Form 990

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.

2023
Open to Public Inspection

Department of the Treasury

A For the 2023 calendar year, or tax year beginning APR 1, 2023 2024 and ending MAR 31, Check if C Name of organization D Employer identification number Address ROCHESTER AREA COMMUNITY FOUNDATION 23-7250641 Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite 500 EAST AVENUE 585-271-4100 131,952,492. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ ROCHESTER, NY 14607-1912 H(a) Is this a group return Applica-F Name and address of principal officer: SIMEON BANISTER for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.RACF.ORG H(c) Group exemption number K Form of organization: X Corporation L Year of formation: 1972 M State of legal domicile: NY Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: TO BUILD A PERMANENT COMMUNITY Governance ENDOWMENT THAT MEETS THE CURRENT AND CHANGING NEEDS OF THIS REGION if the organization discontinued its operations or disposed of more than 25% of its net assets. 27 3 Number of voting members of the governing body (Part VI, line 1a) 27 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 39 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 185 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 17,292,613. 24,259,168. Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) 24,522,182. 22,888,976. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 791,785. 978,793. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 42,793,588. 47,939,929. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27,526,961. 29,333,381. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 3,777,986. 3,875,308. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 2,245,046. 2,811,963. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 33,549,993. 36,020,652. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,243,595. 11,919,277. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year Or 444,119,417. 490,582,295. 20 Total assets (Part X, line 16) 1,918,749. 1,511,100. 21 Total liabilities (Part X, line 26) 442,200,668. 489,071,195. Net assets or fund balances. Subtract line 21 from line 20 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. 1/14/2025 umion 1 Sunster Signature of officer Sign SIMEON BANISTER, PRESIDENT AND CEO Here Type or print name and title Check Preparer's signature Print/Type preparer's name GRACE GONZALEZ 01/16/25 self-employed P01357170 GRACE GONZALEZ Paid Firm's EIN 16-1131146 Firm's name BONADIO & CO., LLP Preparer Firm's address 171 SULLY'S TRAIL Use Only Phone no. (585) 381-1000 PITTSFORD, NY 14534 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

Pai	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:	
	TO BUILD A PERMANENT COMMUNITY ENDOWMENT THAT MEETS THE CURRENT	AND
	CHANGING NEEDS OF THIS REGION THROUGH CREATIVE AND EFFECTIVE	
	PHILANTHROPY.	
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 X 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 X 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 e	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$31,280,080. including grants of \$29,333,381.) (Revenue \$)
	GRANTS, SCHOLARSHIPS, AND PROGRAM SERVICES ARE DISTRIBUTED PRIM	
	THE NEW YORK COUNTIES OF MONROE, WAYNE, ONTARIO, LIVINGSTON, GE	
	ORLEANS, SENECA AND YATES. ROCHESTER AREA COMMUNITY FOUNDATION	
	LOCAL CITIZENS IN MEETING COMMUNITY NEEDS AND IMPROVING THE REG	ION'S
	QUALITY OF LIFE THROUGH A VOLUNTARY POOLING OF THEIR FINANCIAL	
	RESOURCES, TIME, AND ENERGY. PRINCIPAL AREAS OF BENEFIT ARE EDI	
	HUMAN SERVICES, ARTS AND CULTURE, AND CIVIC IMPROVEMENT. DISTRI	BUTIONS
	WERE MADE TO 1,745 AGENCIES AND INDIVIDUALS.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
	(Vode:) (Expenses w) (Nevente w)	
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 31,280,080.	
		Form 990 (2023)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	-		21
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	L	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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Pa	rt 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? If "Yes," complete Schedule I, Parts I and III	22	X	ـــــ
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? If "Yes," complete			
	Schedule J	23	X	-
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		٠,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		₩
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		\vdash
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		 ^
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEL		X
26	Schedule L, Part I	25b		1
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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		1
21	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt 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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С			77	
	(gambling) winnings to prize winners?	1c	X	

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Form 990 (2023) ROCHESTER AREA COMMUNITY FOUNDATION

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

	i (continued)		1	
_			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 39			
	, , , , , , , , , , , , , , , , , , , ,	1	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	v
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			Х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Α_
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114. Beneat of Ferrigin Book and Financial Accounts (FDAD)			
E.o.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		21
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
oa		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.5		
_	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	-		
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans 13b	1		
C	Enter the amount of reserves on hand Did the exemplation yearing any payments for indeed tenning comings the tay year?	110		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		122
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		X
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		- 25
16		16		х
10	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	.,		
	· · · · · · · · · · · · · · · · · · ·			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 27 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 27 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\,$ NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Own website X Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 585-271-4100 MS. AMY VARS, SENIOR VP AND CFO -

Form **990** (2023)

ROC02501

14607-1912

500 EAST AVENUE, ROCHESTER, NY

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Committee Comm	(A) Name and title	(B) Average hours per	box	not c , unle:	ss per	ition more son is	than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
Resident and ceo G.00		hours for related organizations below							organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the organization and related
SENIOR VF AND CPA 34.00	, - ,		-						200 402	_	15 201
SENIOR VP AND CFO				\vdash	^				200,402.	0.	13,201.
33 ANDREW MULDOON	,		┨		v				219 851	n	11 367
VP OF PHILANTHROPIC ENGAGE									217,031.	0.	11,507.
(4) MARY HOLLERAN 34.00			1				x		154.790.	0.	20.649.
SENIOR UP OF COMMUNICATION G.00									232/1301		20,0231
S ERIN BARRY 34.00	SENIOR VP OF COMMUNICATION		1				x		139,476.	0.	28,634.
CALCOLOR CALCOLOR	(5) ERIN BARRY										,
SERTA RIVERA 34.00	VICE PRESIDENT, COMMUNITY PROGRAMS	6.00	1				Х		145,189.	0.	12,266.
Column C	(6) BERTA RIVERA	34.00									
SR. DIRECTOR OF FINANCE 2.00	DIRECTOR OF COMMUNITY PROGRAMS	6.00					Х		132,482.	0.	22,697.
(8) MOLLENE BENISON, CPA	(7) KAREN KOONS										
MEMBER X 0. 0. 0. 0. (9) DR. WILLIAM M. VALENTI 1.00 X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. 0. (11) SUJATHA RAMANUJAN, MD 1.00 X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. 0. (12) JAMES H. NORMAN 1.00 X 0. 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. 0. (13) MARK A. EIDLIN 2.00 X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. (14) THOMAS C. MITCHELL 1.00 X 0. 0. 0. MEMBER X 0. 0. 0. 0. (15) ANN STEVENS 1.00 0. 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0.<	SR. DIRECTOR OF FINANCE						X		126,616.	0.	18,929.
MEMBER	(8) MOLLENE BENISON, CPA	1.00									
MEMBER X 0. 0. 0. (10) ABIGAIL J. BENNETT 1.00 0. 0. 0. MEMBER X 0. 0. 0. (11) SUJATHA RAMANUJAN, MD 1.00 0. 0. 0. MEMBER X 0. 0. 0. (12) JAMES H. NORMAN 1.00 0. 0. 0. MEMBER X 0. 0. 0. (13) MARK A. EIDLIN 2.00 0. 0. 0. MEMBER X 0. 0. 0. (14) THOMAS C. MITCHELL 1.00 0. 0. 0. MEMBER X 0. 0. 0. (15) ANN STEVENS 1.00 0. 0. 0. MEMBER X 0. 0. 0. (16) R. SCOTT BURDETT 2.00 0. 0. 0. MEMBER X 0. 0. 0.			Х						0.	0.	0.
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MEMBER	,	1.00	-							_	0
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MEMBER 1.00 X 0.		2.00	v						0	n	0
MEMBER X 0. 0. 0. (15) ANN STEVENS 1.00 0. <td></td> <td>1.00</td> <td>- 22</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td><u></u></td>		1.00	- 22						0.	0.	<u></u>
1.00		1.00	x						0.	0.1	0.
MEMBER X 0. 0. 0. (16) R. SCOTT BURDETT 2.00 X 0. 0. 0. MEMBER X 0. 0. 0. 0. (17) FRANCIS J. CLEMENT 1.00 0. 0. 0. 0. 0.		1.00	 								
(16) R. SCOTT BURDETT 2.00 MEMBER X (17) FRANCIS J. CLEMENT 1.00			х						0.	0.	0.
MEMBER X 0. 0. 0. (17) FRANCIS J. CLEMENT 1.00 .	(16) R. SCOTT BURDETT	2.00								-	
(17) FRANCIS J. CLEMENT 1.00	MEMBER		Х						0.	0.	0.
MEMBER	(17) FRANCIS J. CLEMENT	1.00									
	MEMBER		X						0.	0.	0.

332007 12-21-23

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hiç	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)	(B) (C)				(D)	(E)			(F)			
Name and title	Average	١,,		Pos				Reportable Reporta			Es	timate	ed
	hours per	box	, unles	ss per	son i	than o	n an	compensation	compensation	n	an	nount	of
	week	offi	cer an	d a di	irecto	r/trus	tee)	from	from related			other	
	(list any	ector						the	organizations			pensa	
	hours for	or dir	e e			ated		organization	(W-2/1099-MIS	C/		om th	
	related organizations	ıstee	truste		a	bens		(W-2/1099-MISC/	1099-NEC)			anizat	
	below	ual tn	ional		ploye	t com		1099-NEC)				d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	0115
(18) ADAM P. ANOLIK	1.00	=	느	0	<u>×</u>	工事	Œ			-			
TREASURER	1,00	х		х				0.		0.			0.
(19) FRED A. BEER	1.00			-25				-		•			•
MEMBER	1.00	х						0.		0.			0.
(20) RICHARD J. RIEDMAN	1.00									-			
MEMBER		х						0.		0.			0.
(21) DAVID P. VENISKEY, CPA	1.00									-			
MEMBER	1,00	х						0.		0.			0.
(22) DAVID R. FERRIS, ESQ.	4.00									-			
CHAIR	100	х		х				0.		0.			0.
(23) CAROLYN G. NUSSBAUM, ESQ.	1.50									-			
COUNSEL	1,30	х		х				0.		0.			0.
(24) ARLINE L. BAYO SANTIAGO, ESQ.	1.00									-			
MEMBER	1,00	х						0.		0.			0.
(25) ROB GALLINA	1.00									-			
MEMBER	1,00	х						0.		0.			0.
(26) GINA CUYLER, MD	1.00									-			
MEMBER	1,00	х						0.		0.			0.
41. 0.1.1.1.1	1							1,206,886.		0.	12	9,7	
c Total from continuation sheets to Part VI								0.		0.		- 	0.
d Total (add lines 1b and 1c)								1,206,886.		0.	12	9,7	
2 Total number of individuals (including but n								<u> </u>	000 of reportable			, .	
compensation from the organization						,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	occ or reportable				7
												Yes	No
3 Did the organization list any former officer,	director, trust	ee. k	ev e	lame	ove	e. or	hia	hest compensated emp	lovee on	- 1			
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	Inlete Schedule	e J fo	or si	ıch r	ners	on .					5		Х
Section B. Independent Contractors													
Complete this table for your five highest contains	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	3100,000 of comp	ensaf	tion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndir	ıg w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(0	;)	
							C	ompe	nsatio	n			
							_						
							_						

\$100,000 of compensation from the organization 0
SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 ROCHESTE	R AREA C		MU	NT	.T. X	F.	ΟU	NDATION	23-725	0641
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	or or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	(list any hours for	direct				d emp		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	related	ee or	stee			nsate		(** 2) 1000 (**100)		and related
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				organizations
	below	vidua	itutior	Jec	Key employee	nest c	Former			
	line)	Indi	Inst	Officer	Key	High	Forr			
(27) FLOR M. COLON	1.00									
SECRETARY		X		X				0.	0.	0.
(28) ANN H. MCMULLEN	2.00									
MEMBER		X						0.	0.	0.
(29) PATRICK CUNNINGHAM	1.00									
MEMBER		Х						0.	0.	0.
(30) ALYSSA S. WHITFIELD	1.00									
MEMBER		Х						0.	0.	0.
(31) TODD BUTLER	1.00									
MEMBER		Х						0.	0.	0.
(32) DENISHEA R. ORTIZ	1.00								_	_
MEMBER		Х						0.	0.	0.
(33) ABIGAIL A. REINHARD	1.00									_
MEMBER		Х						0.	0.	0.
(34) THOMAS S. RICHARDS	2.00									
MEMBER		Х						0.	0.	0.
		_								
						\vdash				
		1								
		L								
				l						

Form 990 (2023) ROCHEST
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	r note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
S S		c Fundraising events 1c	32,396.				
fts,		d Related organizations 1d	02,000.				
ij či							
ons,		3 \ ,					
utic		f All other contributions, gifts, grants, and	24 226 772				
트 된		***	24,226,772. 5,519,616.				
ont		g Noncash contributions included in lines 1a-1f	3,319,010.	24 250 160			
O B			D	24,259,168.			
		<u> </u>	Business Code				
ce	2	a					
Program Service Revenue		b					
S		c					
ran Sev		d					
.0g		e					
P.	1	f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest	t, and				
		other similar amounts)		7,182,773.			7182773.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 99,686,134.	.,				
		b Less: cost or other basis					
ø	,	and sales expenses 7b 83,979,931.					
her Revenue		c Gain or (loss) 7c 15,706,203.					
eve		d Net gain or (loss)		15,706,203.	15706203.		
<u>~</u>		a Gross income from fundraising events (not		20,700,2001	20,00200.		
	0	including \$ 32,396 of					
Ò							
		contributions reported on line 1c). See Part IV. line 18 8a	19,260.				
		,	32,632.				
			32,032.	-13,372.			-13,372.
		c Net income or (loss) from fundraising events		13,312.			13,372.
	9	a Gross income from gaming activities. See					
		Part IV, line 19					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold10b					
\rightarrow	-	c Net income or (loss) from sales of inventory					
ွှ		<u> </u>	Business Code				
on e	11	MISCELLANEOUS INCOME	541900	805,157.			805,157.
Miscellaneous Revenue		b					
cell eve		c					
Mis		d All other revenue					
		e Total. Add lines 11a-11d		805,157.			
	12	Total revenue. See instructions		47,939,929.	15706203.	0.	7974558.

332009 12-21-23

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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 28,617,146. 28,617,146. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 716,235. 716,235. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 579,762. 174,508. trustees, and key employees 254,110. 151,144. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 2,584,756. 774,456. 1,185,145. 625,155. 7 Pension plan accruals and contributions (include 104,573. 31,476. 45,834. 27,263. section 401(k) and 403(b) employer contributions) 403,849. 121,558. 177,008. 105,283. Other employee benefits 9 202,368. 60,913. 88,698. 52,757. 10 Payroll taxes 11 Fees for services (nonemployees): Management 77,651. 114,925. 37,274. Legal 88,225. 88,225. Accounting Lobbying Professional fundraising services. See Part IV, line 17 265,572. 265,572. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 484,508. 51,360. 253,946. 179,202. column (A), amount, list line 11g expenses on Sch O.) 229,179. 229,179. Advertising and promotion 12 134,159. 45,405. 52,384. 36,370. 13 Office expenses Information technology 14 Royalties 15 116,410. 269,967. 83,096. 70,461. 16 Occupancy 5,085. 1,503. 808. 2,774. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 73,493. 2,790. 65,831. 4,872. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 30,958. 30,958. Depreciation, depletion, and amortization 22 48,606. 48,606. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 282,473. 113,470. 82,171. 86,832. EQUIPMENT RENTAL PROPERTY EXPENSE 249,967. 249,967. 28,074. 6,030. 20,065. 1,979. PROFESSIONAL DUES 6,772. 6,772. d CONVENOR & HOSPITALITY 500,000. 500,000. e All other expenses 36,020,652. 31,280,080. 3,048,362. 1,692,210. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2023)

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

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 200. 200. 1 Cash - non-interest-bearing 5,689,503. 6,025,864. 2 Savings and temporary cash investments 3,127,408. 2,577,948. Pledges and grants receivable, net 3 3 106. 1,938. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 279,590. 262,463. Notes and loans receivable, net 7 Inventories for sale or use 8 353,357. 207,883. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other _____10a 821,772. basis. Complete Part VI of Schedule D 738,825. 90,338. 82,947. b Less: accumulated depreciation 10b 10c 267,331,862. 256,449,730. Investments - publicly traded securities 11 11 170,278,666. 205,649,720. Investments - other securities. See Part IV, line 11 12 12 112,972. 119,201. Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 7,883,021. 8,176,795. 15 Other assets. See Part IV, line 11 15 444,119,417. 490,582,295. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 350,468. 275,912. 17 Accounts payable and accrued expenses 17 613,118. 18 426,605. 18 Grants payable 217. 92. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 1,029,502. 733,935. of Schedule D 1,918,749. 1,511,100. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 474,902,859. Net assets without donor restrictions 424,319,246. 27 27 Net assets with donor restrictions 17,881,422. 14,168,336. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 442,200,668. 489,071,195. Total net assets or fund balances 32 32 444,119,417. 490,582,295. 33 33 Total liabilities and net assets/fund balances

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2			0,6	
3	Revenue less expenses. Subtract line 2 from line 1	3			9,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	442	,20	0,6	68.
5	Net unrealized gains (losses) on investments	5	31	,05	0,3	91.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3	,90	0,8	59.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	489	,07	1,1	95.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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?			2b	X	
	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 X Consolidated basis Both consolidated and separate basis					
С	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?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2023)

SCHEDULE A

(Form 990)

Total

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number

		ROCH	ESTER AREA	COMMUNITY FO	ONDA.	TON		3-/250641
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found						
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).	
2		A school described in sect						
3		A hospital or a cooperative				(b)(1)(A)(ii	i).	
4	一	A medical research organiz					•	the hospital's name,
		city, and state:	i	,				,
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describ	ed in
Ū		section 170(b)(1)(A)(iv). (C		logo or anniolony office	or operat	-		
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)	
	X		-					nublic described in
′	21	An organization that norma		iliai part of its support if	om a gove	Hillenian	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C		4VAV-1) (Olate Davi				
8	H	A community trust describe						
9	Ш	An agricultural research org						
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or
		university:						
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, an	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functior	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box on
		lines 12a through 12d that						
а		Type I. A supporting orga	* *					aivina
		the supported organization	•			-		
		organization. You must o			,, -			
b		Type II. A supporting org	-		ion with it	s sunnorte	d organization(s) by ha	vina
		control or management o	•					-
		organization(s). You mus			arrie perso	iis tiiat coi	ittor or manage the sup	ported
_		¬ ·			in aannaat	ion with a	and functionally intravets	ad with
С		☐ Type III functionally inte	-					eu witri,
	. —	its supported organization						
d								
		that is not functionally int	· ·		•		•	veness
		requirement (see instructi	•					
е							Type I, Type II, Type III	
		functionally integrated, or						
		er the number of supported o						
g		vide the following information			(iv) le the oraș	ınization listed	(-) A	(vi) Amount of other
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Organization		above (see instructions))	Yes	No	support (see matructions)	support (see instructions)

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	21895423.	34587440.	42233628.	17292613.	24259168.	140268272
2	Tax revenues levied for the organ-						
	ization'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		21895423	34587440.	42233628.	17292613.	24259168.	140268272
	The portion of total contributions		313071100	122333231			
•	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,						
	. (6)						14390988.
•	**						125877284
	Public support. Subtract line 5 from line 4.						μ230//204
	••	() 0040	(1.) 0000	() 0004	(1) 0000	() 0000	(0.7.1.1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total 140268272
	Amounts from line 4	21093423.	3430/440.	42233020.	1/292013.	Z4Z39I00.	140200272
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2410016	0765044	4064260	4660040	7100773	0000000
	and income from similar sources	3410216.	2765844.	4064360.	4662842.	7182773.	22086035.
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.)	749,645.	627,739.	629,784.	981,112.		
11	Total support. Add lines 7 through 10						166147744
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	p here					
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2023 (I	line 6, column (f), d	ivided by line 11, o	column (f))		14	75 . 76 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	75.45 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te			=	· ·		
b	10% -facts-and-circumstances test	-		*	-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circle				-		
18	Private foundation. If the organization						
	The second secon	3.4 onoon u		, ,	, and box a		(Form 990) 2023

Schedule A (Form 990) 2023 ROCHESTER AREA COMMUNITY FOUNDATION

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	now, please comp	Diete Fart II.)				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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				ı		I .
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
onguired ofter June 20, 1075						
c Add lines 10a and 10b						
activities not included on 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 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,
check this box and stop here						
Section C. Computation of Public	Support Per	rcentage				
15 Public support percentage for 2023 (lin	ne 8, column (f), c	divided by line 13,	column (f))		15	Ç
16 Public support percentage from 2022					16	Ç
Section D. Computation of Invest	tment Income	e Percentage				
17 Investment income percentage for 202	23 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	Ç
18 Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	Ç
19a 33 1/3% support tests - 2023. If the					33 1/3%, and line 17	7 is not
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2022. If the						nd
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization						

Τ..

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
-		
2		
3a		
Ou		
3b		
3с		
4a		
4b		
15		
40		
4c		
_		
5a		
5b		
5с		
6		
7		
8		
0		
0-		
9a		
9b		
9с		
10a		
10b		

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
		, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directo	ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year. e organization operate for the benefit of any supported organization other than the supported	•		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		If how providing such benefit carried out the purposes of the supported organization(s) that operated.			
		, , , , , , , , , , , , , , , , , , , ,	2		
Sec	<u>superv</u> tion C	vised, or controlled the supporting organization. C. Type II Supporting Organizations			
		7 11 5 5		Yes	No
1	Were :	a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	140
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion C	D. All Type III Supporting Organizations	•		
		, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signific	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	oggus	orted organizations played in this regard.	3		
Sec	tion E	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).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s)	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

3b

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ıg Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	ion 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	T		
	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		
Sect	ion 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):			
<u>a</u>	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		
е	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 0.015 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 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting organ	nization (see
	instructions).	-		

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

2023

ROCHESTER AREA COMMUNITY FOUNDATION

Employer identification number

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \$
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify a requirements of Schedule B (Form 990)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

ROCHESTER AREA COMMUNITY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$513,384.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,043,601.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 2,824,595.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions \$ 1,300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 984,207.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 1,611,714.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

ROCHESTER AREA COMMUNITY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 605,016.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$650,784.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 603,810.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$1,000,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$1,490,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

ROCHESTER AREA COMMUNITY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		_ \$ 1,009,381. _	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ROCHESTER AREA COMMUNITY FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	STOCK BASED COMPENSATION - \$1,043,601, RECEIVED 11/30/2023		
		\$1,043,601.	11/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	STOCK BASED COMPENSATION - \$99,256, RECEIVED 5/3/2023, \$ 276,428, RECEIVED 12/13/2023, AND \$225,832, RECEIVED 11/29/2023		
		\$601,516.	12/13/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	STOCK BASED COMPENSATION - \$174,449, RECEIVED 9/7/2023, \$391,398, RECEIVED 12/01/2023, AND \$34,837, RECEIVED 5/1/2023.		
	3/1/2023.	\$600,684.	12/01/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	STOCK BASED COMPENSATION - \$77,648, RECEIVED 8/16/2023, \$526,162 RECEIVED 8/22/2023		
		\$603,810.	08/22/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
200450 40.00		\$	Cabadula B (Farm 000) (0000)

Name of organization **Employer identification number** ROCHESTER AREA COMMUNITY FOUNDATION 23-7250641 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

Schedule B (Form 990) (2023)

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

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

One

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

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.

	organization	lions. Complete Fait III.			Employer identification number
	•	ER AREA COMMUNIT	Y FOIINDATTON	I	23-7250641
Part I-A	Complete if the ord	anization is exempt und	er section 501(c)	or is a section 52	7 organization.
2 Politi	de a description of the organiz	ation's direct and indirect politic	cal campaign activities in	n Part IV.	\$
Part I-E	Complete if the org	anization is exempt und	er section 501(c)(3	3).	
1 Enter	the amount of any excise tax	incurred by the organization und	der section 4955		\$
2 Enter	the amount of any excise tax	incurred by organization manag	ers under section 4955		\$
3 If the	organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was	a correction made?				Yes No
b If "Ye	es," describe in Part IV.				
		anization is exempt und			
		by the filing organization for se			\$
		ization's funds contributed to ot	•		
					\$
	·	a. Add lines 1 and 2. Enter here a	·		Φ.
		1120-POL for this year?			
5 Enter made contr	the names, addresses, and en e payments. For each organiza fibutions received that were pro-	mployer identification number (E tion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	IN) of all section 527 po d from the filing organiz a separate political orga	olitical organizations to ation's funds. Also en anization, such as a se	which the filing organization ter the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's contributions received and

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

Schedule C (Form 990) 2023

			REA COMMUNI			250641 Page 2
Pa	rt II-A Complete if the org	janization is exe	mpt under sectior	1 501(c)(3) and file	ed Form 5768 (ele	ction under
	section 501(h)).					
Α		-	iliated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	expenses, and sha	re of excess lobbying	expenditures).			
<u>B</u>	Check if the filing organiza	ation checked box A a	nd "limited control" pro	visions apply.	T	Г
		its on Lobbying Expe ditures" means amo	enditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
18	Total lobbying expenditures to infl	uence public opinion	(grassroots lobbying)		30,698.	
k	Total lobbying expenditures to infl	uence a legislative bo	dy (direct lobbying)			
c	Total lobbying expenditures (add l	nes 1a and 1b)			30,698.	
c					35,989,954.	
e	Total exempt purpose expenditure	es (add lines 1c and 1d	d)		36,020,652.	
1	Lobbying nontaxable amount. Ent	er the amount from th	e following table in both	n columns.	1,000,000.	
	If the amount on line 1e, column (a) of	or (b) is: The lol	obying nontaxable am	ount is:		
	not over \$500,000,	20% of	the amount on line 1e.			
	over \$500,000 but not over \$1,000),000, \$100,0	00 plus 15% of the exc	ess over \$500,000.		
	over \$1,000,000 but not over \$1,5	00,000, \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
	over \$1,500,000 but not over \$17,	000,000, \$225,0	00 plus 5% of the exces	ss over \$1,500,000.		
	over \$17,000,000,	\$1,000	,000.			
ç	Grassroots nontaxable amount (er	nter 25% of line 1f)			250,000.	
ŀ	Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i	Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
j	If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	ation file Form 4720	_	
	reporting section 4911 tax for this	year?				Yes No
	(Some organizations t	hat made a section 5	eraging Period Under 501(h) election do not l rate instructions for lir	nave to complete all o	of the five columns be	elow.
		Lobbying Expe	enditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
	Lobbying nontaxable amount	1,000,000.	1,000,000.		1,000,000.	3,000,000.
k	Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000.
		I	1	I	1	I

25,830.

250,000.

25,830.

250,000.

Schedule C (Form 990) 2023

56,528.

750,000.

56,528.

1,125,000.

30,698.

250,000.

30,698.

c Total lobbying expenditures

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2023 ROCHESTER AREA COMMUNITY FOUNDATION 23-72506

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)).

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 not be 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), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes." 1 Dues, assessments and similar amounts from members 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).	1		nount
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expenses for which the section 527(f) tax was paid).	1		
a Current year			
	2a		
b Carryover from last year			
c Total			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			
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			
expenditures next year?	4		
5 Taxable amount of lobbying and political expenditures. See instructions	5		
Part IV Supplemental Information			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

ROCHESTER AREA COMMUNITY FOUNDATION

Employer identification number 23-7250641

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, lin	(b) Funds and other accounts						
_	Tatal assessment and afternoon	(a) Donor advised funds 405	847					
1 2	Total number at end of year	13,984,818.						
3	Aggregate value of grants from (during year) Aggregate value of grants from (during year)	14,739,128.						
4	Aggregate value at end of year	14,594,253. 158,626,937.	330,444,258.					
5	Did the organization inform all donors and donor advisors in v	•						
	are the organization's property, subject to the organization's	-						
6	Did the organization inform all grantees, donors, and donor a							
_	for charitable purposes and not for the benefit of the donor o							
	impermissible private benefit?		X Yes No					
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).						
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a hi	istorically important land area					
	Protection of natural habitat	Preservation of a ce	ertified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a						
	day of the tax year.		Held at the End of the Tax Year					
	Total number of conservation easements		1 1					
b			*					
С	Number of conservation easements on a certified historic stru		2c					
d	Number of conservation easements included on line 2c acqu							
•	on a historic structure listed in the National Register							
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	anization during the tax					
4	year Number of states where property subject to conservation eas	coment is legated						
4 5	Does the organization have a written policy regarding the per							
3	violations, and enforcement of the conservation easements it		Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,							
_	g,pg,							
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year					
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(E	3)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ement and					
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statements	that describes the					
Da	organization's accounting for conservation easements.	Ant Historical Transcriptor on Other	Oinsilau Aaaata					
Par			Similar Assets.					
	Complete if the organization answered "Yes" on Form							
1a	If the organization elected, as permitted under FASB ASC 95	, ,						
	of art, historical treasures, or other similar assets held for pub	· · · · · · · · · · · · · · · · · · ·	erance of public					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.							
D	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of							
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,							
	provide the following amounts relating to these items.		\$					
	(i) Revenue included on Form 990, Part VIII, line 1							
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treations are the organization received or held works of art, historical treations are the organization received or held works of art, historical treations are the organization of the organization received or held works of art, historical treations are the organization received or held works of art, historical treations are the organization received or held works of art, historical treations are the organization received or held works of art, historical treations are the organization received or held works of art, historical treations are the organization received or held works of art, historical treations are the organization received or held works of art, historical treations are the organization received or held works of art, historical treations are the organization received or held works of art, historical treations are the organization received or held works of art, historical treations are the organization received or held works of art, historical treations are the organization or the organization received or held works of art, historical treations are the organization or the or	asures or other similar assets for financial gain						
~	the following amounts required to be reported under FASB A		ii, provide					
а	Revenue included on Form 990, Part VIII, line 1	_	\$					
	Assets included in Form 990, Part X							
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023					

332051 09-28-23

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

Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or O	ther S	imilar Asse	ts (continu	ued)	
3	Using the organization's acquisition, accession						1	/	_
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е							
С	Preservation for future generations								_
4	Provide a description of the organization's co	llections and explain	n how they further th	e organization's	exempt	purpose in Par	t XIII.		
5	During the year, did the organization solicit or	•	•	•	•		• /		
	to be sold to raise funds rather than to be ma					_	Yes		No
Par	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par					555, . a ,			
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for contribution	s or other assets	not inc	luded			_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
		·	9				Amount		_
С	Beginning balance					1c			_
	Additions during the year					1d			_
	Distributions during the year					1e			_
f	Ending balance					1f			_
	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.				-			\Box	
Par									
		(a) Current year	(b) Prior year	(c) Two years ba		Three years back	(e) Four	years ba	ack
1a	Beginning of year balance	359,971,581.	378,045,504.	378,720,43	35.	264,624,609	. 307,3	133,43	30.
	Contributions	14,072,185.	13,404,102.	15,617,75	8.	19,842,335	. 10,	193,36	<u>54.</u>
	Net investment earnings, gains, and losses	50,953,812.	-12,664,143.	8,767,20)5.	113,407,134		772,52	
	Grants or scholarships	17,010,457.	13,885,392.	16,523,48	39.	14,427,054	. 12,2	293,86	53.
	Other expenditures for facilities								_
	and programs	0.				40,211	. 2,	143,94	44.
f	Administrative expenses	5,350,140.	4,928,490.	8,536,40)5.	4,686,378	. 4,	491,84	49.
	End of year balance	402,636,981.	359,971,581.	378,045,50)4.	378,720,435	. 264,	624,60	<u>.</u> 9
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:	•		•		
а	Board designated or quasi-endowment	100	%	•					
b	Permanent endowment	%	_						
С									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	ition that are held an	nd administered f	or the				
	organization by:						[Yes N	No
	(i) Unrelated organizations?						3a(i)		X
	(ii) Related organizations?								X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ent							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pa	rt X, line	10.			
	Description of property	(a) Cost or o	, , ,	or other (other)		imulated ciation	(d) Book	value	
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment	I		4,381.		3,382.		,999	
	Other		13	7,391.	13	5,443.		.,948	
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. line 10c. column	(B))			82	,947	7.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 ROCHESTER A	REA COMMUNITY	FOUNDATION 2	3-7250641 Page 3
Part VII Investments - Other Securities	COLLICION I		3 /230011 Tage
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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 e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) CASH AND EQUIVALENTS	11,365,869.	END-OF-YEAR MARKE	
(B) PARTNERSHIP INTERESTS	194,283,851.	END-OF-YEAR MARKE	r value
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	205 640 720		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	205,649,720.		
Part VIII Investments - Program Related.	Farm 000 Dart IV line 1	1. Car Faura 000 Bart V line 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		ad of year market value
	(b) book value	(c) Method of valuation: Cost or e	nu-or-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co. Part X Other Liabilities	<u>/. (B))</u>		
Complete if the organization answered "Yes"	5.		
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) SPLIT-INTEREST AGREEMENTS			530,452.
(3) LEASE LIABILITY			203,483.
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) 2023

(6) (7) (8)

Pa	rt XI Reconciliation of Revenue per Audited Financial	Statements With Revenue	e per Return	
	Complete if the organization answered "Yes" on Form 990, Part	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	·	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	3			
b				
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а				
b	, , , , , , , , , , , , , , , , , , , ,	4b		
С				
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. linrt XII Reconciliation of Expenses per Audited Financial	9 12.)	5	
Ра			es per neturn	
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1		
a				
b				
C				
d	,	· · · · · · · · · · · · · · · · · · ·		
e				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4- 1		
a	1			
b	A 1112 A 141		40	
	Add lines 4a and 4b			
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information	ne 18.)	5	
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4: Part IV lines 1h and 2h: Pa	ort V line 1: Dart Y line 2: Dart	· YI
	22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi		irt v, iirio 4, r art A, iirio 2, r art	. 7(1,
	22 and 45, and 1 are All, lines 24 and 45. Also complete this part to provi	do any additional information.		
PAI	RT V, LINE 4:			
то	BUILD A PERMANENT COMMUNITY ENDOWMEN	T THAT MEETS THE	CURRENT AND	
CHZ	ANGING NEEDS OF THIS REGION THROUGH C	REATIVE AND EFFEC	TIVE PHILANTHRO	PY.

Schedule D (Form 990) 2023

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** ROCHESTER AREA COMMUNITY FOUNDATION 23-7250641 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? 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.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region PASSIVE ALTERNATIVE FUND BERMUDA 0 INVESTMENTS 8,414,667. PASSIVE ALTERNATIVE FUND CAYMAN ISLANDS 0 0 INVESTMENTS 63,696,472. 0 0 72,111,139. 3 a Subtotal **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a

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

Schedule F (Form 990) 2023

72,111,139.

and 3b)

Schedule F (Form 990) 2023 ROCHESTER AREA COMMUNITY FOUNDATION 23-7250641

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.

(i) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2023
(h) Description of noncash assistance					Sched
(g) Amount of noncash assistance					ax
(f) Manner of cash disbursement					ecognized as a tax iivalency letter
(e) Amount of cash grant					foreign country, r ion 501(c)(3) equ
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities
(c) Region					is listed above that are re ir for which the grantee o r entities
(b) IRS code section and EIN (if applicable)					recipient organization nization by the IRS, o other organizations o
1 (a) Name of organization					 2 Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for which is a contraction of other organizations or entities 3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023 ROCHESTER AREA COMMUNITY FOUNDATION 23-7250641

Schedule F (Form 990) 2023 ROCHESTER AREA COMMUNITY FOUNDATION 23-7250641

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

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2023
(g) Description of noncash assistance					Schedu
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

Schedule F (Form 990) 2023 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 the Instructions for Form 926)	X 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X 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 the Instructions for Form 5471)	Yes	X 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 the Instructions for Form 8621)	X 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 the Instructions for Form 8865)	X 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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** 23-7250641 ROCHESTER AREA COMMUNITY FOUNDATION Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization contributions' listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

332081 09-13-23

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

Schedule G (Form 990) 2023

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ.

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			AN EVENING	WAYNE COUNTY	NONE	` '
			OUT	GOLF		(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			71 7	(1)	(
Revenue	1	Gross receipts	35,770.	15,886.		51,656.
æ			,			
	2	Less: Contributions	23,530.	8,866.		32,396.
	3	Gross income (line 1 minus line 2)	12,240.	7,020.		19,260.
	4	Cash prizes				
	5	Noncash prizes				
ses						
ens	6	Rent/facility costs				
Direct Expenses						
ķ	7	Food and beverages				
Dir						
	8	Entertainment				
	9	Other direct expenses	25,114.	7,518.		32,632.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			32,632.
		Net income summary. Subtract line 10 from li				-13,372.
Pa	rt I	III Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				_
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(=, =95	bingo/progressive bingo		col. (a) through col. (c))
ev.						
ш	1	Gross revenue				
S	2	Cash prizes				
SUS						
xbe	3	Noncash prizes				
Direct Expenses						
)i.e	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	L No	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)			
_		to the set of a large with the second set of a second set of the second second set of the second second set of the second secon	-1			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	IT "	No," explain:				
	_					
10-	\//-	are any of the organization's demine licenses to	wokod suspended er te	rminated during the tax v	oar?	Yes No
		ere any of the organization's gaming licenses re				res NO
Ŋ	11	Yes," explain:				
	_					
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 ROCHESTER AREA COMMUNITY FOUNDATION 23-	<u>7250641</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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:		
		13a	%
	The organization's facility	13b	
	An outside facility	130	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	News		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	o 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:		
10	Gaming manager information.		
	News		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	In IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ort III. linos 0. (2h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	iit iii, iii les 5, s	50, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990) Supplemental Infor	ROCHESTER	AREA	COMMUNITY	FOUNDATION	23-7250641	Page 4
Part IV	Supplemental Infor	mation (continued))				
	• • •	(continuou)	<u> </u>				

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Part I

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Open to Public Inspection 2

X Yes

23-7250641

Employer identification number 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Go to www.irs.gov/Form990 for the latest information. Attach to Form 990. COMMUNITY FOUNDATION General Information on Grants and Assistance ROCHESTER AREA criteria used to award the grants or assistance? Name of the organization

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

Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Nomestic Organiz 5,000. Part II can	zations and Domestic be duplicated if additio	I Domestic Governments. Con ed if additional space is needed.	complete if the orga ed.	nization answered "Y	es" on Form 990, Part I	IV, line 21, for any
1 (a) N	1 (a) Name and address of organization or government	(p) EIN	(f applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
13THIRTY 1000 ELM ROCHESTE	13THIRTY CANCER CONNECT 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	47-4493013	501(C)(3)	.005,9	0.			SPANISH TRANSLATION OF WELLNESS APP
1891 FRED 9 CHURCH FREDONIA,	1891 FREDONIA OPERA HOUSE 9 CHURCH STREET PO BOX 384 FREDONIA, NY 14063	16-1472177 501(C)(3	501(C)(3)	8,003.	•0			FOR GENERAL SUPPORT
350.ORG PO BOX 843004 BOSTON, MA 02	543004 MA 02284-3004	26-1150699	501(C)(3)	10,500.	.0			FOR GENERAL SUPPORT
441 MINISTRIES 441 PARSELLS A' ROCHESTER, NY	441 MINISTRIES 441 PARSELLS AVENUE ROCHESTER, NY 14609	82-1840737	501(C)(3)	.008,8	.0			TO SUPPORT THE NEW CITY CAF APPRENTICESHIP PROGRAM
ABIDE WO 2612 MAR DALLAS,	ABIDE WOMENS HEALTH SERVICES 2612 MARTIN LUTHER KING JR. BOULEVA DALLAS, TX 75215	82-3303040	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
ACTION FOR A BE 400 WEST AVENUE ROCHESTER, NY 1	ACTION FOR A BETTER COMMUNITY 400 WEST AVENUE ROCHESTER, NY 14611	16-0902835 501(C)(3	501(C)(3)	8,750.	°			TO SUPPORT THE HEALTHCARE BUSINESS FELLOWSHIP SPONSORSHIP
2 Ente	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government org	yanizations listed in the	line 1 table				485.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2023

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Page 1	
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAPTT ROCHESTER INC. 595 BLOSSOM RD SUITE 320 ROCHESTER, NY 14610	86-1216682	501(C)(3)	7,500.	.0			FOR GENERAL SUPPORT
ADIRONDACK EXPERIENCE, THE MUSEUM ON BLUE MOUNTAIN LAKE - 9097 STATE ROUTE 30 P.O. BOX 99 - BLUE MOUNTAIN LAKE, NY 12812-9989	13-5635801	501(C)(3)	8,343.	.0			TO SUPPORT THE GUIDEBOAT APPRENTICE PROGRAM
ADIRONDACK MOUNTAIN CLUB PO BOX 4390 QUEENSBURY, NY 12804-0390	15-0586270	501(C)(3)	5,250.	.0			FOR GENERAL SUPPORT
ADVOCACY RESOURCE CENTER MARION 2800 SE MARICAMP ROAD OCALA, FL 34471	59-2217524 501(C)(3)	501(C)(3)	10,000.	.0			FOR GENERAL SUPPORT
ADVOCATES FOR EDUCATION 7135 HARTINGTON PL INDIANAPOLIS, IN 46259	88-4110713 501(C)(3)	501(C)(3)	7,500.	0			TO PROVIDE EDUCATION EVALUATIONS FOR STUDENTS IN NEED
AFTER-SCHOOL ALL-STARS 5900 WILSHIRE BOULEVARD, SUITE 2000 LOS ANGELES, CA 90036	95-4441208	501(C)(3)	7,500.	.0			TO SUPPORT COMPREHENSIVE AFTERSCHOOL PROGRAMMING
AGAPE HAVEN OF ABUNDANCE 289 DRIVING PARK ROCHESTER, NY 14613	84-2039250	501(C)(3)	5,600.	.0			TO EXPAND FOOD PROGRAM
AL SIGL COMMUNITY OF AGENCIES 1000 ELMWOOD AVENUE, SUITE 300 ROCHESTER, NY 14620	51-0243019	501(C)(3)	16,000.	.0			FOR GENERAL SUPPORT
ALDERSGATE METHODIST CHURCH 4115 DEWEY AVENUE ROCHESTER, NY 14616-1216	16-6063058	сниксн	9,285.	.0			FOR GENERAL PURPOSES
							Schedule I (Form 990)

(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALIANZA AGRICOLA INC 23 MAIN ST GENESEO, NY 14454	85-2230203	501(C)(3)	50,000.	.0			FOR GENERAL SUPPORT
ALLENDALE COLUMBIA SCHOOL 519 ALLENS CREEK ROAD ROCHESTER, NY 14618	16-0983166	501(C)(3)	64,872.	°			FOR GENERAL SUPPORT AND SUMMER LEAP PROGRAM
ALZHEIMER'S ASSOCIATION'S ROCHESTER & FINGER LAKES REGION CHAPTER - 200 MERIDIAN CENTRE BLVD, SUITE 110 - ROCHESTER, NY	13-3039601	501(C)(3)	44,356.	.0			FOR GENERAL SUPPORT
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS, INC 5550 MEADOWBROOK DRIVE - ROLLING MEADOWS, IL 60008	36-2958324	501(C)(3)	168,000.	0			FOR VAN WAGENEN
AMERICAN BIBLE SOCIETY NORTH INDEPENDENCE MALL 101 EAST FL PHILADELPHIA, PA 19106	13-1623885	501(C)(3)	9,285.	.0			FOR GENERAL SUPPORT
AMERICAN CANCER SOCIETY 3380 CHASTAIN MEADOWS PARKWAY, NW, SUITE 200 - KENNESAW, GA 30144-0101	13-1788491	501(C)(3)	35,000.	0.			TO SUPPORT THE MEMPHIS HOPE LODGE
AMERICAN FRIENDS/HEBREW UNIV 199 WATER STREET, ROOM 1100 NEW YORK, NY 10038-3585	13-1568923	501(C)(3)	8,445.	.0			FOR GENERAL SUPPORT
AMERICAN RED CROSS-WASHINGTON DC 2025 E STREET, NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	9,546.	.0			FOR GENERAL SUPPORT
AMERICAN RED CROSS/GREATER ROCHESTER CHAPTER - 825 JOHN STREET,SUITE 209 - WEST HENRIETTA, NY 14586	53-0196605 501(C)(3)	501(C)(3)	17,399.	.0			FOR GENERAL SUPPORT
							Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN SERVICE ANIMAL SOCIETY PO BOX 1076 PINEDALE, AZ 85934	33-1148139	501(C)(3)	8,000.	.0			TO ASSIST DISABLED VETERANS IN TRAINING THEIR OWN DOGS TO BE SERVICE ANIMALS
AMERICAN SOCIETY OF TECHNION IN ISRAEL/NYC - 55 EAST 59TH ST NEW YORK, NY 10022	13-0434195	501(C)(3)	8,445.	.0			FOR GENERAL SUPPORT
ANGELS OF MERCY 692 NORTH WINTON ROAD ROCHESTER, NY 14609	26-3259332	501(C)(3)	15,000.	.0			FOR PROGRAMMING AND GENERAL SUPPORT
ANNA'S WISH P.O. BOX 27 NORTH CHILI, NY 14514	27-1720380	501(C)(3)	10,000.	°			FOR PROGRAM SUPPORT
AQUINAS INSTITUTE 1127 DEWEY AVENUE ROCHESTER, NY 14613-9989	16-0743904 501(C)(3)	501(C)(3)	110,984.	.0			FOR GENERAL SUPPORT
ARC OF LIVINGSTON-WYOMING 18 MAIN STREET MOUNT MORRIS, NY 14510	16-1022565	501(C)(3)	19,700.	.0			TO SUPPORT TRANSPORTATION FOR CAMP RAINBOW
ARC WAYNE 150 VAN BUREN STREET NEWARK, NY 14513	23-7540582	501(C)(3)	5,500.	0.			TO SUPPORT THE HABILITATION PROGRAM
ARIZONA STATE UNIVERSITY FOUNDATION - PO BOX 870205 - TEMPE, AZ 85287	86-6051042	501(C)(3)	6,500.	0.			FOR GAMMAGE GALAPRO SYSTEM
ARTSROC 3462 MONROE AVENUE PITTSFORD, NY 14534	27-3516640	501(C)(3)	5,250.	.0			FOR FIVE SCHOOLS TO SUPPORT THE IMMEDIATE PROGRAM BUILT AROUND THE ECLIPSE
							Schedule I (Form 990)

Schedule I (Form 990)

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

Schedule I (Form 990) CONNECTED LEARNING CENTER SPAY/NEUTER AND OTHER VET Ä WILSON SOULE HOUSE AND CHILDREN AND FAMILIES CRITICAL RESOURCES TO TO PROVIDE LOW-INCOME (h) Purpose of grant or assistance OR GENERAL SUPPORT, FOR GENERAL SUPPORT TO PROVIDE FOOD AND RESIDENTS WITH FREE OR GENERAL SUPPORT FOR GENERAL SUPPORT FOR GENERAL SUPPORT FOR FRONT ENTRANCE FOR ANNUAL SUPPORT ACCESSIBILITY SERVICES CRISIS (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 0 Ö (e) Amount of noncash assistance 6,564. (d) Amount of cash grant 96,750. 10,000. 19,750, 104,124. 11,000. 15,000. 5,831, 5,730, (c) IRC section if applicable 16-0755728 501(C)(3) 16-6052134 501(C)(3) 16-0767222 501(C)(3) 58-1376648 501(C)(3) 501(C)(3) 16-6002904 501(C)(3) 501(C)(3) 27-2233574 501(C)(3) 52-1614576 | 501(C)(3) 04 - 383386816-0743914 (p) EIN BENEDICTINE FOUNDATION OF NEW YORK ASSOCIATION FOR TEENAGE DIPLOMATS ROCHESTER INC. - 152 BADEN STREET ATLANTA COMMUNITY FOOD BANK, INC. 1000 ELMWOOD AVENUE, SUITE 3500 ASBURY FIRST UNITED METHODIST (a) Name and address of organization or government BADEN STREET SETTLEMENT OF CHURCH - 1050 EAST AVENUE BEST BUDDIES NEW YORK 41 TRIPLE DIAMOND WAY - ROCHESTER, NY 14605 3400 N. DESERT DRIVE EAST POINT, GA 30344 ROCHESTER, NY 14620 ROCHESTER, NY 14620 ROCHESTER, NY 14607 PINE CITY, NY 14871 50 SCIENCE PARKWAY 143 GENESEE STREET 231 MONASTERY ROAD WEBSTER, NY 14580 AVON FREE LIBRARY HOUSTON, TX 77223 AVON, NY 14414 PO BOX 230677 BARRIO DOGS AUTISMUP

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF GREATER ROCHESTER - 1 SOUTH WASHINGTON STREET SUITE 405 - ROCHESTER, NY 14614	16-0997229	501(C)(3)	36,560.	.0			SPORTS BUDDIES PILOT PROGRAM
161 151 151 151 151 151 151 151 151 151	95-2151526	501(C)(3)	10,000.	.0			TO SUPPORT LOCAL MENTORING PROGRAMS FOR AT-RISK AND UNDERSERVED YOUTH
BIKE NORFOLK 910 COLLEY AVENUE NORFOLK, VA 23517	45-4588045	501(C)(3)	7,000.	.0			TO SUPPORT THE PURCHASE OF SPECIALLY DESIGNED BICYCLES
BISHOP KEARNEY HIGH SCHOOL 125 KING'S HIGHWAY SOUTH ROCHESTER, NY 14617	11-2861698	501(C)(3)	7,000.	.0			FOR THE SCHOLARSHIP FUND
BISHOP SHEEN ECUMENICAL HOUSING FOUNDATION INC - 6605 PITTSFORD-PALMYRA ROAD SUITE E5 - FAIRPORT, NY 14450	16-6101149	501(C)(3)	. 869 . 5	0			FOR BUILDING HOPE TOGETHER PROGRAM
BIVONA CHILD ADVOCACY CENTER 1 MOUNT HOPE AVENUE ROCHESTER, NY 14620	03-0519569	501(C)(3)	92,000.	.0			FOR GENERAL SUPPORT AND PREVENTION SERVICES EXPANSION
BLACK MEN ACHIEVE OF GREATER ROCHESTER, INC - 620 PARK AVE STE 280 - ROCHESTER, NY 14607	85-1728412	501(C)(3)	25,000.	0			FOR THE DONALD STARVER OUTDOOR EXPLORERS PROGRAM
BLACKFRIARS OF ROCHESTER NEW YORK INC 795 E MAIN ST - ROCHESTER, NY 14605-2741	22-2453270	501(C)(3)	11,688.	0.0			FOR THE IMMERSIVE PRODUCTION OF CABARET AT BLACKFRIARS THEATRE
BLUE TRIANGLE MULTICULTURAL ASSOCIATION - 3005 MCGOWEN STREET - HOUSTON, TX 77004	76-0578155	501(C)(3)	11,000.	0			"LEARN TO SWIM" PROGRAM
							Schedule I (Form 990)

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ROCHESTER AREA COMMUNITY FOUNDATION

Schedule I (Form 990)

FOR THE FIRST 1000 DAYS ADULT MACHINING PROGRAM (h) Purpose of grant or assistance FOR GENERAL SUPPORT PROGRAM (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 0 Ö (e) Amount of noncash assistance 550. (d) Amount of cash grant 15,278. 20,000. 19,430, 7,120. 10,000. 15,519. 22,169. 25,000. 83, (c) IRC section if applicable 22-2438531 501(C)(3) 16-6008784 501(C)(3) 04-2103547 501(C)(3) 53-0236759 501(C)(3) 501(C)(3) 16-0743108 501(C)(3) 16-1481026 501(C)(3) 16-1001619 501(C)(3) 16-6008841 SCHOOL 56-2302064 (p) EIN 250 NORTH GOODMAN STREET, SUITE 306 WASHINGTON INC - 4103 BENNING READ DEVELOPMENT - 3599 BIG RIDGE ROAD BRIGHTON HENRIETTA TOWN LINE ROAD BOYS & GIRLS CLUBS OF ROCHESTER, BOYS & GIRLS CLUBS OF GREATER BOY SCOUTS OF AMERICA, SENECA BOCES 2 CENTER FOR WORKFORCE WATERWAYS COUNCIL 397 - 2320 (a) Name and address of organization or government BOYS & GIRLS CLUB OF GENEVA BORINGUEN DANCE THEATRE INC - WASHINGTON, DC 20019 - 500 GENESEE STREET 1 EAST AVENUE SUITE B 100 - SPENCERPORT, NY 14559 FAIRPORT, NY 14450-1392 - ROCHESTER, NY 14623 GENEVA, NY 14456-1020 881 COMMONWEALTH AVE ROCHESTER, NY 14604 ROCHESTER, NY 14611 ROCHESTER, NY 14607 BOSTON UNIVERSITY BOA EDITIONS LTD. BOSTON, MA 02215 41 O'CONNOR ROAD 160 CARTER ROAD BOCES NO. 1 INC. NE

(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF THE COASTAL BEND - 3902 GREENWOOD DRIVE - CORPUS CHRISTI, TX 78416	74-1294586	501(C)(3)	10,000.	.0			TO PROVIDE SCHOLARSHIP SUPPORT FOR UNDERSERVED YOUTH FOR AFTERSCHOOL PROGRAMS, SUMMER CAMPS,
BREATHEDEEP PO BOX 903 HENRIETTA, NY 14467	86-2855774	501(C)(3)	35,500.	.0			FOR GENERAL SUPPORT
BRIGHTLANE LEARNING 2955 N. MERIDIAN, SUITE 250 INDIANAPOLIS, IN 46208	35-2151003	501(C)(3)	7,500.	.0			TO PROVIDE TUTORING AND ACADEMIC SUPPORT SERVICES TO STUDENTS EXPERIENCING HOMELESSNESS
BRIGHTON CENTRAL SCHOOL DISTRICT 2035 MONROE AVENUE ROCHESTER, NY 14618	16-0915447	зсноог	35,722.	.0			FOR GENERAL SUPPORT
BRIGHTSTAR COMMUNITY 244 SOUTH PLYMOUTH AVE. ROCHESTER, NY 14608	82-2177572	501(C)(3)	40,000.	.0			FOR "LISA'S HOUSE"
BUFFALO AKG ART MUSEUM 1285 ELMWOOD BUFFALO, NY 14267-0028	16-6001555	501(C)(3)	20,000.	.0			FOR GENERAL SUPPORT
BURROUGHS AUDUBON NATURE CLUB C/O JOHN SHAW 374 CROMWELL DRIVE ROCHESTER, NY 14610	16-6054355 501(C)(3)	501(C)(3)	12,301.	.0			FOR GENERAL SUPPORT
CAMERON COMMUNITY MINISTRIES 48 CAMERON STREET ROCHESTER, NY 14606-1743	16-1257507	501(C)(3)	47,137.	0			FOR GENERAL SUPPORT AND SCHOLARSHIPS
CAMP DAYDREAMS C/O ROCHESTER BOYS & GIRLS CLUB 500 GENESEE STREET - ROCHESTER, NY 14611	16-1251733 501(C)(3)	501(C)(3)	20,000.	0			FOR SCHOOL AGE PROGRAMS
							Schedule I (Form 990)

	(Schedule I (Form 990), Part II.)
FOUNDATION	anizations and Domestic Governments
ROCHESTER AREA COMMUNITY FOUNDATION	ssistance to Domestic Org
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Schedule I (Form	Part II Continu

(a) Name and address of cash grant or government or government (b) EIN (c) IRC section or ganization or government (a) EIN (b) EIN (c) IRC section (d) Amount of cash grant noncash valuation no sovernment (e) EIN (f) Method of	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP DUDLEY FOUNDATION 126 DUDLEY ROAD WESTPORT, NY 12993	46-3794874	501(C)(3)	15,000.	.0			FOR THE DAVENPORT LEADERSHIP FUND
CAMP GOOD DAYS & SPECIAL TIMES 1332 PITTSFORD-MENDON ROAD MENDON, NY 14506-9732	22-2329654	501(C)(3)	48,436.	°°			FOR SCHOOL AGE PROGRAMS
CAMP ONSEYAWA PO BOX 723 CANANDAIGUA, NY 14424	22-2634540	501(C)(3)	20,000.	.0			FOR GENERAL SUPPORT
CAMP STELLA MARIS 4395 EAST LAKE ROAD LIVONIA, NY 14487	16-0743941	501(C)(3)	23,097.	°			FOR GENERAL SUPPORT AND CAMPERSHIPS
CAN'D AID 20 BOWEN STREET LONGMONT, CO 80501	46-3692906 501(C)(3)	501(C)(3)	5,100.	0.			TO PROVIDE TITLE 1 SCHOOLS WITH ARTS AND MUSIC WORKSHOPS AND INSTRUMENTS
CANANDAIGUA LAKE WATERSHED ASSOCIATION - 144 MILLS STREET - CANANDAIGUA, NY 14424	16-1071349	501(C)(3)	11,800.	.0			FOR GENERAL SUPPORT
CANCER SUPPORT COMMUNITY ROCHESTER 255 ALEXANDER STREET ROCHESTER, NY 14607-2514	16-0836556 501(C)(3)	501(C)(3)	19,000.	0.			MAPPING MY JOURNEY PROGRAM
CASA OF THE SOUTHERN TIER, INC. PO BOX 778 CORNING, NY 14830	22-2984339	501(C)(3)	.000,6	.0			TO SUPPORT COURT APPOINTED SPECIAL ADVOCATES (CASA)
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106-4923	34-1018992 501(C)(3)	501(C)(3)	.500.	.0			FOR GENERAL SUPPORT
							Schedule I (Form 990)

(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES FAMILY AND COMMUNITY SERVICES - 79 NORTH CLINTON AVENUE - ROCHESTER, NY 14604	16-0743944	501(C)(3)	46,250.	0			FOR GENERAL SUPPORT AND REFUGEE RESETTLEMENT
CATHOLIC CHARITIES OF BUFFALO, N.Y. INC 741 DELAWARE AVENUE - BUFFALO, NY 14209	16-0743251	501(C)(3)	65,899.	0			THE HOME VISITATION PROGRAM
CATHOLIC CHARITIES OF THE FINGER LAKES - 94 EXCHANGE STREET - GENEVA, NY 14456-1830	16-0743944	501(C)(3)	160,925.	.0			CHILDHOOD COUNSELING & INTERVENTION PROGRAM CCIP
CATHOLIC CHARITIES STEUBEN/LIVINGSTON - 34 EAST STATE STREET - MT. MORRIS, NY 14510	30-0553416	501(C)(3)	11,017.	.0			FOR GENERAL SUPPORT
CATHOLIC DIOCESE OF ROCHESTER 1150 BUFFALO ROAD ROCHESTER, NY 14624	16-0755765	501(C)(3)	14,000.	0			FOR GENERAL SUPPORT
CAUSEWAVE COMMUNITY PARTNERS 274 N. GOODMAN ST. SUITE B269 ROCHESTER, NY 14607	16-0741816	501(C)(3)	123,000.	0			FOR GENERAL SUPPORT
CDS LIFE TRANSITIONS 860 HARD ROAD WEBSTER, NY 14580	16-1089115	501(C)(3)	11,000.	0.			FOR CDS WOLF FOUNDATION TARGETED FOR THE WARRIOR SALUTE VETERANS SERVICE PROGRAM
CELEBRATION OF LIFE COMMUNITY 506 JAY STREET PO BOX 24039 ROCHESTER, NY 14624	20-5031127	501(C)(3)	10,000.	0			TO SUPPORT HELP ME READ ONE-ON-ONE TUTORING
CENTER FOR GOVERNMENTAL RESEARCH 1 SOUTH WASHINGTON STREET SUITE 400 ROCHESTER, NY 14614	16-0754774 501(C)(3)	501(C)(3)	6,688.	0			FOR GENERAL SUPPORT
							Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR TEEN EMPOWERMENT 373 GENESEE STREET ROCHESTER, NY 14611	04-3091002	501(C)(3)	107,550.	.0			FOR GENERAL SUPPORT AND THE NEW BUILDING
CHADS COALITION FOR MENTAL HEALTH PO BOX 510528 ST. LOUIS, MO 63151	20-2172260	501(C)(3)	10,000.	.0			TO SUPPORT SCHOOL OUTREACH PROGRAMS AIMED AT SUICIDE PREVENTION AND EDUCATION
CHALLENGER MIRACLE FIELD OF WNY P.O. BOX 826 WEBSTER, NY 14580	47-4470598	501(C)(3)	.000.	°			FOR GENERAL SUPPORT
CHARITY NEWSIES (FRANKLIN COUNTY) 4300 INDIANOLA AVE COLUMBUS, OH 43214	31-6401150	501(C)(3)	8,300.	0			TO PROVIDE NEW BACK-TO-SCHOOL CLOTHING FOR K-12 STUDENTS
CHILDREN OF PROMISE, NYC 54 MACDONOUGH STREET BROOKLYN, NY 11216	83-0440009 501(C)(3)	501(C)(3)	20,000.	.0			FOR GENERAL SUPPORT
CHILDREN'S INSTITUTE, INC. 205 ST. PAUL STREET ROCHESTER, NY 14604	23-7102632	501(C)(3)	287,268.	0			RECAP, BEHAVIORAL SUPPORIS FOR CHILDREN, ROC THE FUTURE
CHILDREN, INC. PO BOX 72848 NORTH CHESTERFIELD, VA 23235-8021	54-0761510	501(C)(3)	9,285.	.0			FOR GENERAL SUPPORT
CHRIST CHURCH ROCHESTER 141 EAST AVENUE ROCHESTER, NY 14604	16-0743957	501(C)(3)	8,100.	· o			FOR GENERAL SUPPORT
CHRIST EPISCOPAL CHURCH 25 BROADWAY ROCHESTER, NY 14607	16-0743957	501(C)(3)	34,000.	.0			VANDELINDER FELLOWSHIP
							Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST EPISCOPAL CHURCH PITTSFORD 36 SOUTH MAIN STREET PITTSFORD, NY 14534	16-0979777	сниксн	15,040.	0			FOR GENERAL SUPPORT
CITY HONORS SCHOOL FMP 186 EAST NORTH STREET BUFFALO, NY 14204	16-1510686	501(C)(3)	6,400.	.0			TO SUPPORT THE FBO STUDENT TRIP - 2023
CLARK UNIVERSITY FINANCIAL SERVICES - ATTN CONTROLLER 950 MAIN STREET - WORCESTER, MA 01610	04-2111203	501(C)(3)	85,005.	.0			FOR GENERAL SUPPORT
CLIMATE SOLUTIONS ACCELERATOR OF THE GENESEE-FINGER LAKES REGION - 758 SOUTH AVE. SUITE 4 - ROCHESTER, NY 14620	47-5562806	501(C)(3)	91,500.	0			TO SUPPORT THE MISSION OF THE CLIMATE SOLUTIONS ACCELERATOR ORGANIZATION
COALITION FOR BUZZARDS BAY 114 FRONT STREET NEW BEDFORD, MA 02740	04-2971978	501(C)(3)	10,000.	.0			FOR GENERAL SUPPORT
COBBLESTONE FOUNDATION 1622 NY-332 FARMINGTON, NY 14425	85-1375002	501(C)(3)	20,000.	.0			FOR GENERAL SUPPORT
COBBLESTONE SOCIETY 14389 RIDGE ROAD P. O. BOX 363 ALBION, NY 14411	16-0979095	501(C)(3)	44,167.	.0			HISTORIC PRESERVATION
COMMON GROUND HEALTH PO BOX 160 MT. MORRIS, NY 14510-0160	16-1061456	501(C)(3)	61,750.	.0			SUMMER MEALS PARTNERSHIP
COMMUNITY ACTION OF ORLEANS AND GENESEE - 409 EAST STATE STREET - ALBION, NY 14411	16-6059252	501(C)(3)	133,166.	0.			"DOOR THROUGH DOOR" TRANSPORTATION Coloding Management
							Schedule I (Form 990)

OUNDATION	:ations and Domestic Governments (Schedule I (Form 990), Part
AREA COMMUNITY FOUNDATION	e to Domestic Organiz
AREA	ssistance
ROCHESTER A	on of Grants and Other A
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY EMPOWERMENT FUND 208 N. COLUMBIA STREET, SUITE 100 CHAPEL HILL, NC 27514	27-0428981	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
COMMUNITY FOOD CUPBOARD OF ROCHESTER INC - 11 NESTER STREET - ROCHESTER, NY 14621	16-1324346	501(C)(3)	11,500.	.0			FOR GENERAL SUPPORT
COMMUNITY FOUNDATION OF THE HOLLAND/ZEELAND AREA - 85 E. 8TH STREET, SUITE 110 - HOLLAND, MI 49423	38-6095283	501(C)(3)	166,492.	.0			FOR GENERAL SUPPORT
COMMUNITY FOUNDATION OF THE LOWCOUNTRY - 4 NORTHRIDGE DRIVE, SUITE A - HILTON HEAD ISLAND, SC 29926	57-0756987	501(C)(3)	202,488.	0.			FOR THE NEW MCNEIL FAMILY
COMMUNITY RESOURCE COLLABORATIVE 100 COLLEGE AVENUE, SUITE 130 ROCHESTER, NY 14607	87-2598022 501(C)(3)	501(C)(3)	24,500.	0			FOR GENERAL SUPPORT
COMPETITIVE EDGE EQ INCORPORATED 14501 SAREEN WAY ACCOKEEK, MD 20607	85-1134291	501(C)(3)	7,500	.0			TO PROVIDE ACADEMIC AND EMOTIONAL SUPPORT PROGRAMS TO STUDENT ATHLETES
CONGREGATION BETH SHOLOM 1161 MONROE AVENUE ROCHESTER, NY 14620	16-0814112	501(C)(3)	.000,653	.0			TO SUPPORT THE RENOVATION OF THE SANCTUARY AND GENERAL SUPPORT
CONNECTED COMMUNITIES, INC. 1337 EAST MAIN STREET ROCHESTER, NY 14609	47-5104440	501(C)(3)	95,750.	0			FOR GENERAL SUPPORT
CONSUMER CREDIT COUNSELING SERVICE OF ROCHESTER - 1050 UNIVERSITY AVE SUITE A - ROCHESTER, NY 14607	16-0972260	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT
							Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONTINUING DEVELOPMENTAL SERVICES 860 HARD ROAD WEBSTER, NY 14580	16-1089115	501(C)(3)	36,431.	0.			FOR GENERAL SUPPORT
COORDINATED CARE SERVICES, INC. 1099 JAY STREET BLDG. J, 3RD FLOOR ROCHESTER, NY 14611-1153	22-2573042	501(C)(3)	81,500.	0.			ANTIRACIST CURRICULUM
CORNELL CO-OP EXTENSION OF WAYNE COUNTY - 1581 ROUTE 88 NORTH - NEWARK, NY 14513-9739	16-6072898	501(C)(3)	10,998.	.0			FOR GENERAL SUPPORT
CORNELL COOPERATIVE EXTENSION FOUNDATION - 2449 ST. PAUL BOULEVARD - ROCHESTER, NY 14617	16-1159507 SCHOOL	зсноог	138,688.	.0			FOR GENERAL SUPPORT
CORNELL COOPERATIVE EXTENSION/ORLEANS CO 12690 STATE ROUTE 31 - ALBION, NY 14411	16-6072890 501(C)(3)	501(C)(3)	10,000.	0			FOR GENERAL SUPPORT
CORNELL UNIVERSITY, HOSPITAL FOR ANIMALS - COLLEGE OF VETERINARY MEDICINE 930 CAMPUS ROAD, VMC BOX 20 - ITHACA, NY 14853	15-0532082	501(C)(3)	.000,03	.0			FOR GENERAL SUPPORT
CORNELL UNIVERSITY, SCHOOL OF INDUSTRIAL AND LABOR RELATIONS - 249 HIGHLAND AVENUE - ROCHESTER, NY 14620	15-0532082	501(C)(3)	10,000.	.0			FOR THE ED VARGAS LEGACY FUND AT THE WORKER INSTITUTE AT CORNELL UNIVERSITY
CORNERSTONE CORPORATION 6030 ETZEL AVENUE ST. LOUIS, MO 63112	43-1108915	501(C)(3)	15,000.	.0			FOR GENERAL SUPPORT
COUNCIL ON FOUNDATIONS PO BOX 715674 PHILADELPHIA, PA 19171-5674	13-6068327 501(C)(3)	501(C)(3)	13,750.	0.			FOR GENERAL SUPPORT
							Schedule I (Form 990)

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ROCHESTER AREA COMMUNITY FOUNDATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVENANT PREPARATORY SCHOOL 474 WOODLAND STREET HARTFORD, CT 06112	74-3238578	501(C)(3)	8,000,8	.0			TO SUPPORT EDUCATION OF URBAN YOUTHS
CRACKER BOX PALACE - FARM ANIMAL HAVEN - 6450 SHAKER ROAD PO BOX 174 - ALTON, NY 14413	16-1600471	501(C)(3)	63,984.	.0			FOR GENERAL SUPPORT
CRIMESTOPPERS OF ROCHESTER 185 EXCHANGE BOULEVARD ROCHESTER, NY 14614	16-1190497	501(C)(3)	10,000.	.0			FOR GENERAL SUPPORT
CROHN'S & COLITIS FOUNDATION INC 733 THIRD AVE SUITE 510 NEW YORK, NY 10017	13-6193105	501(C)(3)	30,000.	.0			FOR GENERAL SUPPORT
CROSSROADS HOUSE 11 LIBERTY STREET PO BOX 403 BATAVIA, NY 14021	16-1505042	501(C)(3)	14,921.	.0			FOR GENERAL SUPPORT
DAYSPRING CENTER, INC. P.O. BOX 44105 INDIANAPOLIS, IN 46244	35-1618998	501(C)(3)	7,500.	.0			TO PROVIDE SHELTER, FOOD, AND CLOTHING TO FAMILIES IN NEED
DAYSTAR KIDS 700 LAC DE VILLE BOULEVARD ROCHESTER, NY 14618-5608	26-3275794	501(C)(3)	83,258.	.0			DAYSTAR DERBY PADDLE CALL
DEEP ARTS 41 FRENCH ROAD ROCHESTER, NY 14618	16-1397824	501(C)(3)	10,250.	.0			FOR GENERAL SUPPORT
DELTA SEVENTH DAY ADVENTIST CHURCH 762 MEEKER STREET, PO BOX 91 DELTA, CO 81416	52-6037545	сниксн	9,294.	.0			FOR THE MISSIONS OF THE CHURCH
							Schedule I (Form 990)

Schedule I (Form 990)

110 WEMBLY ROAD

PO BOX 5022

PARKWAY

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

DAYCARE WITH A PLAYGROUND IN A NEIGHBORHOOD IN NEED THE DUNDEE CENTRAL SCHOOL FOR SCHOLARSHIPS SUPPORT TO PROVIDE SCHOLARSHIPS TO RESIDENT STUDENTS OF FOR THE ANNUAL CAMPAIGN OR GENERAL SUPPORT AND TO SUPPORT BUILDING A (h) Purpose of grant or assistance AND FOR THE AQUATIC FOR GENERAL SUPPORT FOR GENERAL SUPPORT FOR GENERAL SUPPORT FOR GENERAL SUPPORT SCHOLARSHIPS DISTRICT PROGRAM (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 0 Ö (e) Amount of noncash assistance (d) Amount of cash grant 12,144. 6,000, 32,650. 54,642. 10,000. 15,088, 79,710. 000'09 36,431, (c) IRC section if applicable 23-1390618 501(C)(3) 86-2446885 501(C)(3) 13-3433452 501(C)(3) 501(C)(3) 81-4402678 501(C)(3) 501(C)(3) 46-4863732 501(C)(3) 16-0743209 501(C)(3) 16-0743242 501(C)(3) 41-2073846 56-0532129 (p) EIN ALUMNI & DEVELOPMENT RECORDS BOX 90 PALMYRA-MACEDON CHAPTER - 151 HYDE 1835 FAIRPORT NINE MILE POINT ROAD DUNDEE DOLLARS FOR SCHOLARS, INC. DOCTORS WITHOUT BORDERS, USA/NY - PALMYRA, NY 14522 (a) Name and address of organization or government DISABILITY EMPOWHER NETWORK HAGERSTOWN, MD 21741-5022 DREAM BUILDERS 4 EQUITY EASTMAN SCHOOL OF MUSIC SAINT LOUIS, MO 63109 DOLLARS FOR SCHOLARS 4991 THOLOZAN AVENUE EASTSIDE FAMILY YMCA DEVEREUX FOUNDATION VILLANOVA, PA 19085 ROCHESTER, NY 14616 ROCHESTER, NY 14604 444 DEVEREUX DRIVE PENFIELD, NY 14526

DURHAM, NC 27708

DUKE UNIVERSITY

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ROCHESTER AREA COMMUNITY FOUNDATION

Schedule I (Form 990)

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

OR SUPPORTING CHRISTIAN (h) Purpose of grant or assistance OR THE HS ATHLETIC FOR GENERAL SUPPORT DEPARTMENT AND THE SCIENCE DEPARTMENT RADIO (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 Ö (e) Amount of noncash assistance (d) Amount of cash grant 19,772. 20,000. 10,000, 8,710. 8,710. 8,710. 125,750, (c) IRC section if applicable 63-0864790 MUNICIPALITY 45-5281198 501(C)(3) 16-6001708 501(C)(3) 16-1557039 501(C)(3) 51-0204285 501(C)(3) 501(C)(3) 09-2244376 CHURCH 94-2816342 (p) EIN WEST OAKS BOULEVARD - ROCKLIN, CA ENCOMPASS: RESOURCES FOR LEARNING P. O. BOX 370 ATTN: CAROL TORREY K-LOVE/AIR 1 RADIO NETWORK 5700 SUITE 925 BRANCH OF AAUW - 494 EAST AVE EDUCATIONAL FUND OF ROCHESTER EDUCATIONAL MEDIA FOUNDATION ELBA CENTRAL SCHOOL DISTRICT ELBA UNITED METHODIST CHURCH EDUCATION SUCCESS FOUNDATION (a) Name and address of organization or government ELBA VOLUNTEER FIREMEN 16 EAST MAIN STREET, ELBA, NY 14058-0370 NY 14058-0058 ROCHESTER, NY 14613 ELBA, NY 14058-0056 ROCHESTER, NY 14607 ROCHESTER, NY 14614 4 LAKE VIEW PARK P. O. BOX 58 EDCEPTIONAL PO BOX 56 ELBA,

Schedule I (Form 990)

FOR GENERAL SUPPORT

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16-0743962 501(C)(3)

FOR GENERAL SUPPORT

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20-1612594 | 501(C)(3)

EPISCOPAL SENIORLIFE COMMUNITIES

505 MT. HOPE AVENUE

ROCHESTER, NY 14620

ROCHESTER, NY 14613

4 LAKE VIEW PARK

OUNDATION	:ations and Domestic Governments (Schedule I (Form 990), Part
AREA COMMUNITY FOUNDATION	e to Domestic Organiz
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(a) Name and address of organization or government	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EQUICENTER, INC. 3247 RUSH MENDON ROAD HONEOYE FALLS, NY 14472	33-1082985	501(C)(3)	96,178.	.0			FOR GENERAL SUPPORT
EQUINE VOICES RESCUE & SANCTUARY PO BOX 1685 GREEN VALLEY, AZ 85622	74-3127794	501(C)(3)	15,000.	.0			FOR GENERAL SUPPORT
F.F. THOMPSON HOSPITAL FOUNDATION 350 PARRISH STREET CANANDAIGUA, NY 14424	22-2959984	501(C)(3)	9,850.	.0			FOR GENERAL SUPPORT
FAMILY PROMISE OF GREATER ROCHESTER - 142 WEBSTER AVE - ROCHESTER, NY 14609	41-2064888	501(C)(3)	.366,6	0			FOR GENERAL SUPPORT
FAMILY PROMISE OF WAYNE COUNTY 3 HOLLEY STREET LYONS, NY 14489	81-4005044 501(C)(3)	501(C)(3)	15,250.	0			TO HELP PEOPLE OF WAYNE COUNTY WHO ARE HOMELESS AND LOW-INCOME FAMILIES ACHIEVE INDEPENDENCE
FAMILY RESOURCE CENTERS OF HILLSIDE CHILDREN'S CENTER - HILLSIDE CHILDREN'S FOUNDATION 1183 MONROE AVENUE - ROCHESTER, NY	16-1493404	501(C)(3)	31,515.	0			FOR GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES 1100 UNIVERSITY AVE SUITE 140 ROCHESTER, NY 14607	44-0610626	501(C)(3)	25,000.	.0			FOR GENERAL SUPPORT
FERGUSON YOUTH INITIATIVE 106 CHURCH STREET ST. LOUIS, MO 63135	46-0840228	501(C)(3)	10,000.	0			TO SUPPORT AN E-SPORTS PROGRAM, EDUCATING YOUTH ABOUT FUTURE CAREER OPPORTUNITIES
FINGER LAKES HEALTH FOUNDATION 196 NORTH STREET GENEVA, NY 14456	15-0549310	501(C)(3)	6,000.	0			FOR A CARDIOVASCULAR ULTRASOUND SYSTEM
							Schedule I (Form 990)

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ROCHESTER AREA COMMUNITY FOUNDATION

Schedule I (Form 990)

(h) Purpose of grant or assistance OR THE SOLAR ENERGY FOR GENERAL SUPPORT FOR GENERAL SUPPORT INVESTIGATOR AWARDS FOR GENERAL SUPPORT FOR THE RESIDENT PROJECT (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 0 Ö (e) Amount of noncash assistance 63,024. 30,934. (d) Amount of cash grant 19,600. 87,088. 6,410. 20,274. 8,816. 000'9 202,100. (c) IRC section if applicable 22-2983688 501(C)(3) 16-0743209 501(C)(3) 81-4716749 501(C)(3) 16-0755770 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 81-2811468 501(C)(3) 16-1000729 501(C)(3) 16-1124571 58-0612608 16-0805157 (p) EIN FIRST BAPTIST CHURCH OF ROCHESTER ONTARIO CENTER - 1638 RIDGE ROAD FLOWER CITY ARTS CENTER, INC. FIRST PRESBYTERIAN CHURCH OF FIRST PRESBYTERIAN CHURCH OF PITTSFORD - 25 CHURCH STREET (a) Name and address of organization or government 629 FIRST PRESBYTERIAN CHURCH FINGER LAKES OPERA, INC. FINGER LAKES LAND TRUST 601 ELMWOOD AVENUE BOX 175 ALLENS CREEK ROAD 520 WASHINGTON AVENUE 202 EAST COURT STREET 202 CLOVERCREST DRIVE ROCHESTER, NY 14618 ROCHESTER, NY 14618 - ONTARIO, NY 14519 ROCHESTER, NY 14618 ROCHESTER, NY 14642 PITTSFORD, NY 14534 FLAUM EYE INSTITUTE ROCHESTER, NY 14607 SAVANNAH, GA 31405 713 MONROE AVENUE ITHACA, NY 14850 P.O. BOX 18610 FIVEBYFIVE INC

	(Schedule I (Form 990), Part II.)
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Schedule I (Form 990)	Part II Continuation o

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FLOWER CITY HABITAT FOR HUMANITY 755 CULVER ROAD ROCHESTER, NY 14609	13-3281487	501(C)(3)	10,002.	.0			FOR THE GENERAL SUPPORT
FOCUS ON THE CHILDREN P. O. BOX 31 CALEDONIA, NY 14423	16-1432649	501(C)(3)	21,418.	.0			FOR GENERAL SUPPORT
FOOD FOR THE POOR 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	8,000.	°			TO SUPPORT THE CHURCH OF THE TRANSFIGURATION PROJECT
FOODLINK INC 2011 MT. READ BOULEVARD ROCHESTER, NY 14615-3700	22-2428304	501(C)(3)	100,724.	o			FOR GENERAL SUPPORT
FORT TICONDEROGA P.O. BOX 390 TICONDEROGA, NY 12883	14-1440924	501(C)(3)	7,656.	.0			TO SUPPORT THE FANNY ALLEN PORTRAIT RESTORATION
FREDERICK DOUGLASS FAMILY FOUNDATION - 140 E. MAIN ST ROCHESTER, NY 14604	26-0757405	501(C)(3)	10,000.	.0			FOR GENERAL SUPPORT
FREEDOM SCHOLARS LEARNING CENTER PO BOX 10321 ROCHESTER, NY 14610	14-1813190	501(C)(3)	8,658.	0.			FOR GENERAL SUPPORT
FRIENDLY SENIOR LIVING 3156 EAST AVENUE ROCHESTER, NY 14618	16-0743132	501(C)(3)	42,008.	·			FOR GENERAL SUPPORT
FRIENDS & FOUNDATION OF THE ROCHESTER PUBLIC LIBRARY - 115 SOUTH AVENUE - ROCHESTER, NY 14604-1896	16-1347453	501(C)(3)	25,077.	.0			FOR GENERAL SUPPORT
							Schedule I (Form 990)

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF ACADIA PO BOX 45 BAR HARBOR, ME 04609	01-0425071	501(C)(3)	.000,000	.0			FOR THE SEASONAL WORKFORCE HOUSING INITIATIVE
FRIENDS OF NEW BOLTON CENTER 382 WEST STREET ROAD KENNETT SQUARE, PA 19348	23-1352685	501(C)(3)	20,000.	.0			TO PURCHASE ADVANCED ULTRASOUND FOR CRITICAL CARE TEAM
FRIENDS OF PARROTT HALL, INC. 7 WHITE SPRINGS LANE GENEVA, NY 14456	82-3168066 501(C)(3)	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
FRIENDS OF SCHOOL OF THE ARTS 45 PRINCE STREET ROCHESTER, NY 14607	22-3204729	501(C)(3)	11,763.	.0			FOR GENERAL SUPPORT
FRIENDS OF THE MACEDON PUBLIC LIBRARY - C/O MACEDON PUBLIC LIBRARY 30 MAIN STREET - MACEDON, NY 14502	22-2521071	501(C)(3)	13,901.	.0			FOR GENERAL SUPPORT
FRIENDS OF THE MISSIONARY SERVANTS OF THE POOR FOUNDATION, INC 5800 W. MONASTERY ROAD - HULBERT, OK 74441	45-3365604	501(C)(3)	12,000.	.0			FOR GENERAL SUPPORT
FRIENDS OF THE PITTSFORD COMMUNITY LIBRARY, INC 24 STATE STREET - PITTSFORD, NY 14534	22-2258613	501(C)(3)	6,356.	0.			FOR GENERAL SUPPORT
FRIENDS OF THE WALWORTH-SEELY PUBLIC LIBRARY - PO BOX 105 - WALWORTH, NY 14568	20-3000498	501(C)(3)	15,101.	.0			FOR GENERAL SUPPORT
FRIENDS OF WOMEN'S RIGHTS NATIONAL HISTORICAL PARK INC 136 FALL STREET - SENECA FALLS, NY 13148	16-1567531	501(C)(3)	10,750.	0			FOR GENERAL SUPPORT
							Schedule I (Form 990)

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FRIENDS OF WORLD OF INQUIRY SCHOOL 1703 MONROE AVE ROCHESTER, NY 14618	81-3406914	501(C)(3)	9,447.	.0			FOR GENERAL SUPPORT
GALEN HISTORICAL SOCIETY P.O. BOX 43 N PARK ST. CLYDE, NY 14433	22-2155867	501(C)(3)	15,000.	0.0			PRESERVATION OF THE MILL MUSEUM
GARRETT MEMORIAL CHAPEL TRUST 227 FERRIS HILLS CANANDAIGUA, NY 14424	16-0759023 501(C)(3)	501(C)(3)	10,000.	.0			FOR GENERAL SUPPORT
GARTH FAGAN DANCE, INC. 50 CHESTNUT STREET ROCHESTER, NY 14604	23-7276763	501(C)(3)	178,669.	.0			FOR GENERAL SUPPORT
GATES-CHILI CENTRAL SCHOOL DISTRICT - 3 SPARTAN WAY - ROCHESTER, NY 14624	16-6001759 501(C)(3)	501(C)(3)	12,000.	0.			FOR A COLLEGE SCHOLARSHIP
GATEWAYS MUSIC FESTIVAL 26 GIBBS STREET #58 ROCHESTER, NY 14604	16-1562873	501(C)(3)	26,500.	.0			GATEWAYS RADIO AND GATEWAYS ENSEMBLES ON THE ROAD
GENESEE COUNTRY VILLAGE & MUSEUM 1410 FLINT HILL ROAD PO BOX 310 MUMFORD, NY 14511-0310	16-0918567	501(C)(3)	96,449.	0			FOR PRESERVATION OF GARDEN AND GROUNDS, TOWN HALL CLOCK RESTORATIONS, GENERAL SUPPORT
GENESEE COUNTY OFFICE FOR THE AGING - 2 BANK STREET - BATAVIA, NY 14020	16-6002560	MUNICIPALITY	104,225.	.0			CENTRALIZED INTAKE AND CASE MANAGEMENT
GENESEE LAND TRUST 46 PRINCE STREET SUITE LL005 ROCHESTER, NY 14607	22-3033712	501(C)(3)	403,020.	0			FOR GENERAL SUPPORT
							Schedule I (Form 990)

(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESEE SENIOR FOUNDATION 2 BANK STREET BATAVIA, NY 14020	16-1570103	501(C)(3)	23,500.	.0			RECREATION MINI GRANT AND SOCIAL TRANSPORTATION
GENESEE VALLEY CONSERVANCY P.O. BOX 73 ONE MAIN STREET GENESEO, NY 14454	23-3061147	501(C)(3)	8,300.	0			FOR GENERAL SUPPORT
GENESEE VALLEY COUNCIL ON THE ARTS 4 MURRAY HILL DRIVE MOUNT MORRIS, NY 14510	23-7171154 501(C)(3)	501(C)(3)	7,031.	.0			TO SUPPORT THE CREATIVE ARTISTS MIGRANT PROGRAM SERVICES
GENESEE-ORLEANS REGIONAL ARTS COUNCIL - 201 EAST MAIN STREET - BATAVIA, NY 14020	16-1067054 501(C)(3)	501(C)(3)	38,264.	.0			SEYMOUR PLACE
GENEVA MUSIC FESTIVAL INC 124 NORTH MAIN STREET GENEVA, NY 14456	47-1033843 501(C)(3)	501(C)(3)	11,400.	.0			FOR GENERAL SUPPORT
GENEVA READS 25 N. MORRELL AVENUE GENEVA, NY 14456	45-5433635	501(C)(3)	6,000.	.0			FOR GENERAL SUPPORT
GEORGE EASTWAN MUSEUM 900 EAST AVENUE ROCHESTER, NY 14607	16-0743991	501(C)(3)	36,835.	.0			FOR GENERAL SUPPORT
GEVA THEATRE CENTER 75 WOODBURY BOULEVARD ROCHESTER, NY 14607	23-7202906	501(C)(3)	2,745,362.	.0			FOR GENERAL SUPPORT
GIRL SCOUTS OF WESTERN NEW YORK ROCHESTER SERVICE CENTER 1000 ELMWOOD AVENUE, DOOR 5 - ROCHESTER, NY 14620	16-0743096	501(C)(3)	26,742.	.0			FOR GENERAL SUPPORT
							Schedule I (Form 990)

	(Schedule I (Form 990), Part II.)
ROCHESTER AREA COMMUNITY FOUNDATION	ssistance to Domestic Organizations and Domestic Governments
le I (Form 990) ROCHESTER	Continuation of Grants and Other As
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(a) Name and address of if applicable organization or government (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of assistance (book, FMV, appraisal, other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS ON THE RUN OF GREATER ROCHESTER - 1595 MOSELEY RD - VICTOR, NY 14564	45-2272691	501(C)(3)	10,000.	.0			FOR PROGRAM SCHOLARSHIPS FOR GIRLS WITH FINANCIAL BARRIERS
GIRLS ON THE RUN OF NOVA 10301 DEMOCRACY LANE, SUITE 100 FAIRFAX, VA 22030	54-2026885	501(C)(3)	7,500.	0			TO SUPPORT THE HEART & SOLE PROGRAM
GOD'S GARAGE 2100 E. DAVIS STREET CONROE, TX 77301	47-5406083 501(C)(3)	501(C)(3)	.000,3	.0			TO REPAIR, RESTORE, AND DONATE VEHICLES TO SINGLE MOTHERS IN NEED OF RELIABLE TRANSPORTATION
GOLISANO CHILDREN'S HOSPITAL AT STRONG - 300 EAST RIVER ROAD P.O. BOX 278996 - ROCHESTER, NY 14627-8996	16-0743209	501(C)(3)	25,051.	0.			FOR GENERAL SUPPORT FOR GOLISANO CHILDREN'S HOSPITAL
GOODWILL OF THE FINGER LAKES INC 422 SOUTH CLINTON AVENUE ROCHESTER, NY 14620	27-4212702	501(C)(3)	20,500.	.0			FOR GENERAL SUPPORT
GOODWILL VISION ENTERPRISES 422 SOUTH CLINTON AVENUE ROCHESTER, NY 14620	16-0743906	501(C)(3)	53,071.	0.			FOR CALL CENTER SUPPORT AND EXPANSION
GRACE UNITY FELLOWSHIP 986 JOSEPH AVENUE ROCHESTER, NY 14622	22-3240234	501(C)(3)	8,000.	.0			TO SUPPORT THE SAVE THE CHILDREN FESTIVAL
GREATER ROCHESTER SUMMER LEARNING ASSOCIATION - 205 SAINT PAUL STREET - ROCHESTER, NY 14604	45-2797098	501(C)(3)	26,000.	0			TO SUPPORT SUMMER LEAP PROGRAM
GREECE COMMUNITY BROADCASTING, INC 1139 MAIDEN LANE - ROCHESTER, NY 14615	16-1181587	501(C)(3)	15,250.	0.			FOR GENERAL SUPPORT
							Schedule I (Form 990)

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ROCHESTER AREA COMMUNITY FOUNDATION

Schedule I (Form 990) ROCHESTER AREA COMMUNITY FOUNDATION

Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENTOPIA 74 BROWNS RACE ROCHESTER, NY 14614-1006	27-4112147	501(C)(3)	70,250.	.0			FOR GENERAL SUPPORT
GULF COAST COMMUNITY FOUNDATION 601 TAMIAMI TRAIL SOUTH VENICE, FL 34285	59-1052433	501(C)(3)	25,000.	0			FOR GENERAL SUPPORT
HARLEY SCHOOL 1981 CLOVER STREET ROCHESTER, NY 14618	16-0755783	501(C)(3)	.000,08	°			HORIZONS AT HARLEY PROGRAM
HARVARD BUSINESS SCHOOL SOLDIERS FIELD BOSTON, MA 02163	04-2103580	501(C)(3)	7,491.	°			FOR GENERAL SUPPORT
HEARING LOSS ASSN OF AMERICA/ROCH NY - 17 RUTHERFIELD LANE - ROCHESTER, NY 14625	52-1177011	501(C)(3)	43,362.	°			FOR GENERAL SUPPORT
HEARTS FOR THE HOMELESS OF WESTERN NEW YORK - PO BOX 437 - BUFFALO, NY 14223	22-3245314	501(C)(3)	50,000.	.0			TO SUPPORT THE HEARTS FOOD PANTRY EXPRESS
HELP AND EMERGENCY RESPONSE (HER) PO BOX 2187 PORTSMOUTH, VA 23702	52-1349827 501(C)(3)	501(C)(3)	7,000.	.0			TO PURCHASE BUNK BEDS FOR THE SHELTER
HELPING HANDS RE-ENTRY OUTREACH CENTERS - PO BOX 413 - SEASIDE, OR 97138	27-1158468	501(C)(3)	7,500.	.0			TO SUPPORT A SHELTER RE-ENTRY PROGRAM
HERBERT BERGHOF STUDIO 120 BANK ST NEW YORK, NY 10014	13-3735185 501(C)(3)	501(C)(3)	8,000.	.0			FOR GENERAL SUPPORT

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ROCHESTER AREA COMMUNITY FOUNDATION

Schedule I (Form 990)

FOR 2024-2025 LOCAL FIELD (h) Purpose of grant or assistance FOR UNLOCKING VOICES PROGRAM, SUPPORTING CAREGIVERS, GENERAL FOR GENERAL SUPPORT FOR GENERAL SUPPORT FOR GENERAL SUPPORT OR GENERAL SUPPORT FOR GENERAL SUPPORT COMMUNITY SERVICE FOR GENERAL NEEDS PILOT PROJECT SUPPORT TRIPS (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 0 Ö (e) Amount of noncash assistance (d) Amount of cash grant 8,750. 501,000. 120,708. 16,200. 45,232. 8,000 20,000. 21,500. 30,137. (c) IRC section if applicable 22-2334190 501(C)(3) 27-4295948 501(C)(3) 16-0743038 501(C)(3) 16-1493404 501(C)(3) 501(C)(3) 23-7443013 501(C)(3) 501(C)(3) 46-2731613 501(C)(3) 16-6001811 501(C)(3) 16-1054552 45-4219279 (p) EIN HONEOYE FALLS-LIMA CENTRAL SCHOOL HILLSIDE CHILDREN'S FOUNDATION (a) Name and address of organization or government HERITAGE CHRISTIAN SERVICES 275 KENNETH DRIVE SUITE 100 HILLEL COMMUNITY DAY SCHOOL DISTRICT - 83 EAST STREET HINDU TEMPLE OF ROCHESTER ROCHESTER, NY 14623-4277 ROCHESTER, NY 14620-1699 HONEOYE FALLS, NY 14472 PALMYRA, NY 14522-1136 191 FAIRFIELD DRIVE ROCHESTER, NY 14606 ROCHESTER, NY 14620 ROCHESTER, NY 14602 HOMESTEADS FOR HOPE 1183 MONROE AVENUE 1180 SAGEBROOK WAY WEBSTER, NY 14580 2185 MANITOU ROAD 132 MARKET STREET HISTORIC PURSUITS PALMYRA, NY 14522 HISTORIC PALMYRA HOME START HOPE 4017 MINER RD PO BOX 20061

(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOOKED ON HOPE VB 4421 MOOSEWOOD DRIVE VIRGINIA BEACH, VA 23452	83-2565137	501(C)(3)	6,000.	.0			TO PROVIDE FISHING AND OTHER OUTDOOR ACTIVITIES TO FAMILIES IMPACTED BY PEDIATRIC CANCER
HOPE ATLANTA 34 PEACHTREE STREET NW, SUITE 700 ATLANTA, GA 30303	58-0566247	501(C)(3)	10,000.	.0			TO SUPPORT A SUMMER HUNGER AWARENESS CAMPAIGN
HOPE HALL 1612 BUFFALO ROAD ROCHESTER, NY 14624	16-1463706	501(C)(3)	201,721.	.0			FOR A LOBBY NAMING OPPORTUNITY AND GENERAL SUPPORT
HOPE INITIATIVES CDC INCORPORATED 506 W. BROAD STREET ROCHESTER, NY 14608	03-0374933	501(C)(3)	52,500.	.0			FOR GENERAL SUPPORT
HOSPICE OF ORLEANS, INC. 14080 RT. 31 ALBION, NY 14411-9301	16-1336090	501(C)(3)	5,520.	.0			TO SUPPORT THE MUSIC PROGRAM
HOUGHTON COLLEGE ONE WILLARD AVENUE HOUGHTON, NY 14744-0128	16-0743045	501(C)(3)	8,710.	.0			FOR GENERAL SUPPORT
HOUSE OF MERCY 285 ORMOND STREET ROCHESTER, NY 14605	31-1754068	501(C)(3)	68,500.	0			FOR GENERAL SUPPORT
HUMANE SOCIETY OF GREATER ROCHESTER - 99 VICTOR ROAD - FAIRPORT, NY 14450	16-0743047	501(C)(3)	848,595.	.0			FOR THE KARPUS FAMILY FOUNDATION EDUCATION CENTER AND GENERAL SUPPORT
HUTHER-DOYLE MEMORIAL INSTITUTE 360 EAST AVENUE ROCHESTER, NY 14604	22-2238075 501(C)(3)	501(C)(3)	12,543.	.0			FOR OUTPATIENT SUBSTANCE ABUSE SERVICES, CASE MANAGEMENT AND PRIMARY HEALTH SERVICES
							Schedule I (Form 990)

	(Schedule I (Form 990), Part II.)
UNDATION	ons and Domestic Governments
ROCHESTER AREA COMMUNITY FOUNDATION	ice to Domestic Organizati
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Schedule I (Form 990)	Part II Continuation o

(a) Name and address of cash grant or government or government (b) EIN (c) IRC section or government if applicable cash grant assistance appraisal, other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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, INC. 124 EVERGREEN STREET ROCHESTER, NY 14605	16-0954745	501(C)(3)	46,689.	.0			FOR GENERAL SUPPORT
IBERO-AMERICAN DEVELOPMENT CORPORATION - 954 CLIFFORD AVENUE - ROCHESTER, NY 14621	16-1303858	501(C)(3)	5,750.	.0			FOR GENERAL SUPPORT
IMAGEOUT 274 N. GOODMAN STREET SUITE A203 ROCHESTER, NY 14607	16-1501725 501(C)(3)	501(C)(3)	40,415.	.0			FOR GENERAL SUPPORT
INNOVA GIRLS ACADEMY CHARTER SCHOOL - 156 SAN GABRIEL DRIVE - ROCHESTER, NY 14610	86-2688614	501(C)(3)	7,000.	0			TO SUPPORT THE SOCIAL EMOTIONAL LEARNING FRAMEWORK
INNOVATIVE SERVICES NW 9414 NE FOURTH PLAIN BOULEVARD VANCOUVER, WA 98662	91-0782136	501(C)(3)	7,500.	0.			TO PROVIDE THERAPY SERVICES FOR LOW INCOME CHILDREN WITH DEVELOPMENT DELAYS
INTERNATIONAL RETT SYNDROME FOUNDATION - 4600 DEVITT DRIVE - CINCINNATI, OH 45246	31-1682518	501(C)(3)	30,000	.0			FOR GENERAL SUPPORT
INTERVOL ROCHESTER REGIONAL HEALTH, RIEDMAN CAMPUS 100 KINGS HIGHWAY SOUTH, SUITE 120	16-1347201	501(C)(3)	10,000.	.0			FOR GENERAL SUPPORT
IRONDEQUOIT PUBLIC LIBRARY FOUNDATION, INC 1290 TITUS AVENUE - ROCHESTER, NY 14617	20-3280319	501(C)(3)	18,330.	.0			FOR GENERAL SUPPORT
IT'S ABOUT CARING FOR KIDS PO BOX 16201 ROCHESTER, NY 14616	45-4391226	501(C)(3)	35,000.	.0			FOR GENERAL SUPPORT
							Schedule I (Form 990)

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JAMES WHITCOMB RILEY MEMORIAL ASSOC 30 S. MERIDIAN STREET SUITE 200 - INDIANAPOLIS, IN 46204	35-0868147	501(C)(3)	10,000.	.0			TO PROVIDE PERSONALIZED MEDICAL CARE TO CHILDREN IN A COMPASSIONATE ENVIRONMENT
JAZZ NETWORK, INC. PO BOX 155 79 ROCHESTER, NY 14615	88-2039811	501(C)(3)	25,000.	.0			TO SUPPORT THE GIRLS SPORTS SAMPLING & MENTORSHIP CAMP
JEFFERSON FAMILY HEALTH FUND 1086 EDGEWOOD AVENUE ROCHESTER, NY 14618	81-0586259	501(C)(3)	9,750.	.0			TO SUPPORT THE ELDER AFRICAN AMERICAN DIABETES ACTION PROGRAM
JEWISH COMMUNITY CENTER OF GREATER ROCHESTER - 1200 EDGEWOOD AVENUE - ROCHESTER, NY 14618	16-0743060	501(C)(3)	64,125.	0			FOR CAMP SENECA TO SUPPORT THE CAMP EXPERIENCE INTO THE FUTURE
JEWISH FAMILY SERVICES OF ROCHESTER - 255 EAST AVENUE, SUITE 201 - ROCHESTER, NY 14604	16-0743059 501(C)(3)	501(C)(3)	28,413.	.0			FOR GENERAL SUPPORT
JEWISH FEDERATION OF GREATER ROCHESTER - 255 EAST AVENUE, SUITE 201 - ROCHESTER, NY 14604	16-0868942	501(C)(3)	69,349.	.0			OPERATION SWORDS OF IRON EMERGENCY CAMPAIGN
JEWISH HOME FOUNDATION 2021 SOUTH WINTON ROAD ROCHESTER, NY 14618	22-2263845	501(C)(3)	8,578.	0.			FOR GENERAL SUPPORT
JEWISH NATIONAL FUND, INC. 78 RANDALL AVENUE ROCKVILLE CENTER, NY 11570	13-1659627	501(C)(3)	9,445.	.0			FOR GENERAL SUPPORT
JEWISH SENIOR LIFE FOUNDATION 2021 WINTON ROAD SOUTH ROCHESTER, NY 14618	22-3409164	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT
							Schedule I (Form 990)

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JOSEPH AVENUE ARTS AND CULTURE ALLIANCE - P.O.BOX 30147 - ROCHESTER, NY 14603	47-1841978	501(C)(3)	41,400.	.0			HISTORIC RENOVATION AND GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF CENTRAL UPSTATE NEW YORK, INC 200 W. RIDGE ROAD, #1 - ROCHESTER, NY 14615	16-0956147	501(C)(3)	7,918.	0			TO SUPPORT FINANCIAL LITERACY PROGRAMMING
KEUKA HOUSING COUNCIL 160 MAIN STREET PENN YAN, NY 14527	16-1092291	501(C)(3)	15,000.	0.			FIRM ROOTS PROGRAM
LAKE AVENUE BAPTIST CHURCH 72 AMBROSE STREET ROCHESTER, NY 14608-1202	16-0743042	501(C)(3)	13,200.	0.			FOR GENERAL SUPPORT
LANDMARK SOCIETY OF WESTERN NEW YORK - 5 CASTLE PARK - ROCHESTER, NY 14620	16-0805166 501(C)(3)	501(C)(3)	29,008.	0.			FOR GENERAL SUPPORT
LATIN AMERICAN YOUTH CENTER 1419 COLUMBIA ROAD NW WASHINGTON, DC 20009	52-1023074	501(C)(3)	15,000.	0.			TO SUPPORT STRIPES, AN AFTERSCHOOL LGBTQ+ALLIANCE FOR LOW-INCOME YOUTH OF COLOR
LATINO NETWORK 410 NE 18TH AVENUE PORTLAND, OR 97217	73-1675402 501(C)(3)	501(C)(3)	7,500.	.0			TO OFFER LATINO YOUTH A SAFE PLACE TO PARTICIPATE IN ARTS AND CULTURE CLASSES
LAUREL HOUSE COMFORT CARE HOME 224 FAIR STREET NEWARK, NY 14513	47-4074620	501(C)(3)	36,100.	.0			FOR GENERAL SUPPORT
LEAP, NYC 535 BIGHT AVENUE SUITE 1100 NEW YORK, NY 10018	13-2925233 501(C)(3)	501(C)(3)	20,000.	.0			FOR GENERAL SUPPORT
							Schedule I (Form 990)

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LEGAL AID SOCIETY OF ROCHESTER 1 WEST MAIN STREET SUITE 800 ROCHESTER, NY 14614	16-0743070	501(C)(3)	.000,02	•0		H	FOR GENERAL SUPPORT
LEWIS STREET CENTER PROGRAMS OF COMMUNITY PLACE OF GREATER ROCHESTER - THE COMMUNITY PLACE 145 PARSELLS AVENUE - ROCHESTER,	16-1602979	501(C)(3)	7,145.	.0		ş. y	TO SUPPORT THE LEWIS STREET CENTER PROGRAMS
LIFECARE ALLIANCE 1699 WEST MOUND STREET COLUMBUS, OH 43223	31-4379494 501(C)(3)	501(C)(3)	8,300.	°		,	TO SUPPORT THE MEALS ON WHEELS PROGRAM
LIFESPAN OF GREATER ROCHESTER, INC 1900 SOUTH CLINTON AVENUE - ROCHESTER, NY 14618	16-0986298	501(C)(3)	.002,360.	°			FOR GENERAL SUPPORT
LIFETIME ASSISTANCE, INC. 425 PAUL ROAD ROCHESTER, NY 14624	22-2221158 501(C)(3)	501(C)(3)	12,144.	°			FOR GENERAL SUPPORT
LIFETIME CARE-HOSPICE 330 MONROE AVENUE, SUITE 100 ROCHESTER, NY 14607-3696	16-0844109	501(C)(3)	13,863.	.0			FOR GENERAL SUPPORT
LITERACY VOLUNTEERS OF ROCHESTER 1600 SOUTH AVENUE, SUITE 100 ROCHESTER, NY 14620-3921	23-7110291	501(C)(3)	28,332.	.0			FOR GENERAL SUPPORT
LITTLE THEATRE FILM SOCIETY INC. 240 EAST AVENUE ROCHESTER, NY 14604	16-1555371	501(C)(3)	5,597.	0			FOR GENERAL SUPPORT
LIVINGSTON COUNTY EDUCATION ALLIANCE - 4635 MILLENNIUM DRIVE - GENESEO, NY 14454	14-1848335	501(C)(3)	8,444.	.0			FOR SCHOLARSHIPS TO LIVINGSTON COUNTY HIGH SCHOOL SENIORS GRADUATING AND ATTENDING COLLEGE
							Schedule I (Form 990)

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	(Schedule I (Form 990), Part II.)
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Schedule I (Form 990)	Part II Continuation o

(a) Name and address of corporation or government of corporation or government of cash grant or government (book, FMV, assistance appraisal, other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVWELL COMMUNITY WELLNESS & FITNESS CENTER INC - 2697 LAKEVILLE RD SUITE 1 - AVON, NY 14414	88-4047116	501(C)(3)	15,000.	0			TO SUPPORT THE LIVINGSTON COUNTY FIRST TEE GOLF PROGRAM
LOCAL SOUND COLLABORATIVE 74 ILLINOIS STREET ROCHESTER, NY 14609	88-2776935	501(C)(3)	9,480.	.0			TO SUPPORT THE MUSIC MAKERS SCHOLARSHIP FUND
LUTHERAN CHURCH OF THE INCARNATE WORD-ELCA - 597 EAST AVENUE - ROCHESTER, NY 14607	16-0763154 CHURCH	сниксн	26,500.	.0			FOR GENERAL SUPPORT
LYONS COMMUNITY CENTER INC 9 MANHATTAN STREET LYONS, NY 14489	15-0503158	501(C)(3)	25,350.	.0			FOR GENERAL SUPPORT
M.K. GANDHI INSTITUTE FOR NONVIOLENCE - 929 S. PLYMOUTH AVENUE - ROCHESTER, NY 14608	58-1902609 501(C)(3)	501(C)(3)	22,750.	.0			FOR GENERAL SUPPORT
MAGICAL JOURNEY THRU STAGES INC. 875 EAST MAIN STREET AUDITORIUM CENTER, SUITE 380 - ROCHESTER, NY 14605	16-1577390	501(C)(3)	5,430.	0			FOR GENERAL SUPPORT
MAIN STREET ARTS 20 WEST MAIN STREET CLIFTON SPRINGS, NY 14432	35-2616272	501(C)(3)	5,100.	0			TO SUPPORT EXHIBITION PROGRAMMING AT MAIN STREET ARTS
MARSHALL COMMUNITY FUND, INC. 5800 LAKE BLUFF ROAD NORTH ROSE, NY 14516	20-8878855	501(C)(3)	72,037.	.0			FOR MARSHALL PARK
MARY CARIOLA CHILDREN'S CENTER 1000 ELMWOOD AVENUE, #100 ROCHESTER, NY 14620	16-0771078	501(C)(3)	47,299.	0			SPORTS, RECREATION AND SENSORY AREA, PRESCHOOL EVALUATION PROGRAM
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS INSTITUTE OF TECH RECORDING SECRETARY'S OFFICE 600 MEMORIAL DRIVE, W98-300 - CAMBRIDGE, MA 021	04-2103594	501(C)(3)	70,712.	0.			FOR GENERAL SUPPORT
MEDICAL MOTOR SERVICE 608 CLINTON AVENUE SOUTH ROCHESTER, NY 14620	16-0743080	501(C)(3)	14,996.	.0			FOR GENERAL SUPPORT
MEDICAL SCHOLARSHIP FUND OF THE MONROE COUNTY MEDICAL SOCIETY - 200 CANAL VIEW BLVD, SUITE 202 - ROCHESTER, NY 14623	23-7067230	501(C)(3)	55,642.	.0			FOR SCHOLARSHIPS
MEMORIAL ART GALLERY AT THE UNIVERSITY OF ROCHESTER - 500 UNIVERSITY AVE ROCHESTER, NY 14607	16-0743209	501(C)(3)	60,162.	0.			FOR GENERAL SUPPORT
MEMORIAL SLOAN-KETTERING CANCER CENTER - 633 THIRD AVENUE 12TH FLOOR - NEW YORK, NY 10017	13-1924236 501(C)(3)	501(C)(3)	5,763.	.0			FOR GENERAL SUPPORT
MENDON FIRE DEPT 101 MENDON- IONIA ROAD MENDON, NY 14506	16-1217547	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
MENTORS INSPIRING BOYS & GIRLS 75 GROVER STREET ROCHESTER, NY 14611	83-4402310	501(C)(3)	15,000.	0			to support Mib&g arts and academics summer program
MERCY FLIGHT CENTRAL, INC. 2420 BRICKYARD ROAD CANANDAIGUA, NY 14424	16-1427751	501(C)(3)	7,300.	.0			FOR GENERAL SUPPORT
MISSION FULFILLED 2030 55 STATE ST ROCHESTER, NY 14614	84-3323054	501(C)(3)	20,000.	.0			YOUTH TECH ENTREPRENEURS
							Schedule I (Form 990)

(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONROE COMMUNITY COLLEGE FOUNDATION - 1000 EAST HENRIETTA ROAD - ROCHESTER, NY 14623	16-1204210	501(C)(3)	35,300.	.0			FOR GENERAL SUPPORT
MONROE MILERS C/O SOUTH EAST AREA COALITION 1255 UNIVERSITY AVE, C010 - ROCHESTER, NY 1460	16-0963924	501(C)(3)	7,103.	.0			FOR GENERAL SUPPORT
MOZAIC (FORMERLY ARC OF YATES/SENECA/CAYUGA) - 1083 WATERLOO GENEVA ROAD - WATERLOO, NY 13165	16-1086091	501(C)(3)	.000,6	.0			FOR HOSTING A MYRIAD OF AUTISM FRIENDLY EVENTS
MOZELL SANDERS FOUNDATION 709 N. BELMONT AVE INDIANAPOLIS, IN 46222	35-2025644	501(C)(3)	7,500.	.0			TO SUPPORT DEVELOPMENT OF A COMMUNITY GARDEN TO PROVIDE ADDITIONAL FOOD RESOURCES
MT. HOPE FAMILY CENTER 187 EDINBURGH STREET ROCHESTER, NY 14608	16-0743209 501(C)(3)	501(C)(3)	17,450.	0			FOR STUDENT AND FAMILY SPECIAL NEEDS
MT. MORRIS CENTRAL SCHOOL DISTRICT 30 BONADONNA AVENUE MOUNT MORRIS, NY 14510	16-6001915	501(C)(3)	.000,88	.0			TO SUPPORT STUDENT AWARDS FOR OBLAK/FARRELL SCHOLARSHIP
NATIONAL BRAILLE ASSOCIATION 21 GOODWAY DRIVE #142 ROCHESTER, NY 14623	22-6064715	501(C)(3)	20,274.	.0			FOR GENERAL SUPPORT
NATIONAL SUSAN B. ANTHONY MUSEUM & HOUSE - 17 MADISON STREET - ROCHESTER, NY 14608	23-7098699	501(C)(3)	26,073.	.0			FOR GENERAL SUPPORT
NATIONAL WARPLANE MUSEUM 3489 BIG TREE LANE PO BOX 185 GENESEO, NY 14454	16-1463643	501(C)(3)	15,000.	.0			FOR GENERAL SUPPORT
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NATIVITY PREPARATORY ACADEMY 15 WHALIN STREET ROCHESTER, NY 14620	46-4539758	501(C)(3)	153,980.	0.			GRAD SUPPORT, STUDENT SPONSORSHIP/SCHOLARSHIPS, YOUTH SPORTS PROGRAMS, NATIVITY IN BLOOM
NATURAL HERITAGE TRUST 625 BROADWAY ALBANY, NY 12207	16-1019635	501(C)(3)	.000,000	.0			FOR THE FUNDING OF THE CULTURAL LIAISON
NAZARETH ELEMENTARY SCHOOL 311 FLOWER CITY PARK ROCHESTER, NY 14615	16-0743087	501(C)(3)	22,500.	.0			FOR GENERAL SUPPORT
NAZARETH UNIVERSITY OF ROCHESTER 4245 EAST AVENUE SMYTH HALL 101 ROCHESTER, NY 14618-3790	16-0743088	501(C)(3)	17,958.	.0			FOR GENERAL SUPPORT
NCH HEALTHCARE SYSTEMS PO BOX 234 NAPLES, FL 34106-0234	59-2314655	501(C)(3)	250,000.	.0			FOR GENERAL SUPPORT
NEW ORLEANS BALLET ASSOCIATION 935 GRAVIER STREET, SUITE 800 NEW ORLEANS, LA 70112	23-7122403	501(C)(3)	6,000.	0.			TO SUPPORT THE CENTER FOR DANCE PREPARATORY PROGRAM
NEW YORK MUSEUM OF TRANSPORTATION P.O. BOX 136 6393 E. RIVER RD WEST HENRIETTA, NY 14586	51-0181745	501(C)(3)	10,000.	.0			FOR GENERAL SUPPORT
NEWARK CENTRAL SCHOOL DISTRICT 100 EAST MILLER STREET NEWARK, NY 14513	15-6002312	зсноог	7,000.	.0			TO SUPPORT THE CUNNINGHAM MEMORIAL SCHOLARSHIP FOR A GRADUATING SENIOR
NEWARK-ARCADIA HISTORICAL SOCIETY 120 HIGH STREET NEWARK, NY 14513	22-3227728	501(C)(3)	15,662.	.0			
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Schedule I (Form 990) ROCHESTER AREA COMMUNITY FOUNDATION

Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) ROCHESTER AREA COMMUNITY FOUNDATION

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NKUGWA TEAM IMPACT LLC 158 VENDOME DR S ROCHESTER, NY 14606	86-1258214	501(C)(3)	7,500.	0			TO SUPPORT THE GIRLS' SPORTS FUNDAMENTALS PROGRAM
NOTRE DAME LEARNING CENTER 71 PARKWAY ROCHESTER, NY 14608	56-2511477	сниксн	10,000.	.0			FOR GENERAL SUPPORT
ONE VALLEY COMMUNITY FOUNDATION 1627 W. MAIN STREET, BOX 404 BOZEMAN, MT 59715	81-0519514 501(C)(3)	501(C)(3)	47,903.	0.			FOR GENERAL SUPPORT
ONTARIO ARC 3071 COUNTY COMPLEX DRIVE CANANDAIGUA, NY 14424	16-0786219	501(C)(3)	15,950.	0			FOR GENERAL SUPPORT
ONTARIO HISTORICAL AND LANDMARK PRESERVATION SOCIETY - PO BOX 462 - ONTARIO, NY 14519-0462	22-2137923	501(C)(3)	5,623.	0			FOR GENERAL SUPPORT
OPEN DOOR MISSION, INC. P.O. BOX 14236 ROCHESTER, NY 14608	16-6050714	501(C)(3)	.615,519.	0			FOR GENERAL SUPPORT
OPERA GUILD OF ROCHESTER PO BOX 244 PITTSFORD, NY 14534	35-2240395	501(C)(3)	23,241.	0			FOR GENERAL SUPPORT
OPERATION HOMEFRONT 1355 CENTRAL PARKWAY SOUTH SUITE 10 SAN ANTONIO, TX 78232	32-0033325	501(C)(3)	7,000.	0.			TO SUPPORT THE BACK TO SCHOOL BRIGADE
ORLEANS JOINT VETERANS COUNCIL 13996 STATE ROUTE 31 ALBION, NY 14411	93-2800517 501(C)(3)	501(C)(3)	12,000.	0			TO SUPPORT THE VETERANS VAN FUNDRAISER
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(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORT AMERICA 75 MAIDEN LANE, 10TH FLOOR NEW YORK, NY 10038	13-5562424	501(C)(3)	8,445.	.0			FOR GENERAL SUPPORT
OUR LADY OF MERCY SCHOOL FOR YOUNG WOMEN - 1437 BLOSSOM ROAD - ROCHESTER, NY 14610	16-0823543	501(C)(3)	7,500.	0			FOR A SCHOLARSHIP
OUT ALLIANCE (GAY ALLIANCE OF THE GENESEE VALLEY) - 50 PRINCE STREET - ROCHESTER, NY 14607	16-1066400	501(C)(3)	12,600.	°			FOR RENT SUPPORT
PALESTINE CHILDREN'S RELIEF FUND 360 E. 2ND STREET, SUITE 710 LOS ANGELES, CA 90012	93-1057665	501(C)(3)	5,150.	0			FOR HELPING PALESTINIAN
PALMYRA COMMUNITY LIBRARY 402 EAST MAIN STREET PALMYRA, NY 14522-1105	26-4560063	26-4560063 MUNICIPALITY	15,272.	0			TO PROVIDE EXERCISE CLASSES TO THE RESIDENTS OF PALMYRA
PALMYRA KING'S DAUGHTERS, INC. P.O. BOX 172 PALMYRA, NY 14522	51-0235729	501(C)(3)	39,319.	.0			FOR GENERAL SUPPORT
PALMYRA MACEDON NEW YORK LIONS FOUNDATION - 1955 MAPLE AVE - PALMYRA, NY 14522	92-0617222	501(C)(3)	5,300.	°			FOR TREE PLANTING AND GENERAL SUPPORT
PATH HOME 6220 SE 92ND AVENUE PORTLAND, OR 97266	26-3967833	501(C)(3)	10,000.	.0			TO EMPOWER FAMILIES WITH CHILDREN TO GET BACK INTO PERMANENT HOUSING
PATHSTONE CORPORATION 400 EAST AVENUE ROCHESTER, NY 14607	16-0984913	501(C)(3)	73,000.	.0			HANDYMAN PROGRAM
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATHSTONE FOUNDATION 400 EAST AVENUE ROCHESTER, NY 14607	46-4871866	501(C)(3)	.000.	.0			DOMESTIC VIOLENCE SHELTER
PEARL RESOURCES INC. 215 TREMONT STREET DOOR # 2 ROCHESTER, NY 14608	02-0715775	501(C)(3)	10,500.	0.			FOR GENERAL SUPPORT
PEEPS FOUNDATION 7870 NW 21ST STREET OCALA, FL 34482	81-1661903	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT
PEGASUS EARLY MUSIC 211 COBBS HILL DRIVE ROCHESTER, NY 14610	41-2194632	501(C)(3)	15,000.	0.			TO SUPPORT THE PEGASUS RISING YOUNG ARTIST PROGRAM
PENN YAN YOUTH BASEBALL AND SOFTBALL INC - PO BOX 373 360 ELM STREET - PENN YAN, NY 14527	87-2792101	501(C)(3)	20,000.	.0			TO SUPPORT THE PENN YAN LITTLE LEAGUE FACILITY IMPROVEMENT
PENNSYLVANIA STATE UNIVERSITY DONOR AND MEMBER SERVICES 2583 GATEWAY DRIVE, SUITE 130 - STATE COLLEGE, PA	24-6000376	501(C)(3)	61,000.	.0			FOR FALL 2023-SPRING 2024 EQUESTRIAN TEAM
PENNSYLVANIA YANKEE THEATRE COMPANY (PENN YAN THEATRE COMPANY) - PO BOX 106 130 E, ELM ST, - PENN YAN, NY 14527	56-2449652	501(C)(3)	16,000.	0.			TO SUPPORT THE PYTCO YOUTH THEATRE SUMMER CAMP 2023
PINES OF PEACE 2378 RIDGE ROAD ONTARIO, NY 14519	16-1531479	501(C)(3)	12,870.	.0			FOR GENERAL SUPPORT
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC - 123 WILLIAM STREET, 9TH FLOOR - NEW YORK, NY 10038-3812	13-1644147 501(C)(3)	501(C)(3)	12,091.	0.			
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Schedule I (Form 990) ROCHESTER AREA COMMUNITY FOUNDATION

Schedule I (Form 990)	ROCHESTER AREA COMMUNITY	AREA (FOUNDATION			2.	23-7250641	Page 1
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(a) Name and address of	address of	(p) EIN	(c) IRC section		(d) Amount of (e) Amount of	(f) Method of	(f) Method of (g) Description of	(h) Purpose of grant	ıt.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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 & WESTERN NEW YORK - 114 UNIVERSITY AVENUE - ROCHESTER, NY 14605	16-0746860	501(C)(3)	378,833.	0			FOR GENERAL SUPPORT
PLAYER 1 ACADEMY 8 EXCHANGE BLVD SUITE 510 ROCHESTER, NY 14614	86-1469963	501(C)(3)	20,090.	0			TO SUPPORT THE PLAYER 1 ACADEMY SUMMER CAMP
PLUTA CANCER CENTER FOUNDATION 125 RED CREEK DRIVE ROCHESTER, NY 14623	27-0425383	501(C)(3)	14,500.	.0			FOR GENERAL SUPPORT
PRIMETIME585 PO BOX 632 PENFIELD, NY 14526	87-3649309	501(C)(3)	22,500.	0.			FOR GENERAL SUPPORT
PRO ACTION OF STEUBEN AND YATES, INC 117 EAST STEUBEN STREET - BATH, NY 14810	16-0914512	501(C)(3)	7,800.	0.			FOR GENERAL SUPPORT
PUBLICK MUSICK INC. 276 MOUNT VERNON AVE. ROCHESTER, NY 14620	14-1793196	501(C)(3)	5,500.	.0			FOR GENERAL SUPPORT
PUSH PHYSICAL THEATRE INC 50 N. PLYMOUTH AVE. ROCHESTER, NY 14614	26-4739220	501(C)(3)	48,860.	.0			FOR GENERAL SUPPORT
RACF 500 EAST AVENUE ROCHESTER, NY 14607-1912	23-7250641	501(C)(3)	160,000.	0.		J.S.	COMMUNITY & FOUNDATION ANALYTICS SUPPORT
RAINBOW JUNCTION 226 KEUKA STREET PENN YAN, NY 14527	16-0986652	501(C)(3)	45,000.	.0			DUNDEE CENTER RENOVATION
							Schedule I (Form 990)

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RCSD FRANKLIN UPPER 950 NORTON STREET ROCHESTER, NY 14621	16-6002010	501(C)(3)	5,200.	.0			FOR GENERAL SUPPORT
REACH OUT AND READ NORTHEAST REGION - 89 SOUTH ST. SUITE 201 - BOSTON, MA 02111	04-3481253	501(C)(3)	30,000.	.0			FOR TRAINING AND BOOK DISTRIBUTION DURING EARLY CHILDHOOD PEDIATRIC VISITS
RENAISSANCE ACADEMY CHARTER SCHOOL OF THE ARTS - 299 KIRK ROAD - ROCHESTER, NY 14612	46-4401272	501(C)(3)	70,600.	0			TO SUPPORT SPORTS FIELDS DEVELOPMENT & NEW BACKBOARD SYSTEMS
RESEARCH FOUNDATION FOR SUNY BROCKFORT - 350 NEW CAMPUS DRIVE 520A ALLEN ADMINISTRATION BLD BROCKFORT, NY 14420-2932	14-1368361	501(C)(3)	7,000.	.0			FOR GENERAL SUPPORT
RESEARCH FOUNDATION FOR SUNY GENESEO - SUNY GENESEO GRANTS MANAGEMENT OFFICE 1 COLLEGE CIRCLE, ERWIN 202 - GENESEO, NY	14-1368361	501(C)(3)	17,000.	0			TO SUPPORT THE SOARING STARS PROGRAM AT SUNY GENESEO
RICHMOND MEMORIAL LIBRARY 19 ROSS STREET BATAVIA, NY 14020	16-1610421	MUNICIPALITY	.000,09	0		•	THE LIBRARY VISITS PROGRAM
RIT DEVELOPMENT AND ALUMNI RELATIONS - OFFICE OF DEVELOPMENT AND ALUMNI RELATIONS 116 LOMB MEMORIAL DRIVE - ROCHESTER, NY	16-0743140 501(C)(3)	501(C)(3)	19,572.	0.			TO PROVIDE SCHOLARSHIPS
RIT OFFICE OF PLANNED GIVING 116 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623-5608	16-0743140	501(C)(3)	20,000.	.0			INTERNATIONAL STUDENT SUPPORT
ROC CITY SAILING, INC. 2050 BAY SHORE BLVD. ROCHESTER, NY 14622	22-2514231	501(C)(3)	20,000.	0			TO SUPPORT THE ROCHESTER URBAN YOUTH SAILING PROGRAM Schedule I (Form 990)

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ROC ROYAL FOUNDATION, INC 80 WILTON TERRACE ROCHESTER, NY 14619	82-4021563	509(A)(1)	11,100.	.0		-	585 DREAM SUMMER CAMP
ROCHESTER ACCESSIBLE ADVENTURES 2165 BRIGHTON HENRIETTA TOWN LINE R ROCHESTER, NY 14623	47-5366589	501(C)(3)	26,000.	°			ADAPTIVE AND INCLUSIVE YOUTH SPORTS DEVELOPMENT
ROCHESTER CHAPTER OF HADASSAH HADASSAH MEDICAL ORGANIZATION 119 DALEY BOULEVARD - ROCHESTER, NY 14617	23-7219032 501(C)(3)	501(C)(3)	8,445.	0.			FOR GENERAL SUPPORT
ROCHESTER CHILDFIRST NETWORK 941 SOUTH AVENUE ROCHESTER, NY 14620	16-0743129	501(C)(3)	64,706.	.0		5 4	FAMILY CHILDCARE SATELLITES
ROCHESTER CITY BALLET 1326 UNIVERSITY AVENUE ROCHESTER, NY 14607-1622	16-1328541 501(C)(3)	501(C)(3)	12,200.	°			FOR GENERAL SUPPORT
ROCHESTER CONTEMPORARY ART CENTER 137 EAST AVENUE ROCHESTER, NY 14604	22-2339542	501(C)(3)	67,691.	.0			FOR GENERAL SUPPORT
ROCHESTER ECOLOGY PARTNERS 224 MT HOPE AVE ROCHESTER, NY 14620	85-3700682	501(C)(3)	5,850.	°			FOR GENERAL SUPPORT
ROCHESTER EDUCATION ASSOCIATION FOR THE DEVELOPMENT OF YOUTH INC - 82 MILLFORD CROSSING - PENFIELD, NY 14526	92-0762152	501(C)(3)	20,000.	.0			TO SUPPORT THE SCHOOL FINDER COMMUNITY AWARENESS & ENGAGEMENT STRATEGY
ROCHESTER EDUCATION FOUNDATION 250 MILL STREET, SUITE 400 ROCHESTER, NY 14614	27-0132133	501(C)(3)	102,729.	.0			FOR GENERAL SUPPORT
							Schedule I (Form 990)

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ROCHESTER FRINGE FESTIVAL P. O. BOX 10508 ROCHESTER, NY 14610	45-2840652	501(C)(3)	51,650.	.0			FOR GENERAL SUPPORT
ROCHESTER GENERAL HOSPITAL- LIPSON CANCER CENTER - 1425 PORTLAND AVENUE - ROCHESTER, NY 14621	16-0743134	501(C)(3)	17,757.	0			FOR GENERAL SUPPORT
ROCHESTER HEARING & SPEECH CENTER 1000 ELMWOOD AVENUE, SUITE 400 ROCHESTER, NY 14620	16-0743137	501(C)(3)	17,500.	.0			FOR GENERAL SUPPORT
ROCHESTER HISTORICAL SOCIETY 1100 UNIVERSITY AVENUE, BOX 29 ROCHESTER, NY 14607	16-6051879	501(C)(3)	20,000.	°			FOR GENERAL SUPPORT
ROCHESTER HOPE FOR PETS 2816 MONROE AVENUE ROCHESTER, NY 14618-4134	26-2720084 501(C)(3)	501(C)(3)	7,529.	.0			FOR GENERAL SUPPORT
ROCHESTER INTERNATIONAL JAZZ FESTIVAL - 250 EAST AVENUE - ROCHESTER, NY 14604-2608	20-0498272		202,250.	°°			FOR THE JAZZ SCHOLARSHIP PROGRAM AND GENERAL SUPPORT
ROCHESTER MUSEUM & SCIENCE CENTER 657 EAST AVENUE ROCHESTER, NY 14607-2177	16-0794131	501(C)(3)	38,429.	.0			FOR GENERAL SUPPORT
ROCHESTER ORATORIO SOCIETY 1050 EAST AVENUE ROCHESTER, NY 14607	16-6052456	501(C)(3)	121,090.	.0			TO SUPPORT CONCERTS BY HIRING EXTRA PLAYERS AND SUPPORT YOUTH CHORAL PROGRAMS
ROCHESTER PHILHARMONIC ORCHESTRA 255 EAST AVENUE ROCHESTER, NY 14604	16-0765613	501(C)(3)	480,299.	0.			FOR GENERAL SUPPORT
							Schedule I (Form 990)

(a) Name and address of if applicable organization or government organization assistance appraisal, other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER POLICE FOUNDATION 115 LIBERTY POLE WAY ROCHESTER, NY 14604	45-5322121	501(C)(3)	7,500.	0			FOR GENERAL SUPPORT
ROCHESTER REGIONAL HEALTH FOUNDATIONS - 330 MONROE AVE., SUITE 400 - ROCHESTER, NY 14607	22-2229425	501(C)(3)	61,112.	.0			FOR GENERAL SUPPORT
ROCHESTER ROTARY CHARITABLE TRUSTS 180 LINDEN OAKS SUITE 200 ROCHESTER, NY 14625	16-0778060	501(C)(3)	20,534.	.0			FOR GENERAL SUPPORT
ROCHESTER SCHOOL FOR THE DEAF 1545 ST. PAUL STREET ROCHESTER, NY 14621	16-0761231	501(C)(3)	10,613.	0			FOR GENERAL SUPPORT
ROCHESTER T'AL CHI CH'UAN CENTER 595 BLOSSOM ROAD SUITE 309 ROCHESTER, NY 14610	16-1301332	501(C)(3)	6,355.	.0			FOR GENERAL SUPPORT
ROCOVERY FITNESS 1035 DEWEY AVENUE ROCHESTER, NY 14613-1610	47-5018026	501(C)(3)	5,250.	.0			FOR GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF ARKOMA - 1333 ARAPAHO AVENUE, SUITE A - SPRINGDALE, AR 72764	73-1563945	501(C)(3)	10,000.	.0			TO HELP DECORATE COMMON SPACES AT THREE AREA RONALD MCDONALD HOUSES
RONALD MCDONALD HOUSE CHARITIES OF COLUMBIA SC - 5000 THURMAN MALL BOULEVARD SUITE 108 - COLUMBIA, SC 29201	57-0725736	501(C)(3)	7,500.	0			TO SUPPORT THE PACK-A-SMILE PROGRAM
RONALD MCDONALD HOUSE CHARITIES OF ROCHESTER - 333 WESTMORELAND DRIVE - ROCHESTER, NY 14620	16-1271311	501(C)(3)	7,360.	.0			FOR GENERAL SUPPORT
							Schedule I (Form 990)

(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RURAL & MIGRANT MINISTRY PO BOX 475 CORNWALL-ON-HUDSON, NY 12520	22-2527596	501(C)(3)	.005,500	•0			JUSTICE ORGANIZATION OF
SACRAMENTO COTTAGE HOUSING 1500 NORTH A STREET SACRAMENTO, CA 95811	68-0322086	501(C)(3)	10,000.	0			TO PROVIDE HOUSING AND SUPPORT SERVICES FOR FORMERLY UNHOUSED INDIVIDUALS AND FAMILIES
SALIDA UNITED METHODIST CHURCH PO BOX 945 SALIDA, CO 81201-2419	84-1104326	СНОВСН	9,294.	.0			FOR BUILDING RESTORATION AND PRESERVATION
SALVATION ARMY 1000 CENTER PLACE NORCROSS, GA 30093	58-0660607	501(C)(3)	42,785.	.0			TO PROVIDE EMERGENCY ASSISTANCE AND FOOD TO THOSE FACING CRISIS AND GENERAL SUPPORT
SALVATION ARMY ROCHESTER NY 70 LIBERTY POLE WAY ROCHESTER, NY 14604	13-5562351	501(C)(3)	12,745.	.0			TO SUPPORT THE POOR AND UNHOUSED PEOPLE
SAN DIEGO RESCUE MISSION PO BOX 80427 SAN DIEGO, CA 92138	95-1874073	501(C)(3)	7,500.	0			TO SUPPORT THE THERAPEUTIC EDUCATION RESOURCE CENTER
SAUNDERS FINGER LAKES MUSEUM 3369 GUYANOGA ROAD BRANCHPORT, NY 14418	27-0385022	501(C)(3)	17,044.	.0			FOR GENERAL SUPPORT
SAVANNAH COLLEGE OF ARTS & DESIGN, INC PO BOX 3146 - SAVANNAH, GA 31402	58-1357177	501(C)(3)	30,000.	0			FOR THE EQUESTRIAN PROGRAM
SCARLET THREAD MINISTRIES 32 MILL STREET SODUS, NY 14551	16-1499458	501(C)(3)	7,500.	0			TO SUPPORT THE SCARLET THREAD YOUTH IMPACT INITIATIVE
							Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOOL OF THE HOLY CHILDHOOD 100 GROTON PARKWAY ROCHESTER, NY 14623-4589	16-0761224	501(C)(3)	126,647.	.0			FOR GENERAL SUPPORT
SCHWAB CHARITABLE FUND 1958 SUMMIT PARK DRIVE, SUITE 200 ORLANDO, FL 32810	31-1640316	501(C)(3)	100,000.	.0			FOR GENERAL SUPPORT
SECOND HARVEST FOOD BANK OF CENTRAL FL - 411 MERCY DRIVE - ORLANDO, FL 32805	59-2142315	501(C)(3)	10,000.	0			FOR FOOD DISTRIBUTION IN MARION COUNTY
SENECA FALLS EDUCATION FOUNDATION C/O SENECA FALLS SCHOOL DISTRICT PO BOX 268 - SENECA FALLS, NY 13148	81-1243043	501(C)(3)	19,913.	.0			FOR GENERAL SUPPORT
SENECA PARK ZOO SOCIETY 2222 ST. PAUL STREET ROCHESTER, NY 14621	16-0905390	501(C)(3)	78,660.	0			FOR GENERAL SUPPORT
SENECA SAILING ACADEMY INC 36 CAYUGA ST SENECA FALLS, NY 13148	45-5285659	501(C)(3)	12,000.	.0			KIDS RECREATION AND BOATING PROJECT
SERENITY HOUSE OF VICTOR 1278 BRACE ROAD VICTOR, NY 14564	16-1535985	501(C)(3)	51,370.	.0			FOR GENERAL SUPPORT
SHAPE COMMUNITY CENTER PO BOX 8428 HOUSTON, TX 77288	23-7176982	501(C)(3)	11,000.	.0			TO PROVIDE MEALS, SHOWERS, HYGIENE PRODUCTS, CLOTHING TO THOSE IN NEED
SHIFT2 PO BOX 23764 ROCHESTER, NY 14692	82-4233483 501(C)(3)	501(C)(3)	33,000.	0			TECH TRADE-IN TRADE-UP PROGRAM FOR NON PROFITS
							Schedule I (Form 990)

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHRINERS HOSPITAL FOR CHILDREN/GRANTS - OFC. OF DEVELOPMENT 2900 ROCKY POINT DRIVE - TAMPA, FL 33607	04-2121377	501(C)(3)	12,071.	.0			FOR GENERAL SUPPORT
SISTERCARE, INC. P.O. BOX 1029 COLUMBIA, SC 29202-1029	57-0722427	501(C)(3)	7,500.	.0			TO SUPPORT CRISIS INTERVENTION AND GROUP COUNSELING SERVICES FOR DOMESTIC VIOLENCE VICTIMS
SISTERS OF MERCY OF THE AMERICAS 625 ABBOTT ROAD BUFFALO, NY 14220-2040	45-0566406	501(C)(3)	7,535.	.0			FOR GENERAL SUPPORT
SISTERS OF SAINT JOSEPH OF ROCHESTER - 150 FRENCH ROAD - ROCHESTER, NY 14618	16-0743089	501(C)(3)	16,812.	.0			TO SPONSOR AN EVENING WITH SISTERS AND SPIRITS
SKIDMORE COLLEGE 815 NORTH BROADWAY SARATOGA SPRINGS, NY 12866	14-1338562 501(C)(3)	501(C)(3)	6,000.	.0			FOR SCHOLARSHIP FUNDS
SMITH CENTER FOR THE ARTS (SMITH OPERA HOUSE) - 82 SENECA STREET - GENEVA, NY 14456	13-2990562	501(C)(3)	.000,9	.0			FOR GENERAL SUPPORT
SODUS BAY JUNIOR SAILING ASSOCIATION - P.O BOX 117 - SODUS POINT, NY 14555	15-0585554	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT
SOUTH EAST AREA COALITION 1255 UNIVERSITY AVENUE BASEMENT LEV ROCHESTER, NY 14607	16-0963924	501(C)(3)	6,300.	.0			TO SUPPORT WIDE WATER GARDENS IMPROVEMENTS
SPIRITUS CHRISTI MENTAL HEALTH CENTER - 121 N. FITZHUGH STREET ROCHESTER, NY 14614	16-1563341	501(C)(3)	15,850.	.0			FOR GENERAL SUPPORT
							Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPIRITUS CHRISTI PRISON OUTREACH 30 MILLBANK ST. ROCHESTER, NY 14619	16-1582433	501(C)(3)	25,600.	.0			FAMILY REUNIFICATION PROGRAM
ST. AGNES OF AVON SUPPORT GROUP 60 PARK PLACE AVON, NY 14414	16-0775001	501(C)(3)	21,600.	.0			FOR GENERAL SUPPORT
ST, ANN'S FOUNDATION 1500 PORTLAND AVENUE ROCHESTER, NY 14621	16-1379536	501(C)(3)	30,257.	•0			FOR GENERAL SUPPORT
ST. BERNARD'S SCHOOL OF THEOLOGY AND MINISTRY - 120 FRENCH ROAD - ROCHESTER, NY 14618	16-0743149	501(C)(3)	33,000.	.0			FOR EXPENSES AND ACTIVITIES RELATED TO ST. BERNARD'S LIFE ISSUES SERIES
ST. JOHN FISHER UNIVERSITY 3690 EAST AVENUE ROCHESTER, NY 14618	16-0746864	501(C)(3)	879,191.	0			FOR GENERAL SUPPORT AND SCHOLARSHIPS
ST, JOHN OF ROCHESTER 8 WICKFORD WAY FAIRPORT, NY 14450	16-0866059	501(C)(3)	15,000.	0			FOR GENERAL SUPPORT
ST. JOHN'S HOME FOUNDATION 150 HIGHLAND AVENUE ROCHESTER, NY 14620	16-1423452 501(C)(3)	501(C)(3)	11,000.	.0			FOR GENERAL SUPPORT
ST, JOSEPH'S NEIGHBORHOOD CENTER 417 SOUTH AVENUE ROCHESTER, NY 14620	46-1176792	СНОКСН	21,200.	0			FOR GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE MS512 - MEMPHIS, TN 38101-9929	62-0646012 501(C)(3)	501(C)(3)	14,078.	.0			FOR GENERAL SUPPORT
							Schedule I (Form 990)

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. LAWRENCE UNIVERSITY UNIVERSITY ADVANCEMENT 23 ROMODA DR CANTON, NY 13617	15-0532239	501(C)(3)	.000,000	.0			FOR CONSTRUCTION OF THE GEORGE KARPUS '68 ATHLETIC CENTER AND GENERAL SUPPORT
ST. LOUIS CHURCH 64 SOUTH MAIN STREET PITTSFORD, NY 14534	16-0755852	сниксн	43,538.	.0			FOR GENERAL SUPPORT
ST. LOUIS STORY STITCHERS ARTISTS COLLECTIVE - 3701 GRANDEL SQUARE 1A - ST. LOUIS, MO 63108	61-1750223 501(C)(3)	501(C)(3)	10,000.	.0			TO SUPPORT CREATIVE YOUTH DEVELOPMENT PROGRAMS AND A NEW YOUTH MEDIA ARTS HUB
ST. MICHAEL'S WOODSHOP 691 ST. PAUL B2 ROCHESTER, NY 14605	47-3683336	501(C)(3)	10,000.	.0			FOR GENERAL SUPPORT
ST. PAUL'S EPISCOPAL CHURCH 25 WESTMINSTER ROAD ROCHESTER, NY 14607	31-1629166	снивсн	8,225.	.0			FOR GENERAL SUPPORT
STARBRIDGE SERVICES INC. 1650 SOUTH AVENUE SUITE 200 ROCHESTER, NY 14620	22-2702285	501(C)(3)	10,000.	•0			TO SUPPORT PROJECT ESTEEM YOUTH NAVIGATION SERVICES
START THE ADVENTURE IN READING 1545 STATE STREET NEW ORLEANS, LA 70118	72-1178996	501(C)(3)	12,000.	0.			TO PROVIDE FREE ONE-ON-ONE READING TUTORING TO ELEMENTARY STUDENTS
STIRRUPS N STRIDES THERAPEUTIC RIDING CENTER - 4246 WEST HIGHWAY 318 - CITRA, FL 32113	20-5935626	501(C)(3)	15,000.	.0			FOR GENERAL SUPPORT
SUMMERVILLE PRESBYTERIAN CHURCH 4845 ST. PAUL BOULEVARD ROCHESTER, NY 14617	16-0803019	снивсн	68,332.	0			FOR GENERAL SUPPORT
							Schedule I (Form 990)

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ROCHESTER AREA COMMUNITY FOUNDATION	of Grants and Other
e I (Form 990)	Continuation
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNRISE MOVEMENT 50 F STREET NW, SUITE 700 WASHINGTON, DC 20001	46-4773036	501(C)(3)	10,000.	.0			FOR GENERAL SUPPORT
SURVIVOR ADVOCACY CENTER OF THE FINGER LAKES - 513 W. UNION STREET, STE 102 - NEWARK, NY 14513	16-1208385	501(C)(3)	17,000.	0			FOR GENERAL SUPPORT
SWEET BRIAR COLLEGE P.O. BOX 1057 SWEET BRIAR, VA 31522	54-0534105	501(C)(3)	10,500.	.0			FOR GENERAL SUPPORT
SYRACUSE UNIVERSITY/DEVELOPMENT OFFICE - ADVANCEMENT SERVICES 640 SKYTOP ROAD, 2ND FLOOR - SYRACUSE, NY 13210	15-0532081	501(C)(3)	12,500.	0			FOR GENERAL SUPPORT
TEMPLE B'RITH KODESH 2131 ELMWOOD AVENUE ROCHESTER, NY 14618	16-0743199	СНИВСН	10,569.	0.			FOR GENERAL SUPPORT
TEMPLE BETH DAVID 139 WINTON ROAD SOUTH ROCHESTER, NY 14610	16-0836888	501(C)(3)	.000,05	0			FOR GENERAL SUPPORT
TEMPLE BETH EL 139 S. WINTON ROAD ROCHESTER, NY 14610	16-0773643	снивсн	6,306.	0			FOR GENERAL SUPPORT
THE ARC FOUNDATION OF MONROE COUNTY - 2060 BRIGHTON HENRIETTA TL ROAD - ROCHESTER, NY 14623	16-1419196	501(C)(3)	24,183.	.0			FOR GENERAL SUPPORT
THE ASSOCIATION ON AGING IN NEW YORK - 515 BROADWAY SUITE 402 - ALBANY, NY 12207	16-1107763	501(C)(3)	63,600.	.0			TO SUPPORT THE WAYNE COUNTY AGING & YOUTH- DELIVERED MEALS
							Schedule I (Form 990)

OUNDATION	:ations and Domestic Governments (Schedule I (Form 990), Part
AREA COMMUNITY FOUNDATION	e to Domestic Organiz
AREA	ssistance
ROCHESTER A	on of Grants and Other A
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(a) Name and address of organization or government	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE AVENUE BLACKBOX THEATRE 780 JOSEPH AVENUE ROCHESTER, NY 14621	92-2333801	501(C)(3)	12,000.	.0			FOR THE CHILDREN'S THEATER PROJECT AT THE AVENUE BLACKBOX THEATRE
THE CENTER FOR YOUTH SERVICES 905 MONROE AVENUE ROCHESTER, NY 14620	16-0992259	501(C)(3)	64,450.	.0			RE-ENGAGING YOUTH; RESTORING JUSTICE AND GENERAL SUPPORT
THE CHILDREN'S AGENDA, INC. 1 WASHINGTON STREET SOUTH SUITE 120 ROCHESTER, NY 14614-1139	20-1547478	501(C)(3)	181,250.	.0			FOR GENERAL SUPPORT
THE COMPANY THEATRE 218 NORMANDY AVE ROCHESTER, NY 14619	87-3624825 501(C)(3)	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT
THE CUPOLA RESTORATION PROJECT OF PENN YAN - PO BOX 676 - PENN YAN, NY 14527	82-1620124 501(C)(3)	501(C)(3)	10,000.	.0			FOR GENERAL SUPPORT
THE FIELD 228 PARK AVENUE, SUITE 97217 NEW YORK, NY 10003-1502	13-3357408	501(C)(3)	24,899.	0.			FOR GENERAL SUPPORT
THE FRIENDS OF GANONDAGAN PO BOX 113 VICTOR, NY 14564	16-1353895	501(C)(3)	15,300.	.0			HAUDENOSAUNEE HEALTHY ROOTS, CULTURE & TRADITIONS, AND GENERAL SUPPORT
THE HOCHSTEIN SCHOOL 50 NORTH PLYMOUTH AVENUE ROCHESTER, NY 14614	16-0768758	501(C)(3)	169,810.	.0			FOR GENERAL SUPPORT AND
THE HUB585 111 N. CHESTNUT ST. ROCHESTER, NY 14604	82-5396985	501(C)(3)	48,003.	0			FOR THE FOSTER YOUTH PROGRAM
							Schedule I (Form 990)

	(Schedule I (Form 990), Part II.)
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ROCHESTER AREA COMMUNITY FOUNDATION	ice to Domestic Organizati
ROCHESTER ARE	of Grants and Other Assistan
Schedule I (Form 990)	Part II Continuation o

(a) Name and address of if applicable cash grant organization or government (b) EIN (c) IRC section organization or government (f) Method of if applicable cash grant assistance (book, FMV, appraisal, other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LIVING WELL/ PENN YAN UMC 121 EAST ELM ST. PENN YAN, NY 14527	16-0762302	501(C)(3)	41,150.	.0			FOR GENERAL SUPPORT
THE MARGARET HOME PO BOX 214 EAST ROCHESTER, NY 14445	81-4343444	501(C)(3)	10,000.	0			TO SUPPORT THE MARGARET HOME: WOMEN'S EMPOWERMENT PROGRAM
THE ROCHESTER ACADEMY OF MEDICINE 1441 EAST AVENUE ROCHESTER, NY 14610-1665	16-0743127	501(C)(3)	57,846.	0.			FOR GENERAL SUPPORT
THE SPRING OF TAMPA BAY PO BOX 5147 TAMPA, FL 33675	59-1777135	501(C)(3)	10,000.	.0			FOR MOVE-IN COSTS/FURNISHINGS FOR APARTMENT COMPLEX TO HELP FAMILIES
THE STRONG ONE MANHATTAN SQUARE ROCHESTER, NY 14607	16-0954168	501(C)(3)	31,633.	.0			FOR GENERAL SUPPORT
THE WILD ANIMAL SANCTUARY 1946 COUNTY ROAD 53 KEENESBURG, CO 80643	84-1351483	501(C)(3)	10,000.	0			TO RESCUE WILD ANIMALS FROM CAPTIVE SITUATIONS AND REHABILITATE THEM
THIRD PRESBYTERIAN CHURCH 4 MEIGS STREET ROCHESTER, NY 14607	16-0743201	сниксн	8,064.	0			FOR GENERAL SUPPORT
THRIVE NEW ORLEANS 2025 ST. CLAUDE AVENUE NEW ORLEANS, LA 70116	26-1824498	501(C)(3)	6,000.	.0			TO SUPPORT A SUMMER CAMP
TOLEDO GROWS 900 ONEIDA STREET TOLEDO, OH 43608	34-1350559	501(C)(3)	6,000.	0			TO PROVIDE NUTRITION EDUCATION PROGRAMS FOR ALL AGES Schedule (Form 990)

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(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO SCHOOL FOR THE ARTS 333 14TH STREET TOLEDO, OH 43604	34-1876647	501(C)(3)	6,000.	0			TO SUPPORT EQUIPPING THE NEW BLACK BOX STUDIO
TOWN OF PENFIELD 3100 ATLANTIC AVENUE PENFIELD, NY 14526	16-6002339	MUNICIPALITY	10,000.	.0			TO SUPPORT THE BIKING, HIKING TRAIL STUDY FOR SHADOW PINES
TOWN OF PERINTON 1350 TURK HILL ROAD FAIRPORT, NY 14450	16-6002340	MUNICIPALITY	20,000.	.0			FOR GENERAL SUPPORT
TOWN OF VICTOR 7891 LEHIGH CROSSING VICTOR, NY 14564	16-6002392	501(C)(3)	10,000.	.0			FOR THE PARKS AND RECREATION FOR ADAPTIVE PROGRAMING
TREE OF SHARING 411 S. WASHINGTON STREET SPOKANE, WA 99204	38-3832524	501(C)(3)	10,000.	.0			TO PURCHASE GIFTS FOR STRUGGLING VETERANS
TRILLIUM HEALTH 259 MONROE AVENUE ROCHESTER, NY 14607-3632	16-1356734	501(C)(3)	22,000.	.0			FOR GENERAL SUPPORT
TROUBLED MOVEMENT 6575 WEST LOOP SOUTH, SUITE 500 BELLAIRE, TX 77401	81-4063983	501(C)(3)	11,000.	.0			TO PROVIDE COLLEGE TOURS FOR 10TH-12TH GRADES STUDENTS
TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BLVD. STATEN ISLAND, NY 10306	02-0554654	509(A)(1)	5,750.	0			FOR GENERAL SUPPORT
U OF R ADVANCEMENT U OF R ADVANCEMENT GIFT & DONOR RECORDS BOX 270032 - ROCHESTER, NY 14627-003	16-0743209 501(C)(3)	501(C)(3)	16,346.	0			FOR SUPPORT OF REJI PROGRAM AND JUSTICE SCHOLARS
							Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
U OF R DEPARTMENT OF PSYCHIATRY 300 CRITTENDEN BOULEVARD ROCHESTER, NY 14642	16-0743209	501(C)(3)	544,222.	.0			FOR RESEARCH PROJECTS RELATING TO MENTAL HEALTH OR ILLNESS
U OF R/OFFICE OF TRUSTS AND ESTATES - BOX 278799 - ROCHESTER, NY 14627-8799	16-0743209	501(C)(3)	85,310.	o			FOR COMMUNITY EDUCATION PROGRAMS FOR EASTMAN SCHOOL OF MUSIC
UNITED LUTHERAN SEMINARY 7301 GERMANTOWN AVENUE PHILADELPHIA, PA 19119	23-1365169	509(A)(1)	34,000.	.0			FOR THE VANDELINDER FELLOWSHIP
UNITED NATIONS ASSOCIATION OF ROCHESTER - PO BOX 18765 - ROCHESTER, NY 14618-0765	22-2365160	501(C)(3)	5,157.	.0			FOR GENERAL SUPPORT
UNITED WAY OF GREATER ROCHESTER AND THE FINGER LAKES - 75 COLLEGE AVENUE - ROCHESTER, NY 14607-1009	16-1015782 501(C)(3)	501(C)(3)	178,624.	0.			FOR GENERAL SUPPORT
UNITED WAY OF THE NATIONAL CAPITAL AREA - 1577 SPRING HILL ROAD SUITE 420 - VIENNA, VA 22182	53-0234290	501(C)(3)	10,000.	.0			TO SUPPORT THE 11TH ANNUAL DO MORE 24 COMMUNITY FUNDRAISING EVENT
UNITED WAY WORLDWIDE PO BOX 358086 PITTSBURGH, PA 15241-5086	13-1635294 501(C)(3)	501(C)(3)	7,700.	°			GHANA SCHOLARSHIP PROGRAM
UNIV OF BUFFALO FOUNDATION P.O. BOX 730 BUFFALO, NY 14226-0730	16-0865182	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT
UNIVERSITY OF DENVER OFFICE OF GIFT PROCESSING 2190 EAST ASBURY AVENUE - DENVER, CO 80208	84-0404231 501(C)(3)	501(C)(3)	9,285.	.0			FOR THE SCHOLARSHIP FUND FOR THE COLLEGE OF SCIENCE AND ENGINEERING
							Schedule I (Form 990)

(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FLORIDA FOUNDATION PO BOX 100125 GAINSVILLE, FL 32610	59-0974739	501(C)(3)	11,600.	.0			TO SUPPORT THE UF VETERINARY HOSPITAL
UNIVERSITY OF NOTRE DAME P.O. BOX 519 NOTRE DAME, IN 46556-5612	35-0868188	501(C)(3)	263,200.	.0			FOR JESSE HARPER COUNCIL, REAL ESTATE ENDOWMENT AND CANCER RESEARCH
UNIVERSITY OF ROCHESTER DEPARTMENT OF PEDIATRICS - 601 ELMWOOD AVE. BOX 777 - ROCHESTER, NY 14642	16-0743209	501(C)(3)	12,600.	•0			FOR GENERAL SUPPORT
UNIVERSITY OF ROCHESTER GIFTS & DONOR RECORDS - 300 EAST RIVER ROAD PO BOX 270032 - ROCHESTER, NY 14627-0032	16-0743209	501(C)(3)	473,286.	.0			FOR NURSING SCHOLARSHIPS
UNIVERSITY OF ROCHESTER MEDICAL CENTER DEVELOPMENT OFFICE - 300 EAST RIVER RD P.O. BOX 278996 - ROCHESTER, NY 14627-8996	16-0743209 501(C)(3)	501(C)(3)	10,210.	.0			FOR GENERAL SUPPORT
UNIVERSITY OF ROCHESTER, JAMES P. WILMOT CANCER CENTER - 300 EAST RIVER ROAD BOX 278996 - ROCHESTER, NY 14627	22-2341413	501(C)(3)	15,553.	0.			FOR GENERAL SUPPORT
UR MEDICINE HOME CARE 2180 EMPIRE BOULEVARD WEBSTER, NY 14580-2098	16-0743215	501(C)(3)	24,326.	0			FOR GENERAL SUPPORT
URBAN LEAGUE OF ROCHESTER NY 265 NORTH CLINTON AVENUE ROCHESTER, NY 14605-1857	16-0906150	501(C)(3)	35,497.	.0			FOR GENERAL SUPPORT
USO WORLD HEADQUARTERS 2111 WILSON BOULEVARD SUITE 1200 ARLINGTON, VA 22201	13-1610451	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT
							Schedule I (Form 990)

(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY PRESBYTERIAN CHURCH 6947 E. MACDONALD DR. SCOTTSDALE, AZ 85253	20-3606142	501(C)(3)	6,000.	.0			FOR GENERAL SUPPORT
VERTUS CHARTER SCHOOL 21 HUMBOLDT STREET ROCHESTER, NY 14609	46-4366962	501(C)(3)	10,000.	.0			TO SUPPORT EXPANDING ACCESS TO SPORTS FOR ROC'S WARRIORS
VETERANS OUTREACH CENTER, INC. 447 SOUTH AVENUE ROCHESTER, NY 14620	16-1137379 501(C)(3)	501(C)(3)	16,250.	0			FOR GENERAL SUPPORT
VILLA OF HOPE 3300 DEWEY AVENUE ROCHESTER, NY 14616	16-0743164	501(C)(3)	16,000.	0			HEALTHCARE FELLOWSHIP AND GENERAL SUPPORT
VISUAL STUDIES WORKSHOP, INC. 31 PRINCE STREET ROCHESTER, NY 14607	16-0991020 501(C)(3)	501(C)(3)	10,000.	.0			FOR GENERAL SUPPORT
VISUALLY IMPAIRED ADVANCEMENT 1170 MAIN STREET BUFFALO, NY 14209	16-0743930	501(C)(3)	22,000.	.0			TO SUPPORT WORKFORCE DEVELOPMENT, PROVIDING TRAINING/EMPLOYMENT TO THE VISUALLY IMPAIRED
VOLUNTEERS OF AMERICA OREGON 3910 SE STARK STREET PORTLAND, OR 97214	93-0395591	501(C)(3)	7,500.	0			TO SUPPORT THE FAMILY RELIEF NURSEY PROGRAM
VOLUNTEERS OF AMERICA UPSTATE NY 214 LAKE AVENUE ROCHESTER, NY 14608	16-6011713	501(C)(3)	9,500.	0			FOR GENERAL SUPPORT
WADSWORTH LIBRARY 24 CENTER STREET GENESEO, NY 14454	26-3577281	501(C)(3)	5,500.	.0			FOR GENERAL SUPPORT
							Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD WINSTON-SALEM, NC 27109	56-0532138	501(C)(3)	17,000.	.0			FOR THE CONSTRUCTION OF A LOCKER ROOM FOR STUDENT-ATHLETES OF THE FOOTBALL TEAM
WASHINGTON REGIONAL ASSOC.OF GRANTMAKERS - 1400 16TH STREET, NW, SUITE 740 - WASHINGTON, DC 20036	52-1756853	501(C)(3)	15,000.	0.			TO PROVIDE FINAL SUPPORT TO THE WASHINGTON AIDS PARTNERSHIP
WAYNE ACTION FOR RACIAL EQUITY P.O. BOX 324 SODUS, NY 14551	22-3170707	509(A)(1)	8,491.	.0		•	TO SUPPORT GLOW UP GIRLS - GIRLS LEADING OUR WAY
WAYNE COUNTY ACTION PROGRAM, INC. 51 BROAD ST. LYONS, NY 14489	16-6069004	501(C)(3)	21,250.	.0			FOR GENERAL SUPPORT
WAYNE COUNTY COMMUNITY ENDOWMENT FUND OF RACF - 500 EAST AVE - ROCHESTER, NY 14607	23-7250641	501(C)(3)	50,000.	.0			FOR GENERAL SUPPORT
WAYNE COUNTY HUMANE SOCIETY 1475 COUNTY HOUSE ROAD LYONS, NY 14489	22-2541964	501(C)(3)	106,928.	.0			FOR GENERAL SUPPORT
WEBSTER THOMAS HIGH SCHOOL 800 FIVE MILE LINE ROAD WEBSTER, NY 14580	16-6002122	501(C)(3)	5,400.	0.			FOR THE TITAN SERVICE SCHOLARS
WELLESLEY COLLEGE OFFICE FOR RESOURCES 106 CENTRAL ST WELLESLEY, MA 02481-8203	04-2103637	501(C)(3)	5,129.	.0			FOR GENERAL SUPPORT
WESTERN NEW YORK POP WARNER 79 LAURELTON ROAD ROCHESTER, NY 14609	16-1146425	501(C)(3)	20,000.	.0			FOR GENERAL SUPPORT
							Schedule I (Form 990)

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN NEW YORK RURAL AREA HEALTH EDUCATION CENTER - 20 DUNCAN STREET PO BOX 152 - WARSAW, NY 14569	16-1570657	501(C)(3)	7,673.	0.			TO SUPPORT THE MASH CAMP - WAYNE COUNTY
WHAS CRUSADE FOR CHILDREN, INC. 520 W. CHESTNUT STREET LOUISVILLE, KY 40202	23-7075524	501(C)(3)	10,000.	0			TO SUPPORT SCHOOLS AND HOSPITALS THAT IMPROVE OUTCOMES FOR CHILDREN WITH SPECIAL NEEDS
WILD WINGS 27 POND ROAD HONEOYE FALLS, NY 14472	16-1491543	501(C)(3)	8,398.	0			FOR GENERAL SUPPORT
WILLIAMSON CENTRAL SCHOOL 4184 MILLER STREET PO BOX 900 WILLIAMSON, NY 14589-0900	15-6002438 501(C)(3)	501(C)(3)	37,934.	.0			FOR SCHOLARSHIPS
WILLOW DOMESTIC VIOLENCE CENTER P.O. BOX 39601 ROCHESTER, NY 14604	16-1099257 501(C)(3)	501(C)(3)	14,967.	.0			FOR GENERAL SUPPORT
WOOD LIBRARY 134 NORTH MAIN STREET CANANDAIGUA, NY 14424	16-0755896	501(C)(3)	10,750.	.0			TO SUPPORT PROGRAMMING AT THE LIBRARY IN CANANDALGUA
WRITERS & BOOKS 740 UNIVERSITY AVENUE ROCHESTER, NY 14607	16-1154656	501(C)(3)	81,167.	.0			FOR THE GELL CENTER
WXXI PUBLIC BROADCASTING COUNCIL P.O. BOX 30021 280 STATE STREET ROCHESTER, NY 14603-3021	16-0838086	501(C)(3)	83,513.	0			FOR GENERAL SUPPORT
YALE UNIVERSITY 157 CHURCH STREET NEW HAVEN, CT 06510	06-0646973 501(C)(3)	501(C)(3)	6,649.	.0			FOR GENERAL SUPPORT
							Schedule I (Form 990)

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Schedule I (Form 990) ROCHESTER AREA COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	AREA COMI	COMMUNITY FOUND to Domestic Organizations	FOUNDATION nizations and Domestic Go	vernments (Sche	(Schedule I (Form 990), Part II.)		23-7250641 Page 1
(a) Name and address of organization or government	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YATES CULTURAL & RECREATIONAL RESOURCES - 467 NORTH MAIN ST. PENN YAN, NY 14527	02-0665897 509(A)(1)	509(A)(1)	13,400.	.0			TO SUPPORT OUR TOWN ROCKS
YMCA OF GREATER ROCHESTER 444 E. MAIN ST. ROCHESTER, NY 14604	16-0743242	501(C)(3)	248,395.	.0			FOR NAMING OPPORTUNITIES AT THE CANANDAIGUA YMCA AND GENERAL SUPPORT
YORK ROTARY CHARITABLE ENDOWMENT FUND - 140 ROOSEVELT AVENUE, SUITE 209 - YORK, PA 17401	23-2642321 501(C)(3)	501(C)(3)	20,000.	0			FOR GENERAL SUPPORT
YOUTH FOR CHRIST, GREATER ROCHESTER AREA - PO BOX 30069 - ROCHESTER, NY 14603	84-1188718	501(C)(3)	9,000.	0.			FOR GENERAL SUPPORT
YOUTH MAKING CHANGES INC. 120 IROQUOIS STREET ROCHESTER, NY 14609	87-1548862	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT
							Schedule I (Form 990)

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23-7250641

Schedule | (Form 990) 2023 ROCHESTER AREA COMMUNITY FOUNDATION

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ARTS EDUCATION	н	•006	•0		
DISABILITIES	2	.000,9	•0		
EDUCTN/TRNG GENL	н	2,500.	•0		
FOOD, NUTRITION	Н	2,000.	*0		
HIGHER EDUCATION	136	632,268.	*0		
Part IV Supplemental Information. Provide the information required in		e 2: Part III. column	Part I. line 2: Part III. column (b): and any other additional information.	ditional information.	

LINE PART I,

RTI ROCHESTER AREA COMMUNITY FOUNDATION MAINTAINS WRITTEN CRITERIA FOR

PROGRAM OF COMPETITIVE GRANTS.

SEPARATE CRITERIA ARE MAINTAINED, FOR THE LARGEST GRANT INTEREST AREAS

THESE ARE:

RACE; EDUCATION;

POVERTY; ART & CULTURE;

HISTORIC PRESERVATION;

Schedule I (Form 990) ROCHESTER AREA COMMUNITY FOUNDATION Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)	COMMUNITY tic Individuals(FOUNDATIC)N 0), Part III.)		23-7250641 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
K - 12 EDUCATION	2.	21,000.	0.		
LIBRARIES	1.	1,913.	0.		
MUSIC	1.	14,000.	.0		
REC/SPORTS/LEISURE	2.	35,654.	.0		

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

ROCHESTER AREA COMMUNITY FOUNDATION

 $Employer\ identification\ number \\ 23-7250641$

Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	<u>5a</u>		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			7.7
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			7.7
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			7.7
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	l a	I	ı

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SIMEON BANISTER	Ξ	277,652.	0	10,830.	14,141.	1,060.	303,683.	0
PRESIDENT AND CEO	≘	0	0	0	• 0	0	0.	0
(2) AMY VARS, CPA	Ξ	219,02	0	828.	10,843.	524.	231,218.	0 •
SENIOR VP AND CFO	≘	• 0	• 0	• 0	• 0	0	0 •	• 0
(3) ANDREW MULDOON	Œ	154,65	• 0	133.	8,158.	12,491.	175,439.	0 •
VP OF PHILANTHROPIC ENGAGE	∷		• 0	0.	• 0	0.		0 •
(4) MARY HOLLERAN	Œ	138,74	• 0	731.	7,353.	21,281.	168,110.	0 •
SENIOR VP OF COMMUNICATION	=	• 0	• 0	• 0	• 0	0	0 •	• 0
(5) ERIN BARRY	Ξ	144,481.	0	708.	2,689.	9,577.	157,455.	0
VICE PRESIDENT, COMMUNITY PROGRAMS	=	• 0	• 0	• 0	• 0	0	0 •	• 0
(6) BERTA RIVERA	Ξ	132,392.	0	.06	2,112.	20,585.	155,179.	0
DIRECTOR OF COMMUNITY PROGRAMS	≘	0	0	0	• 0	0	0.	0
	(i)							
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Schedule J (Form 990) 2023

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.										
and for Part II. Also complete this										
a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8,										
equired for Part I, lines 1a, 1b, 3, 4										
ion, explanation, or descriptions r										
Provide the informat										

Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Name of the organization

Noncash Contributions

OMB No. 1545-0047

Attach to Form 990. Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

ROCHESTER AREA COMMUNITY FOUNDATION

Employer identification number 23-7250641

Check if applicable in the contribution of the contribution	Par	rt I Types of Property						
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 1 Intellectual property 9 Securities - Publicity traded 1 Securities - Publicity traded 1 Securities - Publicity traded 1 Securities - Publicity traded 2 Securities - Publicity traded 3 Securities - Publicity traded 3 Securities - Publicity traded 4 Securities - Publicity traded 5 Securities - Publicity traded 6 Cars and other vehicles 7 Securities - Publicity traded 8 Securities - Publicity traded 8 Securities - Publicity traded 9 Securities - Publicity			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det		nts
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 155 5,519,616. FAIR MARKET VALUE 10 Securities - Publicly traded X 155 5,519,616. FAIR MARKET VALUE 11 Securities - Partnership, LLC, or trust interests 12 Securities - Partnership, LLC, or trust interests 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other		-		items contributed	Form 990, Part VIII, line 1g			
4 Rooks and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicity traded X 155 5,519,616. FAIR MARKET VALUE Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Partnership, LLC, or trust interests 13 Qualified conservation contribution - Historics Structures 14 Qualified conservation contribution - Other Historics Structures 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectbles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other (
A Books and publications Cars and other vehicles Cars and other vehicles Securities - Publicly traded X 155 5,519,616.FAIR MARKET VALUE Securities - Publicly traded X 155 5,519,616.FAIR MARKET VALUE Securities - Publicly traded X 155 5,519,616.FAIR MARKET VALUE Securities - Partnership, LLC, or trust interests Calcesty held stock Cars and other vehicles Cars - Miscellaneous Caulified conservation contribution Historic structures Real estate - Residential Real estate - Commercial Callefied conservation contribution - Other Callefied conservation contribution Callefied conservation contribution Cars - Car	2							
5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Publicly traded 11 Securities - Publicly traded 12 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 - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ())	3							
6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicity traded X 155 5,519,616. FATR MARKET VALUE 10 Securities - Publicity traded X 155 5,519,616. FATR MARKET VALUE 11 Securities - Publicity traded X 155 5,519,616. FATR MARKET VALUE 12 Securities - Rathership, LLC, or trust interests 13 Qualified conservation contribution - Histories 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 Colher ()	4							
8 loats and planes 8 Intellectual property 9 Securities - Publicly traded X 155 5,519,616 . FAIR MARKET VALUE 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or 12 trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution 14 Historic structures 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ()	5							
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ge Securities - Publicity traded X 155 5,519,616.FATR MARKET VALUE Securities - Partnership, LLC, or trust interests Securities - Miscellaneous Securities - Miscellaneous Qualified conservation contribution - Historic structures Usulfied conservation contribution - Other Real estate - Commercial Real estate - Commercial Collectibles Food inventory Drugs and medical supplies Collectibles Collec	7							
Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous Jualified conservation contribution - Historic structures Acualified conservation contribution - Other	8							
11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous Securities - Miscel	9	·	X	155	5,519,616.	FAIR MARKET	VALUE	<u> </u>
trust interests Securities - Miscellaneous Qualified conservation contribution - Historic structures 4 Qualified conservation contribution - Other Real estate - Residential Real estate - Commercial Real estate - Other Real estate - Other Soliectibles Valuatified conservation contribution - Other Real estate - Other Collectibles Valuatified Soliectibles Valuatified So	10	Securities - Closely held stock						
13 Qualified conservation contribution - Historic structures	11							
Historic structures Qualified conservation contribution - Other	12	Securities - Miscellaneous						
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 21 Itaxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other () 27 Other () 28 Other () 30 Dumps a Seas received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Number of Forms 8283 received by the organization approperty reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 29 b If "Yes," describe the arrangement in Part II. 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X 32b If "Yes," describe in Part II. 33 If the organization in Ire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a If the organization in Ire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a If the organization in Ire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32b If "Yes," describe in Part II.	13	Qualified conservation contribution -						
15 Real estate · Residential Real estate · Commercial Real estate · Other Real estate		Historic structures						
16 Real estate - Commercial Real estate - Other Real estate - Othe	14	Qualified conservation contribution - Other						
17 Real estate - Other Collectibles Collectible Co	15	Real estate - Residential						
18 Collectibles Food inventory Food	16	Real estate - Commercial						
19 Food inventory Drugs and medical supplies Dru	17	Real estate - Other						
20 Drugs and medical supplies	18	Collectibles						
21 Taxidermy	19	Food inventory						
22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other (20	Drugs and medical supplies						
23 Scientific specimens 24 Archeological artifacts 25 Other (21	Taxidermy						
24 Archeological artifacts 25 Other (22	Historical artifacts						
25 Other (23	Scientific specimens						
26 Other ()	24	Archeological artifacts						
27 Other (25	Other ()						
27 Other (26	Other ()						
28 Other ()	27	Other ()						
for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 50 If "Yes," describe the arrangement in Part II. 10 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 11 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 12 If "Yes," describe in Part II. 13 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	28	I						
Puring 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 10 b If "Yes," describe the arrangement in Part II. 11 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 12 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 13	29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions			
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 10 b If "Yes," describe the arrangement in Part II. 11 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 12 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 13 b If "Yes," describe in Part II. 13 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		for which the organization completed Form 828	3, Part V, D	onee Acknowledge	ement 29			
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 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? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X 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,							Yes	No No
exempt purposes for the entire holding period? 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? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X 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,	30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
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? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 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,		must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to be used	ior		
Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X 33b 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,		exempt purposes for the entire holding period?					30a	X
Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	b							
contributions? 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,	31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contribut	ions?	31 X	
 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, 	32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		contributions?					32a X	
	b							
describe in Part II.	33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked,		
		describe in Part II.						

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ROCHESTER AREA COMMUNITY FOUNDATION

Employer identification number 23-7250641

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

THROUGH CREATIVE AND EFFECTIVE PHILANTHROPY.

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

OUR FINANCE COMMITTEE MEMBERS ARE EACH EMAILED A COPY OF THE FORM 990 PRIOR TO THE 990 BEING FILED. THEY ARE GIVEN APPROXIMATELY TWO WEEKS TO REVIEW DURING THAT TIME THEY ASK THE SENIOR VICE PRESIDENT AND CFO THE DOCUMENT ANY QUESTIONS OR CONCERNS THEY HAVE ABOUT THE 990. THE SENIOR VICE PRESIDENT AND CFO ADDRESSES AND RESOLVES ALL QUESTIONS AND ISSUES ON THE THE INDIVIDUAL FINANCE COMMITTEE MEMBERS SUBMIT THEIR APPROVAL BY EMAIL. ONCE APPROVED BY ALL FINANCE COMMITTEE MEMBERS, THE FORM 990 IS EMAILED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW. THE FORM 990 DISCUSSED AT THE NEXT BOARD MEETING PRIOR TO THE FORM 990 BEING FILED. IS A SEPARATE AGENDA ITEM FOR THE BOARD MEETING, GIVING THE MEMBERS AN OPPORTUNITY TO DISCUSS ANY QUESTIONS THAT THEY MIGHT HAVE.

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

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

OFFICERS, DIRECTORS, KEY EMPLOYEES AND STAFF ARE REQUIRED ANNUALLY TO

COMPLETE A CONFLICT OF INTEREST FORM. THIS FORM ASKS THE INDIVIDUAL TO

DISCLOSE ALL CURRENT POSITIONS OR RELATIONSHIPS IN WHICH THEY ARE INVOLVED

OR WHICH MAY POSE A POTENTIAL CONFLICT OF INTEREST, AND SHALL FURTHER

DISCLOSE ANY SUBSEQUENTLY ESTABLISHED RELATIONSHIP THAT MAY BE PERCEIVED TO

BE A POTENTIAL CONFLICT OF INTEREST. IT IS OUR POLICY THAT THROUGHOUT THE

YEAR AT BOARD AND COMMITTEE MEETINGS THAT ALL CONFLICTS OF INTEREST,

INCLUDING POTENTIAL INTERESTS, SHALL BE DISCLOSED, AND THAT DIRECTORS AND

COMMITTEE MEMBERS SHALL REFRAIN FROM VOTING UPON OR PARTICIPATING IN ANY

LHA 332211 11-14-23

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization ROCHESTER AREA COMMUNITY FOUNDATION

Employer identification number 23-7250641

BOARD OR COMMITTEE ACTION INVOLVING THE ENTITY WITH WHICH THERE MAY BE A CONFLICT, BY LEAVING THE ROOM DURING SUCH VOTE OR ACTION.

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

THE SENIOR VICE PRESIDENT AND CFO PROVIDES COMPENSATION HISTORY AND SALARY/BENEFIT COMPS FROM LOCAL AND NATIONAL PEERS TO THE EXECUTIVE

COMMITTEE. AN EXECUTIVE SESSION OF THE EXECUTIVE COMMITTEE IS FOLLOWED BY A MEETING WITH PRESIDENT AND CEO TO SHARE PERFORMANCE REVIEW. CHAIR PREPARES SALARY RECOMMENDATION FOR EXECUTIVE COMMITTEE. FULL EXECUTIVE COMMITTEE RATIFIES SALARY RECOMMENDATION; CHAIR COMMUNICATES IN WRITING TO PRESIDENT AND SENIOR VICE PRESIDENT AND CFO.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS OF THE ORGANIZATION ARE AVAILABLE TO THE PUBLIC ON REQUEST. IN

ADDITION, OUR FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON OUR

WEBSITE WWW.RACF.ORG.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 1,730,375.

TRANSFER FROM AFFILIATE 2,170,484.

TOTAL TO FORM 990, PART XI, LINE 9 3,900,859.

FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF THE AUDITED FINANCIAL STATEMENTS.

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Open to Public Inspection 2023

OMB No. 1545-0047

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

Employer identification number $2\,3-7\,2\,5\,0\,6\,4\,1$

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ROCHESTER AREA COMMUNITY FOUNDATION Partl

(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
ROCHESTER AREA COMMUNITY FOUNDATION, LLC - 23-7250641, 500 EAST AVENUE, ROCHESTER, NY	SPONSOR NATIONAL CHARITABLE				ROCHESTER AREA
14607	GIVING PROGRAMS	NEW YORK			COMMUNITY FOUNDATION
ROCHESTER AREA COMMUNITY FOUNDATION FAMILY	PROVIDE A MEANS FOR				
LLC - 23-7250641, 500 EAST AVENUE,	CONTRIBUTIONS OF INTEREST				ROCHESTER AREA
ROCHESTER, NY 14607	IN REAL ESTATE ENTITIES.	NEW YORK			COMMUNITY FOUNDATION
ROCHESTER AREA COMMUNITY FOUNDATION HEALTH					
LLC - 23-7250641, 500 EAST AVENUE,	MANAGE INTEREST IN REAL AND				ROCHESTER AREA
ROCHESTER, NY 14607	PERSONAL PROPERTY	NEW YORK		0	COMMUNITY FOUNDATION

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. Part II

(a)	(q)	(c)	(p)	(e)	(f)	(a)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	section 5 12(b) controlled	(c)(13)
of related organization		foreign country)	section	status (if section	entity	entity?	5
				501(c)(3))		Yes	No
JOAN AND HAROLD FEINBLOOM SUPPORTING	SUPPORT THE CHARITABLE				ROCHESTER AREA		
FOUNDATION, INC 22-2988808, 500 EAST	EFFORTS OF ROCHESTER AREA				COMMUNITY		
AVENUE, ROCHESTER, NY 14607	COMMUNITY FOUNDATION	NEW YORK	501(C)(3)	12A	FOUNDATION		×
ROCHESTER AREA FOUNDATION - 16-1539889					ROCHESTER AREA		
500 EAST AVENUE	PROVIDE RENTAL SPACE TO				COMMUNITY		
ROCHESTER, NY 14607	EXEMPT ORGANIZATIONS	NEW YORK	501(C)(3)	12A	FOUNDATION		×
ROCHESTER AREA COMMUNITY FOUNDATION					ROCHESTER AREA		
DEPOSITORY - 22-3106737, 500 EAST AVENUE,	PROVIDE GRANTS TO PUBLIC				COMMUNITY		
ROCHESTER, NY 14607	CHARITIES	NEW YORK	501(C)(3)	7	FOUNDATION		×
ROCHESTER AREA COMMUNITY FOUNDATION					ROCHESTER AREA		
INITIATIVES, INC 80-0024332, 500 EAST					COMMUNITY		
AVENUE, ROCHESTER, NY 14607	SPONSOR COMMUNITY PROJECTS	NEW YORK	501(C)(3)	7	FOUNDATION		×

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

ROCHESTER AREA COMMUNITY FOUNDATION

23-7250641

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 512(b)(13) controlled organization?	2(b)(13) lled tion?
Y SUPPORTING FOUNDATION, INC	SUPPORT THE CHARITABLE			((c)(a))	ROCHESTER AREA	Yes	2
81-0751295, 500 EAST AVENUE, ROCHESTER, NY 14607	EFFORTS OF ROCHESTER AREA COMMUNITY FOUNDATION	NEW YORK	501(C)(3)	12A	COMMUNITY		×

23-7250641

ions Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	p during the tax year.
dentification of Related Organizations Taxable as a P	the tax y
Dart	

(j) (k) General or Percentage managing ownership partner? Yes No					
(j) General or managing partner?					
Code V-UBI amount in box 20 of Schedule Fx-1 (Form 1065)					
(h) Disproportionate allocations?					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)					
(d) Direct controlling entity					
Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of related organization					

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)	(q)	(၁)	(p)	(e)	(£)	(a)	(£)	(E)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	ь.д	Section 512(b)(13) controlled entity?
		country)		Or trust)		dosels		Yes No

Schedule R (Form 990) 2023

Page 3 23-7250641

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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Yes			×	×	×			\downarrow				×		×		×	×			×	×				
		1 a	1b	9	19	1 e	;	=	19	4	Ŧ	Έ	*	=	투	무	9	1p	19	÷	18		volved		
	ı Parts II-IV?																					lationships and transaction thresholds.	(d) Method of determining amount involved	FAIR VALUE	77 028 EXTENSIVE
	lated organizations listed ir																					s line, including covered re	(c) Amount involved	955,276.]	200 770
	with one or more re													nization(s)	nization(s)	s)uc						no must complete thi	(b) Transaction type (a-s)	В	ر
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	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	b Giff, grant, or capital contribution to related organization(s)	c Gift, grant, or capital contribution from related organization(s)		e Loans or loan guarantees by related organization(s)		T Dividends from related organization(s)	g Sale of assets to related organization(s)	h Purchase of assets from related organization(s)	i Exchange of assets with related organization(s)	j Lease of facilities, equipment, or other assets to related organization(s)	k Lease of facilities, equipment, or other assets from related organization(s)	I Performance of services or membership or fundraising solicitations for related organization(s)			o Sharing of paid employees with related organization(s)	p Reimbursement paid to related organization(s) for expenses	q Reimbursement paid by related organization(s) for expenses	r Other transfer of cash or property to related organization(s)	s Other transfer of cash or property from related organization(s)	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	ROCHESTER AREA COMMUNITY FOUNDATION (1) INITIATIVES, INC.	ROCHESTER AREA COMMUNITY FOUNDATION

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ROCHESTER AREA COMMUNITY FOUNDATION

(6) INITIATIVES, INC.

(5) ROCHESTER AREA FOUNDATION

(4) ROCHESTER AREA FOUNDATION

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262,463. FAIR VALUE

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М

(3) ROCHESTER AREA FOUNDATION

(2) DEPOSITORY, INC.

190,000. CONTRACT

2,677,523. FAIR VALUE

75,886. FAIR VALUE

Schedule R (Form 990) 2023

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

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

(k) sentage nership				
Perc				
(j) General or managing partner?				
20 (
Code V-UBI General or Percentage amount in box 20 managing ownership (Form 1065)				
(h) Disproportionate allocations?				
Dispr tion alloca				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all Partners sec. 501(c)(3) Orgs.? Yes No				
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				