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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

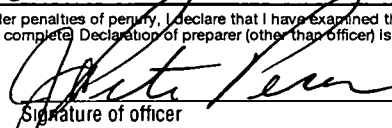
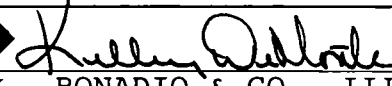
**2009**Open to Public  
Inspection**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ROCHESTERWORKS, INC.</b> Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite <b>255 NORTH GOODMAN STREET</b> City or town, state or country, and ZIP + 4 <b>ROCHESTER, NY 14607</b>	<b>D</b> Employer identification number <b>16-1596825</b>
	<b>F</b> Name and address of principal officer <b>PETER PECOR</b> <b>SAME AS C ABOVE</b>	<b>E</b> Telephone number <b>(585) 258-3500</b>
	<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>G</b> Gross receipts \$ <b>15,030,299.</b>
	<b>J</b> Website: ▶ <b>WWW.ROCHESTERWORKS.ORG</b>	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation <b>2000</b> <b>M</b> State of legal domicile <b>NY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE ROCHESTERWORKS SYSTEM STIMULATES LOCAL ECONOMIC GROWTH BY PROVIDING OUTSTANDING EMPLOYMENT</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
<b>Revenue</b>	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>70</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-E, line 34	<b>7b</b>	<b>0.</b>
	<b>8</b> Contributions and grants (Part VIII, line 1b)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2b)	<b>12,506,244.</b>	<b>15,027,709.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5,200.</b>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6a, 6b, 6c, 10b, and 11e)	<b>72,272.</b>	<b>2,590.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12,583,716.</b>	<b>15,030,299.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>5,812,771.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>2,561,576.</b>	<b>2,909,267.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		<b>4,233,487.</b>	<b>2,174,448.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>12,607,834.</b>	<b>15,041,942.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		<b>&lt;24,118.&gt;</b>	<b>&lt;11,643.&gt;</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,030,298.</b>	<b>973,082.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,937,296.</b>	<b>891,723.</b>
		<b>93,002.</b>	<b>81,359.</b>

**Part II Signature Block**

<b>Sign Here</b>	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.		
	Signature of officer  <b>PETER PECOR, EXECUTIVE DIRECTOR</b> Type or print name and title	Date <b>2/15/11</b>	
<b>Paid Preparer's Use Only</b>	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 <b>BONADIO &amp; CO., LLP</b> <b>171 SULLY'S TRAIL, SUITE 201</b> <b>PITTSFORD, NEW YORK 14534</b>	Date <b>2/10/11</b>	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no ▶ <b>(585) 381-1000</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

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

Form **990** (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**Part III Statement of Program Service Accomplishments**

- 1** Briefly describe the organization's mission  
**THE ROCHESTERWORKS SYSTEM STIMULATES LOCAL ECONOMIC GROWTH BY PROVIDING OUTSTANDING EMPLOYMENT EDUCATION, SUPPORT, AND TRAINING SERVICES.**
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O
- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 13518816. including grants of \$ 9,958,227. ) (Revenue \$ 2,590. )  
**TO ASSIST INDIVIDUALS THROUGH WORKFORCE DEVELOPMENT PROGRAMS BY IMPROVING JOB SKILLS, MAINTAINING EMPLOYMENT AND THOSE SEEKING EMPLOYMENT. APPROXIMATELY 34,878 INDIVIDUALS SERVED.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► \$ 13,518,816.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?		X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
<b>11</b> Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
<b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
<b>23</b> 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		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
<b>28a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> 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		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O.

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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**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 in Schedule O. See instructions.**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	10	
<b>1b</b> Enter the number of voting members that are independent	7	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>10b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**  
**JANET ARSENAULT - (585) 258-3500**  
**255 NORTH GOODMAN STREET, ROCHESTER, NY 14607**

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

## **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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee[illegible]



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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total</b>								276,169.	0.	21,588.

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

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

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

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 15,027,709.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f		15,027,709.			
<b>Program Service Revenue</b>	<b>2 a</b> _____		<b>Business Code</b>			
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)					
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross Rents	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>				
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> MISCELLANEOUS	624100	2,590.	2,590.			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		2,590.				
<b>12 Total revenue.</b> See instructions		15,030,299.	2,590.	0.	0.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	8,331,549.	8,331,549.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,626,678.	1,626,678.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	312,779.		312,779.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,074,768.	1,314,736.	760,032.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	50,690.	38,111.	12,579.	
9 Other employee benefits	300,051.	211,907.	88,144.	
10 Payroll taxes	170,979.	102,587.	68,392.	
11 Fees for services (non-employees):				
a Management				
b Legal	24,974.		24,974.	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	88,624.		88,624.	
12 Advertising and promotion				
13 Office expenses	31,149.		31,149.	
14 Information technology				
15 Royalties				
16 Occupancy	28,876.		28,876.	
17 Travel	10,644.		10,644.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,930.		6,930.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,305.		21,305.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PAYMENTS TO PROVIDERS	1,803,088.	1,803,088.		
b OTHER	135,963.	90,160.	45,803.	
c ADMINISTRATIVE OVERSIGHT	22,895.		22,895.	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	15,041,942.	13,518,816.	1,523,126.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	97,642.	1	200.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,872,293.	3	933,824.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	10a 202,946.		
	b Less: accumulated depreciation	10b 163,888.	60,363.	10c 39,058.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,030,298.	16	973,082.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	1,809,607.	17	891,723.
	18 Grants payable		18	
	19 Deferred revenue	127,689.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	1,937,296.	26	891,723.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	93,002.	27	81,359.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	93,002.	33	81,359.
34 <b>Total liabilities and net assets/fund balances</b>	2,030,298.	34	973,082.	

Form 990 (2009)

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2009)

Department of the Treasury  
Internal Revenue Service

**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. ▶ See separate instructions.

QMB No. 1545-0047

2009

**Open to Public  
Inspection**

Name of the organization

ROCHESTERWORKS, INC.

Employer identification number

16-1596825

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part ) See instructions.
---------------	--

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) ☐ A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) ☐ A family member of a person described in (i) above?

(iii) ☐ A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

**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)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,755,465.	9,030,404.	11,199,368.	12,506,244.	15,027,709.	56,519,190.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	8,755,465.	9,030,404.	11,199,368.	12,506,244.	15,027,709.	56,519,190.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						56,519,190.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	8,755,465.	9,030,404.	11,199,368.	12,506,244.	15,027,709.	56,519,190.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	40,317.	10,684.	12,412.	72,272.	2,590.	138,275.
11 <b>Total support.</b> Add lines 7 through 10						56,657,465.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.76	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.70	%
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;"><input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990 or 990-EZ) 2009



**Schedule D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

ROCHESTERWORKS, INC.

Employer identification number

16-1596825

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

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

- a ☐ Public exhibition  
b ☐ Scholarly research  
c ☐ Preservation for future generations  
d ☐ Loan or exchange programs  
e ☐ Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

- c Beginning balance  
d Additions during the year  
e Distributions during the year  
f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► \_\_\_\_\_ %  
b Permanent endowment ► \_\_\_\_\_ %  
c Term endowment ► \_\_\_\_\_ %

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

- (i) unrelated organizations  
(ii) related organizations

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

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

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		100,000.	73,811.	26,189.
d Equipment		53,812.	53,812.	0.
e Other		49,134.	36,265.	12,869.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				39,058.

Schedule D (Form 990) 2009

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,030,299.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,041,942.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<11,643.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<11,643.>

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	15,030,299.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	15,030,299.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	15,030,299.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	15,041,942.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	15,041,942.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	15,041,942.

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**ROCHESTERWORKS, INC.**

Employer identification number  
**16-1596825**

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

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

☒ Yes ☐ No

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTION FOR A BETTER COMMUNITY 550 EAST MAIN STREET ROCHESTER, NY 14604	16-0902835	501(C)(3)	138,175.	0.			YOUTH
ARTPEACE, INC. 104 BROOKFIELD ROAD ROCHESTER, NY 14610	13-4282918	501(C)(3)	272,680.	0.			YOUTH
BADEN STREET SETTLEMENT 152 BADEN STREET ROCHESTER, NY 14605	16-0743914	501(C)(3)	102,939.	0.			YOUTH
BOYS AND GIRLS CLUB OF ROCHESTER 500 GENESEE STREET ROCHESTER, NY 14611	16-1001619	501(C)(3)	59,971.	0.			YOUTH
CAREER SYSTEMS DEVELOPMENT 75 THRUWAY PARK SUITE 100 WEST HENRIETTA, NY 14586	06-1230731		250,000.	0.			ADULT/DW
CENTER FOR YOUTH SERVICES, INC. 905 MONROE AVENUE ROCHESTER, NY 14620	16-0992259	501(C)(3)	718,122.	0.			YOUTH

**2** Enter total number of section 501(c)(3) and government organizations

▶ 52. ▶

**3** Enter total number of other organizations

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

Schedule I (Form 990) 2009



**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**► Attach to Form 990 to list additional information for**  
**Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public**  
**Inspection**

Name of the organization

**ROCHESTERWORKS, INC.**

Employer identification number  
**16-1596825**

**Part I** **Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY PLACE OF GREATER ROCHESTER - 145 PARSELLS AVENUE - ROCHESTER, NY 14609	16-1602979	501(C)(3)	41,124.	0.			YOUTH
CORNELL COOPERATIVE EXTENSION ONTARIO COUNTY - 480 NORTH MAIN STREET - CANANDAIGUA, NY 14424	16-6098242	501(C)(3)	25,880.	0.			WIRED
DANIEL & FRIENDS SUMMER CAMP INC. 137 VALLEY GREEN DRIVE PENFIELD, NY 14526	16-1575470	501(C)(3)	113,390.	0.			YOUTH
EAST ROCHESTER YOUTH ACTIVITY CENTER - 120 WEST COMMERCIAL STREET - EAST ROCHESTER, NY 14445	16-1549228	501(C)(3)	86,625.	0.			YOUTH
EPILEPSY FOUNDATION OF ROCHESTER 1650 SOUTH AVENUE, SUITE 300 ROCHESTER, NY 14620	22-2146295	501(C)(3)	86,256.	0.			YOUTH
FINGER LAKES COMMUNITY COLLEGE 4340 LAKESHORE DRIVE CANANDAIGUA, NY 14424	16-1336614	501(C)(3)	21,600.	0.			WIRED
FINGER LAKES COUNCIL - BOY SCOUTS OF AMERICA - 3685 PRE-EMPTION ROAD - GENEVA, NY 14456	16-0743014	501(C)(3)	10,000.	0.			WIRED
FINGER LAKES WORKFORCE INVESTMENT BOARD - 41 LEWIS STREET, SUITE 104 - GENEVA, NY 14456	30-0135156	501(C)(3)	214,459.	0.			WIRED

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
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OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**ROCHESTERWORKS, INC.**

Employer identification number  
**16-1596825**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESEE COMMUNITY COLLEGE ONE COLLEGE ROAD BATAVIA, NY 14020	16-0920402	501(C)(3)	137,552.	0.			WIRED
GRACE URBAN MINISTRIES 858 DEWEY AVENUE ROCHESTER, NY 14613	16-1479583	501(C)(3)	44,547.	0.			YOUTH
GREATER ROCHESTER ENTERPRISE 100 CHESTNUT STREET, ONE HSBC PLAZA, SUITE 1910 - ROCHESTER, NY 14604	10-0000080	501(C)(6)	140,612.	0.			WIRED
GREECE CENTRAL SCHOOL DISTRICT PO BOX 300 NORTH GREECE, NY 14515	16-6001774	501(C)(3)	101,184.	0.			YOUTH
HIGH TECH ROCHESTER 1100 UNIVERSITY AVENUE ROCHESTER, NY 14607	16-1195028	501(C)(3)	729,557.	0.			WIRED
HILLSIDE WORK SCHOLARSHIP CONNECTION - 1183 MONROE AVENUE - ROCHESTER, NY 14620	16-1493407	501(C)(3)	139,557.	0.			YOUTH
HOBART & WILLIAM SMITH COLLEGES 300 PULTENEY STREET GENEVA, NY 14456	16-0743040	501(C)(3)	17,600.	0.			WIRED
IBERO AMERICAN ACTION LEAGUE 911 EAST MAIN STREET ROCHESTER, NY 14605	16-0954745	501(C)(3)	74,283.	0.			YOUTH

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Schedule I-1 (Form 990) 2009



**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
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OMB No. 1545-0047

**2009**

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Employer identification number  
**16-1596825**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INFOTONICS TECHNOLOGY CENTER 5450 CAMPUS DRIVE CANANDAIGUA, NY 14424	16-1612336	501(C)(3)	36,000.	0.			WIRED
MONROE 2 ORLEANS BOCES 3599 BIG RIDGE ROAD SPENCERPORT, NY 14559	16-6008984	501(C)(3)	251,297.	0.			YOUTH
MONROE COMMUNITY COLLEGE 1000 EAST HENRIETTA ROAD ROCHESTER, NY 14623	16-0849590	501(C)(3)	347,684.	0.			WIRED
NORTH EAST AREA DEVELOPMENT 360 WEBSTER AVENUE ROCHESTER, NY 14609	16-6091542		66,227.	0.			YOUTH
PATHSTONE 400 EAST AVENUE ROCHESTER, NY 14607	16-0984913		24,629.	0.			YOUTH
ROCHESTER CITY SCHOOL DISTRICT 131 WEST BROAD STREET ROCHESTER, NY 14614	16-6002010	501(C)(3)	163,790.	0.			YOUTH
ROCHESTER COMMUNITY TELEVISION 21 GORHAM STREET ROCHESTER, NY 14605	16-1419225	501(C)(3)	19,943.	0.			YOUTH
ROCHESTER HOUSING AUTHORITY 675 WEST MAIN STREET ROCHESTER, NY 14611	16-0791244	501(C)(3)	18,910.	0.			YOUTH

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
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OMB No 1545-0047  
**2009**  
**Open to Public**  
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Name of the organization

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Employer identification number  
**16-1596825**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER INSTITUTE OF TECHNOLOGY 1 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623	16-0743140	501(C)(3)	115,595.	0.			WIRED
ROCHESTER INSTITUTE OF TECHNOLOGY 1 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623	16-0743140	501(C)(3)	73,746.	0.			YOUTH
ROCHESTER LANDSCAPE TECHNICIANS PROGRAM, INC. - 16 EDMONDS STREET - ROCHESTER, NY 14607	16-1399318	501(C)(3)	160,103.	0.			YOUTH
ROCHESTER REHABILITATION CENTER 1357 UNIVERSITY AVENUE ROCHESTER, NY 14607	16-0743143	501(C)(3)	91,159.	0.			YOUTH
ROCHESTER YOUTH FOR CHRIST 1 FAVOR STREET ROCHESTER, NY 14608	16-0821835	501(C)(3)	31,318.	0.			YOUTH
RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK - 305 ANDREWS STREET - ROCHESTER, NY 14604	14-1368361	501(C)(3)	126,369.	0.			WIRED
THE ACADEMY FOR CAREER DEVELOPMENT 1349 SOUTH AVENUE ROCHESTER, NY 14620	16-1511911	501(C)(3)	47,021.	0.			WIRED
THE ACADEMY FOR CAREER DEVELOPMENT 1349 SOUTH AVENUE ROCHESTER, NY 14620	16-1511911	501(C)(3)	12,414.	0.			YOUTH

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Schedule I-1 (Form 990) 2009

Name of the organization

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**16-1596825**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ENTREPRENEURS NETWORK 50 WEST MAIN STREET, SUITE 8100 ROCHESTER, NY 14614	11-3772631	501(C)(3)	92,866.	0.			WIRED
THRESHOLD CENTER 145 PARSELLS AVENUE ROCHESTER, NY 14609	13-2983599	501(C)(3)	191,657.	0.			YOUTH
UNIVERSITY OF ROCHESTER 127 LATTIMORE HALL ROCHESTER, NY 14627	16-0743209	501(C)(3)	189,924.	0.			WIRED
URBAN LEAGUE OF ROCHESTER 265 NORTH CLINTON AVENUE ROCHESTER, NY 14605	16-0906150	501(C)(3)	161,669.	0.			WIRED
URBAN LEAGUE OF ROCHESTER 265 NORTH CLINTON AVENUE ROCHESTER, NY 14605	16-0906150	501(C)(3)	201,696.	0.			ADULT/DW
URBAN LEAGUE OF ROCHESTER 265 NORTH CLINTON AVENUE ROCHESTER, NY 14605	16-0906150	501(C)(3)	82,375.	0.			YOUTH
VOLUNTEERS OF AMERICA 214 LAKE AVENUE ROCHESTER, NY 14608	16-6011713	501(C)(3)	45,918.	0.			YOUTH
YWCA 175 NORTH CLINTON AVENUE ROCHESTER, NY 14604	16-0743248	501(C)(3)	187,211.	0.			YOUTH

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**ROCHESTERWORKS, INC.**

Employer identification number  
**16-1596825**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KUUMBA CONSULTANTS 325 ROSLYN STREET ROCHESTER, NY 14619	20-3434973		39,469.	0.			YOUTH
ABR WHOLESALERS INC 510 N. GOODMAN STREET ROCHESTER, NY 14607	16-0918233		7,353.	0.			WIRED SCHOLARSHIP
ADVANTAGE METALWORK & FINISHING LLC - 1000 UNIVERSITY AVENUE - ROCHESTER, NY 14607	16-1585273		22,464.	0.			WIRED SCHOLARSHIP
AJL MANUFACTURING INC 100 HOLLEDER PARKWAY ROCHESTER, NY 14615	16-0967449		19,125.	0.			WIRED SCHOLARSHIP
AMDEX COMPUTER INC 135 CALKINS ROAD ROCHESTER, NY 14623	16-1228932		22,002.	0.			WIRED SCHOLARSHIP
AMERICAN CUSTOM EXTERIORS & INTERIORS INC - 2015 MAIDEN LANE - ROCHESTER, NY 14626	16-1353584		14,630.	0.			WIRED SCHOLARSHIP
BADGER TECHNOLOGIES INC 5829 COUNTY ROAD 41 FARMINGTON, NY 14425	16-1413470		11,151.	0.			WIRED SCHOLARSHIP
BAUSCH & LOMB 1400 N. GOODMAN ST. ROCHESTER, NY 14609	16-0345235		20,683.	0.			WIRED SCHOLARSHIP

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
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OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**ROCHESTERWORKS, INC.**

Employer identification number  
**16-1596825**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BECKS RECYCLING SOLUTIONS INC 982 STATE ROUTE 21 SHORTSVILLE, NY 14548	74-3257999		16,000.	0.			WIRED SCHOLARSHIP
BIOWORKS INC 345 WOODCLIFF DRIVE FAIRPORT, NY 14424	16-1443395		24,021.	0.			WIRED SCHOLARSHIP
BRINKMAN PRECISION 130 ALBERT STREET ROCHESTER, NY 14606	06-1664886		25,450.	0.			WIRED SCHOLARSHIP
CALVARY COPY EXACT 45 HENDRIX ROAD WEST HENRIETTA, NY 14586	06-1468155		25,000.	0.			WIRED SCHOLARSHIP
CAR ENGINEERING 51 VICTOR HEIGHTS PARKWAY VICTOR, NY 14564	16-1278015		7,000.	0.			WIRED SCHOLARSHIP
CARESTREAM HEALTH INC. 150 VERONA STREET ROCHESTER, NY 14608	20-8190334		25,000.	0.			WIRED SCHOLARSHIP
CASA LARGA VINEYARDS 2287 TURK HILL ROAD FAIRPORT, NY 14450	16-1181656		12,880.	0.			WIRED SCHOLARSHIP
CENTURY MOLD COMPANY INC. 25 VANTAGE POINT DRIVE ROCHESTER, NY 14624	16-1128471		21,787.	0.			WIRED SCHOLARSHIP

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
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Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
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OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**ROCHESTERWORKS, INC.**

Employer identification number  
**16-1596825**

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CGI COMMUNICATIONS INC 130 EAST MAIN STREET ROCHESTER, NY 14614	16-15568323		15,782.	0.			WIRED SCHOLARSHIP
CLIFTON SPRINGS HOSPITAL 2 COULTER ROAD CLIFTON SPRINGS, NY 14432	16-0743966	501(C)(3)	25,450.	0.			WIRED SCHOLARSHIP
CNC TECHNICAL SERVICES 7424 VICTOR MENDON ROAD VICTOR, NY 14564	76-0736694		5,085.	0.			WIRED SCHOLARSHIP
COLER NATURAL INSULATION 1921 CORDON BLEU IONIA, NY 14475	20-1653312		9,000.	0.			WIRED SCHOLARSHIP
COMPLEMAR PARTNERS INC 500 LEE ROAD, SUITE 200 ROCHESTER, NY 14606	20-1225180		19,854.	0.			WIRED SCHOLARSHIP
COOPERVISION INC. 180 THRUWAY PARK DRIVE WEST HENRIETTA, NY 14586	16-0835158		28,130.	0.			WIRED SCHOLARSHIP
CY PLASTIC WORKS INC 8601 MAIN STREET HONEOYE, NY 14424	20-4465300		17,590.	0.			WIRED SCHOLARSHIP
D4, LLC 300 MAIN STREET, SUITE 4-102 EAST ROCHESTER, NY 14445	74-3217828		10,990.	0.			WIRED SCHOLARSHIP

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E3 TECHNOLOGIES 69 CASCADE DRIVE ROCHESTER, NY 14614	16-1589898		23,450.	0.			WIRED SCHOLARSHIP
EPIC ADVISORS INC. 150 STATE STREET, SUITE 200 ROCHESTER, NY 14614	16-1450952		25,394.	0.			WIRED SCHOLARSHIP
ET PRECISION OPTICS INC 33 CURLEW STREET ROCHESTER, NY 14606	16-1472954		11,833.	0.			WIRED SCHOLARSHIP
EXCELLUS HEALTH PLAN INC. 165 COURT STREET ROCHESTER, NY 14647	15-0329043		23,455.	0.			WIRED SCHOLARSHIP
FERRO ELECTRONIC MATERIAL SYSTEMS 1789 TRANSELCO DRIVE PENN YAN, NY 14527	34-0127820		19,996.	0.			WIRED SCHOLARSHIP
FINGER LAKES TECHNOLOGIES INC. 11 FRAMARK DRIVE, SUITE 20 VICTOR, NY 14564	34-0217820		6,590.	0.			WIRED SCHOLARSHIP
FISHER ASSOCIATES 135 CALKINS ROAD ROCHESTER, NY 14623	16-1373998		24,786.	0.			WIRED SCHOLARSHIP
FLOWER CITY PRINTING 1725 MT. READ BLVD ROCHESTER, NY 14606	16-0974543		19,150.	0.			WIRED SCHOLARSHIP

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Schedule I-1 (Form 990) 2009

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FORTEQ NORTH AMERICA INC. 150 PARK CENTRE DRIVE WEST HENRIETTA, NY 14586	16-1535313		10,050.	0.			WIRED SCHOLARSHIP
GENERAL CODE 72 HINCHEY ROAD ROCHESTER, NY 14624	20-8015087		19,850.	0.			WIRED SCHOLARSHIP
GENESEE REGIONAL BANK ONE COLLEGE ROAD BATAVIA, NY 14020	36-3351119		13,943.	0.			WIRED SCHOLARSHIP
GLOBAL PRECISION PRODUCTS INC 1011 RUSH HENRIETTA TLR RUSH, NY 14543	16-1548409		24,639.	0.			WIRED SCHOLARSHIP
GORBEL INC 600 FISHERS RUN VICTOR, NY 14564	16-1093859		20,192.	0.			WIRED SCHOLARSHIP
H AND H ENVIRONMENTAL SYSTEMS PO BOX 10398 ROCHESTER, NY 14610	20-0610848		7,740.	0.			WIRED SCHOLARSHIP
HALCYON INC. 865 COUNTY ROAD #6 PHELPS, NY 14532	16-1435197		15,985.	0.			WIRED SCHOLARSHIP
HERITAGE PACKAGING 625 FISHERS RUN VICTOR, NY 14564	16-1367270		6,000.	0.			WIRED SCHOLARSHIP

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Department of the Treasury  
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INFO DIRECTIONS 833 PHILLIPS ROAD VICTOR, NY 14564	16-1494251		18,079.	0.			WIRED SCHOLARSHIP
INFOTONICS TECHNOLOGY CENTER 5450 CAMPUS DRIVE CANANDAIGUA, NY 14424	16-1612336	501(C)(3)	22,646.	0.			WIRED SCHOLARSHIP
INNOVATIVE DATA SOLUTIONS 3495 WINTON PLACE, BUILDING C, SUITE 100 ROCHESTER, NY 14623	16-4359457		25,000.	0.			WIRED SCHOLARSHIP
INSERO & COMPANY CPAS 1500 HSBC PLAZA ROCHESTER, NY 14604	16-1016457		11,472.	0.			WIRED SCHOLARSHIP
ITI PRODUCTIONS INCORPORATED PO BOX 24469 ROCHESTER, NY 14624	56-2355266		17,400.	0.			WIRED SCHOLARSHIP
K.M. DAVIES CO. INC 6509 LAKE AVENUE WILLIAMSON, NY 14589	15-0285440		21,725.	0.			WIRED SCHOLARSHIP
KENRICK CORPORATION 3495 WINTON PLACE, BUILDING D-4 ROCHESTER, NY 14623	16-1289217		18,474.	0.			WIRED SCHOLARSHIP
KENRON INDUSTRIAL AIR CONDITIONING INC - 700 SOUTH AVENUE - ROCHESTER, NY 14620	16-0969482		23,240.	0.			WIRED SCHOLARSHIP

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KIRTAS TECHNOLOGIES 7620 OMNITECH PLACE VICTOR, NY 14564	77-0578598		19,373.	0.			WIRED SCHOLARSHIP
LAKELAND EQUIPMENT 5614 TEC DRIVE AVON, NY 14414	16-1204772		11,152.	0.			WIRED SCHOLARSHIP
LANDSMAN REAL ESTATE SERVICES INC 3 TOWNLINE CIRCLE ROCHESTER, NY 14623	16-0995940		14,480.	0.			WIRED SCHOLARSHIP
LAYERONE MEDIA 1999 MT. READ BLVD. ROCHESTER, NY 14615	16-1507943		28,000.	0.			WIRED SCHOLARSHIP
LIBERTY PUMPS 7000 APPLE TREE AVENUE BERGEN, NY 14416	16-0909438		6,016.	0.			WIRED SCHOLARSHIP
LIFETIME CARE 3111 WINTON ROAD SOUTH ROCHESTER, NY 14618	16-0844109		24,650.	0.			WIRED SCHOLARSHIP
LITRON LABORATORIES 200 CANAL VIEW BLVD. ROCHESTER, NY 14623	16-1080732		15,000.	0.			WIRED SCHOLARSHIP
LM SESSLER EXCAVATING & WRECKING INC - 1257 STATE ROUTE 96 - WATERLOO, NY 13165	16-1056968		13,500.	0.			WIRED SCHOLARSHIP

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LMT TECHNOLOGY SOLUTIONS 200 AIR PARK DRIVE, SUITE 20 ROCHESTER, NY 14624	16-1475563		34,500.	0.			WIRED SCHOLARSHIP
LPA SYSTEMS INC 290 WOODCLIFF DRIVE, SUITE 100 FAIRPORT, NY 14450	16-1612919		15,963.	0.			WIRED SCHOLARSHIP
MAGNUS PRECISION MFG 1912 STATE RTE. 96 PHELPS, NY 14532	31-1716720		6,095.	0.			WIRED SCHOLARSHIP
MANUFACTURING SOLUTIONS 850 ST. PAUL STREET ROCHESTER, NY 14605	54-2093266		14,786.	0.			WIRED SCHOLARSHIP
MASTRO GRAPHIC ARTS 67 DEEP ROCK ROAD ROCHESTER, NY 14624	16-1110311		32,800.	0.			WIRED SCHOLARSHIP
MEDINA MEMORIAL HEALTH CARE SYSTEM 200 OHIO STREET MEDINA, NY 14103	16-0755799	501(C)(3)	9,750.	0.			WIRED SCHOLARSHIP
MERCURY PRINT PRODUCTIONS, INC. 50 HOLLEDER PARKWAY ROCHESTER, NY 14615-3899	16-1332750		25,400.	0.			WIRED SCHOLARSHIP
NACCA & CAPIZZI LLP 2430 RIDGEWAY AVENUE ROCHESTER, NY 14626	16-1385918		6,000.	0.			WIRED SCHOLARSHIP

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NEW SCALE TECHNOLOGIES 121 VICTOR HEIGHTS PARKWAY VICTOR, NY 14564	22-3867856		23,520.	0.			WIRED SCHOLARSHIP
NEW YORK WINE & CULINARY CENTER 800 SOUTH MAIN STREET CANANDAIGUA, NY 14424	20-1682175		8,050.	0.			WIRED SCHOLARSHIP
NORWALK 361 N. WASHINGTON #9 ROCHESTER, NY 14625	26-3450793		16,070.	0.			WIRED SCHOLARSHIP
NOTHNAGLE REALTORS 1507 MONROE AVENUE ROCHESTER, NY 14618	16-0732814		18,000.	0.			WIRED SCHOLARSHIP
O'CONNELL ELECTRIC COMPANY INC. 830 PHILLIPS ROAD VICTOR, NY 14564	16-0950645		48,796.	0.			WIRED SCHOLARSHIP
PASSERO ASSOCIATES 100 LIBERTY POLE WAY ROCHESTER, NY 14604	16-1255176		49,506.	0.			WIRED SCHOLARSHIP
PEERPLACE NETWORKS LLC 300 MAIN STREET, SUITE 4-205 EAST ROCHESTER, NY 14445	16-1613534		19,120.	0.			WIRED SCHOLARSHIP
PENFIELD OB/GYN LLP 43 WILLOW POND WAY PENFIELD, NY 14526	16-1601999		6,500.	0.			WIRED SCHOLARSHIP

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PHAROS SYSTEMS INTERNATIONAL 100 WILLOWBROOK OFFICE PARK FAIRPORT, NY 14450	11-3645918		18,853.	0.			WIRED SCHOLARSHIP
PRECISION GRINDING & MFG. 1305 EMERSON STREET ROCHESTER, NY 14606	16-0924683		15,596.	0.			WIRED SCHOLARSHIP
PRO-MOLD INC. 350 BUELL ROAD ROCHESTER, NY 14624	16-1111998		13,843.	0.			WIRED SCHOLARSHIP
PROTECALL MARKETING SERVICES 1675 WAYNEPORT ROAD MACEDON, NY 14502	16-1607896	501(C)(3)	16,381.	0.			WIRED SCHOLARSHIP
QED TECHNOLOGIES INTERNATIONAL INC 1040 UNIVERSITY AVENUE ROCHESTER, NY 14607	20-5040463		25,000.	0.			WIRED SCHOLARSHIP
QES SOLUTIONS INC. 1547 LYELL AVENUE ROCHESTER, NY 14606	16-1556056		11,050.	0.			WIRED SCHOLARSHIP
QUALICOAT INC. 14 SANFORD ROAD NORTH CHURCHVILLE, NY 14428	16-1085918		5,717.	0.			WIRED SCHOLARSHIP
RAVI ENGINEERING & LAND SURVEYING PC - 6605 PITTSFORD PALMYRA ROAD - FAIRPORT, NY 14450	16-1482116		11,053.	0.			WIRED SCHOLARSHIP

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REFLEXITE PRECISION TECHNOLOGY CENTER - 500 LEE ROAD, SUITE 500 - ROCHESTER, NY 14606	06-1228801		25,000.	0.			WIRED SCHOLARSHIP		
RETROTECH INC 610 FISHERS RUN FISHERS, NY 14453	16-1287825		26,584.	0.			WIRED SCHOLARSHIP		
ROCHESTER REHABILITATION CENTER 1357 UNIVERSITY AVENUE ROCHESTER, NY 14607	16-0743143	501(C)(3)	16,646.	0.			WIRED SCHOLARSHIP		
ROCHESTER WEALTH MANAGEMENT GROUP, LLC - 706 EAST AVENUE - ROCHESTER, NY 14607	541170635		14,230.	0.			WIRED SCHOLARSHIP		
RONCO COMMUNICATION & ELECTRONICS INC. - 595 SHERIDAN DRIVE - TONAWANDA, NY 14150	16-0905768		9,105.	0.			WIRED SCHOLARSHIP		
SALON TECHNOLOGIES 3495 WINTON PLACE, BLDG E SUITE 300 ROCHESTER, NY 14623	06-1759735		24,000.	0.			WIRED SCHOLARSHIP		
SED INC 317 ROUTE 104 ONTARIO, NY 14519	75-3038138		7,725.	0.			WIRED SCHOLARSHIP		
SENDEC CORPORATION 72 PERINTON PARKWAY FAIRPORT, NY 14450	16-0999268		6,930.	0.			WIRED SCHOLARSHIP		

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SIGMA MARKETING GROUP 1850 WINTON ROAD S. ROCHESTER, NY 14618	16-1608448		17,507.	0.			WIRED SCHOLARSHIP
SIMPORE INC 150 LUCIUS GORDON DR., SUITE 100 WEST HENRIETTA, NY 14586	20-8219774		15,315.	0.			WIRED SCHOLARSHIP
SPECTRACOM CORP. 95 METHODIST HILL DRIVE, SUITE #500 ROCHESTER, NY 14623	16-6489991		21,346.	0.			WIRED SCHOLARSHIP
SPX PROCESS EQUIPMENT 135 MT. READ BLVD. ROCHESTER, NY 14611	38-1016240		48,716.	0.			WIRED SCHOLARSHIP
STRUCTURED TECHNOLOGIES INC. 72 CASCADE DRIVE ROCHESTER, NY 14614	16-1350396		27,754.	0.			WIRED SCHOLARSHIP
SWBR ARCHITECTS 387 EAST MAIN STREET ROCHESTER, NY 14604	16-1016675		17,289.	0.			WIRED SCHOLARSHIP
TED HOSMER ENTERPRISES INC PO BOX 888 HENRIETTA, NY 14467	16-1579923		13,200.	0.			WIRED SCHOLARSHIP
TELOG INSTRUMENTS 830 CANNING PARKWAY VICTOR, NY 14564	16-1235424		8,866.	0.			WIRED SCHOLARSHIP

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THERMO FISHER SCIENTIFIC 75 PANORAMA CREEK DRIVE ROCHESTER, NY 14625	13-3326824		23,800.	0.			WIRED SCHOLARSHIP		
TREK INC 11601 MAPLE RIDGE ROAD MEDINA, NY 14103	16-1007381		20,762.	0.			WIRED SCHOLARSHIP		
TURNING POINT TOOL LLC 1197 MT. READ BLVD ROCHESTER, NY 14606	26-1570105		8,580.	0.			WIRED SCHOLARSHIP		
UCB MANUFACTURING 755 JEFFERSON ROAD ROCHESTER, NY 14623	16-1502440		16,140.	0.			WIRED SCHOLARSHIP		
ULTRAFAB INC 1050 HOOK ROAD FARMINGTON, NY 14425	16-0984733		12,863.	0.			WIRED SCHOLARSHIP		
UNLIMITED COACHING SOLUTIONS 642 KREAG ROAD, SUITE 107 PITTSFORD, NY 14534	20-0306469		5,474.	0.			WIRED SCHOLARSHIP		
UPSTATE NIAGARA CO. INC. 45 FULTON AVENUE ROCHESTER, NY 14608	16-0845625		25,000.	0.			WIRED SCHOLARSHIP		
USA PAYROLLS INC. 1057 E. HENRIETTA ROAD ROCHESTER, NY 14623	20-0306469		20,133.	0.			WIRED SCHOLARSHIP		

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Schedule I-1 (Form 990) 2009



**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**ROCHESTERWORKS, INC.**

Employer identification number  
**16-1596825**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANTEON CORPORATION 255 WOODCLIFF DRIVE, SUITE 200 FAIRPORT, NY 14450	16-1264471		21,777.	0.			WIRED SCHOLARSHIP
VETPHARM INC. 349 W. COMMERCIAL STREET, SUITE 220 EAST ROCHESTER, NY 14445	16-1589033		10,240.	0.			WIRED SCHOLARSHIP
VOICEPORT LLC 500 LEE ROAD, SUITE 200 ROCHESTER, NY 14606	02-0663321	501(C)(3)	6,000.	0.			WIRED SCHOLARSHIP
WECO MANUFACTURING 6364 DEAN PARKWAY ONTARIO, NY 14519	20-3585448		7,453.	0.			WIRED SCHOLARSHIP
XLI CORPORATION 55 VANGUARD PARKWAY ROCHESTER, NY 14610	16-0920522		6,403.	0.			WIRED SCHOLARSHIP
YAAGER, TREVISIO & ASSOCIATES PO BOX 8070 WEBSTER, NY 14580	16-1539229		6,740.	0.			WIRED SCHOLARSHIP
ZOTOS INTERNATIONAL INC 300 FORGE AVENUE GENEVA, NY 14456	13-1257044		49,000.	0.			WIRED SCHOLARSHIP
E.E.P. QUALITY GROUP, INC. 2512 MANITOU ROAD ROCHESTER, NY 14624	26-2364859	501(C)(3)	7,706.	0.			CUSTOMIZED

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

Schedule I-1 (Form 990) 2009

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Internal Revenue Service

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**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOODLINK 936 EXCHANGE STREET ROCHESTER, NY 14612	22-2428304	501(C)(3)	9,649.	0.			CUSTOMIZED
HERITAGE CHRISTIAN SERVICES 349 W. COMMERCIAL STREET, SUITE 279 EAST ROCHESTER, NY 14445	22-2334190	501(C)(3)	6,605.	0.			CUSTOMIZED
MASTRO GRAPHIC ARTS 67 DEEP ROCK ROAD ROCHESTER, NY 14624	16-1110311		8,308.	0.			CUSTOMIZED
MICRO INSTRUMENT CORPORATION 1199 EMERSON STREET ROCHESTER, NY 14606	16-0818517		8,813.	0.			CUSTOMIZED
SOUTHCO, INC. 250 EAST STREET HONEYE FALLS, NY 14472	23-1287596		6,676.	0.			CUSTOMIZED
SPECIAL CARE SYSTEMS LLC 474 RIDGE ROAD WEBSTER, NY 14580	20-0050254		6,075.	0.			CUSTOMIZED
TED HOSMER ENTERPRISES, INC. PO BOX 888 HENRIETTA, NY 14467	16-1579923		9,800.	0.			CUSTOMIZED

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Schedule I-1 (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

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Employer identification number

16-1596825

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

EDUCATION, SUPPORT, AND TRAINING SERVICES

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT FORM 990 WAS PROVIDED TO  
THE BOARD VIA EMAIL FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: EMPLOYEES ARE PROVIDED A COPY OF  
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY UPON HIRE. EACH EMPLOYEE IS  
REQUIRED TO SIGN TO ACKNOWLEDGE RECEIPT OF THE POLICY. IF RWI UPDATES  
THEIR POLICY, EACH EMPLOYEE IS PROVIDED AN UPDATED VERSION AND ARE REQUIRED  
TO SIGN ACKNOWLEDGING RECEIPT. UPDATED CONFLICT OF INTEREST STATEMENTS ARE  
COLLECTED ANNUALLY FROM THE BOARD OF DIRECTORS. A PERSON WHO HAS A  
CONFLICT SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S  
DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS TO THE CONFLICT  
OF INTEREST. THE CHAIR SHALL REPORT THE DISCLOSURE AT THE MEETING AND THE  
DISCLOSURE SHALL REFLECTED IN THE MINUTES OF THE MEETING.

FORM 990, PART VI, SECTION B, LINE 15: THE MONROE COUNTY EXECUTIVE  
APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION ON AN ANNUAL BASIS. THE  
BOARD OF DIRECTORS APPROVES THE ANNUAL BUDGET WHICH INCLUDES THE EXECUTIVE  
DIRECTOR AND OTHER OFFICERS' COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE AT THE  
OFFICES OF ROCHESTERWORKS UPON REQUEST.

FORM 990, PART XI, LINE 2C:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
932211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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16-1596825

THE ORGANIZATION'S FINANCE COMMITTEE IS CHARGED WITH OVERSIGHT OF THE  
INDEPENDENT AUDITORS AND THEIR AUDIT OF THE FINANCIAL STATEMENTS ALONG  
WITH SELECTION OF THE INDEPENDENT AUDITOR. THIS PROCESS REMAINS  
CONSISTENT WITH PRIOR YEARS.



# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization	Employer identification number
	ROCHESTERWORKS, INC.	16-1596825
	Number, street, and room or suite no. If a P.O. box, see instructions. 255 NORTH GOODMAN STREET	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions. ROCHESTER, NY 14607	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JANET ARSENAULT

- The books are in the care of ► 255 NORTH GOODMAN STREET - ROCHESTER, NY 14607  
Telephone No. ► (585) 258-3500 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)