAD AMHERST, NY 14226	13-5644916	501(C)(3)	7,404				DONOR DESIGATIONS
THE STRONG (MUSEUM) 1 MANHATTAN SQUARE DRIVE ROCHESTER, NY 14607	16-0954168	501(C)(3)	10,309				DONOR DESIGATIONS

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
TRUE NORTH ROCHESTER PREPARATORY CHARTER SCHOOL 630 BROOKS AVE ROCHESTER, NY 14619	20-5060104	501(C)(3)	10,069				DONOR DESIGATIONS
UNITED CEREBRAL PALSY ASSOCIATION OF ROCHESTER 3399 SOUTH WINTON ROAD ROCHESTER, NY 14623	16-0743950	501(C)(3)	12,792				DONOR DESIGATIONS

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
UPSTATE NEW YORK FAMILIES FOR EFFECTIVE AUTISM 855 PUBLISHERS PARKWAY WEBSTER, NY 14580	04-3833868	501(C)(3)	28,480				DONOR DESIGATIONS
VERONA STREET ANIMAL SOCIETY PO BOX 22874 ROCHESTER, NY 14607	74-3141579	501(C)(3)	32,595				DONOR DESIGATIONS

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)	62,551				DONOR DESIGNATIONS
VICTOR-FARMINGTON FOOD 221 HIGH STREET VICTOR, NY 14564	22-2087052	501(C)(3)	11,503				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)	7,763				DONOR DESIGATIONS
VILLA OF HOPE 3300 DEWEY AVENUE ROCHESTER, NY 14616	16-0743164	501(C)(3)	40,853				DONOR DESIGATIONS

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
WALWORTH AMBULANCE PO BOX 36 WALWORTH, NY 14568	26-2568760	501(C)(3)	7,767				DONOR DESIGATIONS
WEBSTER COMFORT CARE 700 HOLT ROAD WEBSTER, NY 14580	91-2119016	501(C)(3)	13,731				DONOR DESIGATIONS

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
WEST WEBSTER VOLUNTEER FIREMAN'S 1051 GRAVEL ROAD WEST WEBSTER, NY 14580	86-1082684	501(C)(3)	12,110				DONOR DESIGATIONS
WILLIAMSON VOLUNTEER AMBULANCE SERVICE PO BOX 99 WILLIAMSON, NY 14589	22-2667299	501(C)(3)	5,241				DONOR DESIGATIONS

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 LIFE ROCHESTER WEST PO BOX 60 NORTH CHILI, NY 14514	84-0385934	501(C)(3)	5,013				DONOR DESIGATIONS
YOUNG WOMEN'S COLLEGE PREP 133 HOOVER DRIVE ROCHESTER, NY 14615	45-3436498	501(C)(3)	6,410				DONOR DESIGATIONS

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
ACTION FOR A BETTER 400 WEST AVE ROCHESTER, NY 14611	16-0902835	501(C)(3)	232,250				SPECIAL GRANT
ANTHONY JORDAN HEALTH 82 HOLLAND STREET ROCHESTER, NY 14605	16-0977295	501(C)(3)	35,050				SPECIAL GRANT

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
CHILDREN'S INSTITUTE 274 N GOODMAN ST SUITE D103 ROCHESTER, NY 14607	23-7102638	501(C)(3)	20,000				SPECIAL GRANT
CONSUMER CREDIT CONSELING 1000 UNIVERSITY AVE SUITE 900 ROCHESTER, NY 14607	16-0972260	501(C)(3)	15,000				SPECIAL GRANT

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 CARE SERVICES 1099 JAY STREET ROCHESTER, NY 14611	22-2573042	501(C)(3)	20,000				SPECIAL GRANT
FINGER LAKES COMMUNITY HEALTH PO BOX 423 PENN YAN, NY 14527	16-1581104	501(C)(3)	37,800				SPECIAL GRANT

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
FLOWER CITY PICKERS PO BOX 18801 ROCHESTER, NY 14618	82-4763504	501(C)(3)	30,000				SPECIAL GRANT
GREATER ROCHESTER SUMMER LEARNING 1981 CLOVER STREET ROCHESTER, NY 14618	45-2797098	501(C)(3)	614,700				SPECIAL GRANT

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
HOUSE OF MERCY 285 ORMOND STREET ROCHESTER, NY 14605	31-1754068	501(C)(3)	37,500				SPECIAL GRANT
JUDICIAL PROCESS COMMISSION 1921 NORTON STREET ROCHESTER, NY 14609	22-3153478	501(C)(3)	10,000				SPECIAL GRANT

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
KAREN ROGERS DBA EXERCISE EXPRESS 200 WEST AVENUE ROCHESTER, NY 14611	61-1701481	501(C)(3)	10,000				SPECIAL GRANT
KIDS THRIVE 585 PO BOX 16814 ROCHESTER, NY 14612	47-3150275	501(C)(3)	10,000				SPECIAL GRANT

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 WESTERN NY 1 WEST MAIN STREET 4TH FLOOR ROCHESTER, NY 146041350	16-0955954	501(C)(3)	33,063				SPECIAL GRANT
MT HOPE FAMILY CENTER 187 EDINBURGH STREET ROCHESTER, NY 14608	16-0743209	501(C)(3)	23,063				SPECIAL GRANT

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
NYCON 272 BROADWAY ALBANY, NY 12204	14-1343047	501(C)(3)	62,701				SPECIAL GRANT
ROCHESTER AREA COMMUNITY FOUNDATION 500 EAST AVENUE ROCHESTER, NY 14607	23-7250641	501(C)(3)	48,926				SPECIAL GRANT

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 REGIONAL HEALTHROCHESTER GENERAL 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617	22-2229425	501(C)(3)	60,000				SPECIAL GRANT
ROCHESTER SPINAL ASSOCIATION 601 ELMWOOD AVE ROCHESTER, NY 14642	22-3041847	501(C)(3)	10,000				SPECIAL GRANT

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
ROCHESTERMONROE COUNTY HOMELESS CONTINUM OF CARE 560 WEST MAIN STREET ROCHESTER, NY 14608	46-5691570	501(C)(3)	10,000				SPECIAL GRANT
ROSA CURTIS - MARVELOUS MIND ACADEMY PO BOX 24965 ROCHESTER, NY 14624	47-1028383	501(C)(3)	50,000				SPECIAL GRANT

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)	14,100				SPECIAL GRANT
SOUTH EAST AREA COALITION 258 ALEXANDER STREET ROCHESTER, NY 14607	16-0963924	501(C)(3)	31,650				SPECIAL GRANT

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 JOSEPH'S NEIGHBORHOOD CENTR 417 SOUTH AVE ROCHESTER, NY 14620	16-0743089	501(C)(3)	70,818				SPECIAL GRANT
THE CHILDREN'S AGENDA 1 SOUTH WASHINGTON STREET ROCHESTER, NY 14614	20-1547478	501(C)(3)	25,000				SPECIAL GRANT

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
TRI-COUNTY FAMILY MEDICINE PO BOX 601 DANSVILLE, NY 14437	16-0997545	501(C)(3)	50,500				SPECIAL GRANT
UNIVERSITY OF ROCHESTER - STRONG PO BOX 23029 ROCHESTER, NY 14692	16-0743209	501(C)(3)	40,000				SPECIAL GRANT

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
VETERANS OUTREACH CENTER INC 459 SOUTH AVENUE ROCHESTER, NY 14620	16-1137379	501(C)(3)	10,000				SPECIAL GRANT
VILLA OF HOPE 3300 DEWEY AVENUE ROCHESTER, NY 14616	16-0743164	501(C)(3)	39,300				SPECIAL GRANT

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
WORKER JUSTICE CENTER 1187 CULVER ROAD ROCHESTER, NY 14609	16-1155130	501(C)(3)	8,200				SPECIAL GRANT
WXXI PUBLIC BROADCASTING 280 STATE STREET ROCHESTER, NY 14603	16-0838086	501(C)(3)	10,000				SPECIAL GRANT

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 PROGRAM 282 HOLLENBECK STREET ROCHESTER, NY 14621	47-5000982	501(C)(3)	270,000				SPECIAL GRANT
CAMP GOOD DAYS & SPECIAL TIMES 1332 PITTSFORD-MENDON ROAD MENDON, NY 14506	22-2329654	501(C)(3)	5,621				ROC THE DAY 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
CAUSEWAVE COMMUNITY PARTNERS 274 NORTH GOODMAN STREET ROCHESTER, NY 14607	16-0741816	501(C)(3)	6,257				ROC THE DAY DESIGNATIONS
FAIRY GODMOTHERS INC 3 SUNRISE PARK PITTSFORD, NY 14534	23-3070710	501(C)(3)	12,692				ROC THE DAY 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
FOODLINK INC 1999 MT READ BOULEVARD ROCHESTER, NY 14615	22-2428304	501(C)(3)	18,057				ROC THE DAY DESIGNATIONS
GENESEE LAND TRUST INC 46 PRINCE STREET ROCHESTER, NY 14607	22-3033712	501(C)(3)	6,797				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)	5,883				ROC THE DAY DESIGNATIONS
LAGOM LANDING INC 7966 REEDS CORNERS ROAD DANSVILLE, NY 14437	27-2789939	501(C)(3)	12,732				ROC THE DAY 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
LEGAL AID SOCIETY OF ROCHESTER 1 WEST MAIN STREET SUITE 800 ROCHESTER, NY 14614	16-0743070	501(C)(3)	6,178				ROC THE DAY DESIGNATIONS
LOLLYPOP FARM HUMANE SOCIETY 99 VICTOR ROAD FAIRPORT, NY 14450	16-0743047	501(C)(3)	15,168				ROC THE DAY 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
MARY CARIOLA CHILDREN CENTER 1000 ELMWOOD SUITE 100 ROCHESTER, NY 14620	16-0771078	501(C)(3)	10,116				ROC THE DAY DESIGNATIONS
MONROE COMMUNITY COLLEGE FOUNDATION 228 EAST MAIN STREET ROCHESTER, NY 14604	16-1204210	501(C)(3)	7,859				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)	9,183				ROC THE DAY DESIGNATIONS
PLANNED PARENTHOOD OF CENTRAL & WESTERN NY 114 UNIVERSITY AVE ROCHESTER, NY 14605	16-0743085	501(C)(3)	6,661				ROC THE DAY DESIGNATIONS

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

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RUNDELL LIBRARY FOUNDATION 115 SOUTH AVENUE ROCHESTER, NY 14604	16-1347453	501(C)(3)	5,696				ROC THE DAY DESIGNATIONS
SISTERS OF SAINT JOSEPH OF ROCHESTER INC 150 FRENCH ROAD ROCHESTER, NY 14618	16-0743089	501(C)(3)	11,101				ROC THE DAY 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 JOSEPH'S NEIGHBORHOOD CENTER 417 SOUTH AVENUE ROCHESTER, NY 14620	16-0743089	501(C)(3)	16,958				ROC THE DAY DESIGNATIONS
ST JOHN'S HOME FOUNDATION 150 HIGHLAND AVENUE ROCHESTER, NY 14620	16-1423452	501(C)(3)	7,947				ROC THE DAY 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
TRINITY MONTESSORI SCHOOL 100 GOLDEN FLYER DRIVE ROCHESTER, NY 14618	16-1384298	501(C)(3)	5,750				ROC THE DAY DESIGNATIONS
UNITED WAY OF GREATER ROCHESTER 75 COLLEGE AVENUE ROCHESTER, NY 14607	16-1015782	501(C)(3)	5,100				ROC THE DAY 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
VERONA STREET ANIMAL SOCIETY PO BOX 22874 ROCHESTER, NY 14692	74-3141579	501(C)(3)	9,194				ROC THE DAY DESIGNATIONS
WILLOW DOMESTIC VIOLENCE CENTER PO BOX 39601 ROCHESTER, NY 14604	16-1099257	501(C)(3)	5,107				ROC THE DAY DESIGNATIONS

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

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> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </p> <p> <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>		
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</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 on 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> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </p> <p> <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>		
<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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a No 4b No 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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a No 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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a No 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 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.
PART II, LINE 5	THE AMOUNT SHOWN AS PAID TO MR. PETER CARPINO DURING CALENDAR YEAR 2019 REPRESENTS FINAL PAYOUT OF EMPLOYEE RETIREMENT DEFERRALS.
PART II, LINE 4	THE AMOUNT SHOWN AS PAID OUT TO MS. FRAN WEISBERG DURING CALENDAR YEAR 2019 REPRESENTS PAYOUT OF EMPLOYEE RETIREMENT DEFERRALS 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 CHAIR	257,439	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

2019

▶ **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.**

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 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	124	1,406,826	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	3	1,861	COST
26 Other ▶ (TROPHIES AND AWARDS)	X	2	1,770	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**

	Yes	No
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 isn't required to be used for exempt purposes for the entire holding period?		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't 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
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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

2019**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 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 -1,447,534. CFC/SEFA CAMP AIGN FEES 31,685. PLEDGE LOSS -35,070. NET PERIODIC PENSION COSTS -79,141.

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

2019

**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 23 SOUTH MAIN STREET PO BOX 397 WARSAW, NY 14569 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)		No
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	84,286	FAIR MARKET VALUE
(2) UWGR HOLDING COMPANY INC	O	211,801	FAIR MARKET VALUE
(3) UWGR HOLDING COMPANY INC	B	66,000	FAIR MARKET VALUE

Part VII **Supplemental Information**

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

Return Reference	Explanation