

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: ROCHESTER AREA FOUNDATION
D Employer identification number: 41-6017740
E Telephone number: 507-282-0203
G Gross receipts \$: 15,924,189.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: HTTP://WWW.ROCHESTERAREA.ORG/
K Form of organization: Corporation
L Year of formation: 1944
M State of legal domicile: MN

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). It also includes Net Assets or Fund Balances (lines 20-22) comparing Prior Year and Current Year data.

Part II Signature Block

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

Signature of officer: JENNIFER WOODFORD, PRESIDENT
Date
Print/Type preparer's name: JULIE BOYER
Preparer's signature: JULIE BOYER
Date: 11/13/24
Check if self-employed
PTIN: P01278549
Firm's name: RSM US LLP
Firm's EIN: 42-0714325
Firm's address: 227 WEST FIRST STREET, SUITE 700, DULUTH, MN 55802
Phone no.: 218-727-5025

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: BUILDING AND ENHANCING THE QUALITY OF LIFE IN THE GREATER ROCHESTER AREA THROUGH PHILANTHROPIC LEADERSHIP AND COMMUNITY PARTNERSHIPS.

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

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

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

4a (Code:) (Expenses \$ 5,227,627. including grants of \$ 4,283,281.) (Revenue \$ 451,801.) GRANTS WERE PROVIDED TO ORGANIZATIONS PROVIDING FREE LEGAL CLINICS, EDUCATIONAL TUTORING AND DATA SHARING SERVICES, CULTURAL SERVICES AND EDUCATION, AND A VARIETY OF OTHER PROGRAMS SERVING COMMUNITY NEEDS. IN MARCH 2023, THE ORGANIZATION ADDED 10 NEW FISCALLY SPONSORED PROJECTS, DUE TO THE DISSOLUTION OF ANOTHER COMMUNITY ORGANIZATION.

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

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

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

4e Total program service expenses 5,227,627.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 25	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 14		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed MN
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
JENNIFER WOODFORD - 507-282-0203
12 ELTON HILLS DRIVE NW, ROCHESTER, MN 55901

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER WOODFORD PRESIDENT	33.00 11.50			X				115,350.	38,450.	8,348.
(2) LARRY KOSHIRE CHAIR	6.00 0.50	X		X				0.	0.	0.
(3) DAVE OETH 1ST VICE CHAIR	4.00 0.50	X		X				0.	0.	0.
(4) JUDITH WILSON 2ND VICE CHAIR	4.00	X		X				0.	0.	0.
(5) MARCO WAGEMAN TREASURER	6.00	X		X				0.	0.	0.
(6) CHRIS WENDLAND SECRETARY	4.00	X		X				0.	0.	0.
(7) DR KATHY LOMBARDO IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
(8) TONY BENSON TRUSTEE	2.00	X						0.	0.	0.
(9) MARY EHMKE TRUSTEE	2.00	X						0.	0.	0.
(10) TODD HEATHER TRUSTEE	2.00	X						0.	0.	0.
(11) BETH KREHBIEL TRUSTEE	2.00	X						0.	0.	0.
(12) MIKE PARADISE TRUSTEE	3.00 0.50	X						0.	0.	0.
(13) ERIN SEXTON TRUSTEE	2.00	X						0.	0.	0.
(14) DON SUPALLA TRUSTEE	2.00	X						0.	0.	0.
(15) HAROLD BURDEN TRUSTEE	2.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,632,391.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	11,550,273.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,361,075.				
	h Total. Add lines 1a-1f		14,182,664.				
Program Service Revenue	2 a ADMIN FEE INCOME	Business Code					
		900099	396,303.	396,303.			
	b OTHER REVENUE	900099	55,498.	55,498.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		451,801.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		625,847.		19,259.	606,588.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
				22,229.			
	b Less: rental expenses ...	6b	56,212.				
	c Rental income or (loss)	6c	-33,983.				
	d Net rental income or (loss)		-33,983.		-16,750.	-17,233.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				641,648.			
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	641,648.				
	d Net gain or (loss)		641,648.			641,648.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions		15,867,977.	451,801.	2,509.	1231003.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,212,181.	4,212,181.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	71,100.	71,100.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	121,611.	57,157.	42,564.	21,890.
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	547,906.	257,516.	191,767.	98,623.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,020.	9,409.	7,007.	3,604.
9 Other employee benefits	47,757.	22,446.	16,715.	8,596.
10 Payroll taxes	47,306.	22,234.	16,557.	8,515.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,023.	1,421.	1,058.	544.
c Accounting	55,273.	25,978.	19,346.	9,949.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	913,622.	429,403.	319,768.	164,451.
12 Advertising and promotion	51,998.	24,439.	18,199.	9,360.
13 Office expenses	61,656.	26,558.	31,883.	3,215.
14 Information technology				
15 Royalties				
16 Occupancy	25,708.	12,083.	8,998.	4,627.
17 Travel	12,273.	6,136.	3,682.	2,455.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	38,512.	3,851.	30,810.	3,851.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,134.	4,763.	3,547.	1,824.
23 Insurance	10,622.	4,992.	3,718.	1,912.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	48,371.	22,734.	16,930.	8,707.
b DUES AND SUBSCRIPTIONS	13,718.	1,372.	10,974.	1,372.
c CRT DISBURSEMENTS	9,664.	4,542.	3,382.	1,740.
d PROGRAM EXPENSES	7,312.	7,312.		
e All other expenses	53,788.		35,522.	18,266.
25 Total functional expenses. Add lines 1 through 24e	6,383,555.	5,227,627.	782,427.	373,501.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,384,411.	1	2,449,228.
	2 Savings and temporary cash investments	8,124,703.	2	8,613,647.
	3 Pledges and grants receivable, net	12,383.	3	4,125,000.
	4 Accounts receivable, net		4	251,351.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	1,381,884.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,524.	9	110,245.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,650,335.		
	b Less: accumulated depreciation	10b 682,075.	2,034,256.	10c 1,968,260.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	32,459,056.	12	37,032,447.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,861,441.	15	5,154,976.
16 Total assets. Add lines 1 through 15 (must equal line 33)	45,883,774.	16	61,087,038.	
Liabilities	17 Accounts payable and accrued expenses	-256,735.	17	156,874.
	18 Grants payable		18	
	19 Deferred revenue		19	17,108.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	480,388.	23	431,033.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	839,444.	25	2,680,792.
	26 Total liabilities. Add lines 17 through 25	1,063,097.	26	3,285,807.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	38,362,098.	27	47,300,927.
	28 Net assets with donor restrictions	6,458,579.	28	10,500,304.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	44,820,677.	32	57,801,231.
33 Total liabilities and net assets/fund balances	45,883,774.	33	61,087,038.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,867,977.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,383,555.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,484,422.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	44,820,677.
5	Net unrealized gains (losses) on investments	5	3,429,130.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	67,002.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	57,801,231.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization ROCHESTER AREA FOUNDATION	Employer identification number 41-6017740
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4457420.	5450319.	7167652.	13165930.	14182664.	44423985.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4457420.	5450319.	7167652.	13165930.	14182664.	44423985.
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)						2485477.
6 Public support. Subtract line 5 from line 4.						41938508.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	4457420.	5450319.	7167652.	13165930.	14182664.	44423985.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	372,630.	638,906.	852,713.	790,754.	648,076.	3303079.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,674.					1,674.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						47728738.
12 Gross receipts from related activities, etc. (see instructions)					12	1,896,419.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	87.87 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	88.35 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

ROCHESTER AREA FOUNDATION

Employer identification number

41-6017740

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization ROCHESTER AREA FOUNDATION	Employer identification number 41-6017740
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>2,502,391.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>2,349,322.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>343,425.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>300,532.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ROCHESTER AREA FOUNDATION	Employer identification number 41-6017740
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	561 SHRS IJH, 134 SHRS IJR, 1380 SHRS SUSA	\$ 300,532.	07/31/23
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization ROCHESTER AREA FOUNDATION	Employer identification number 41-6017740
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization ROCHESTER AREA FOUNDATION Employer identification number 41-6017740

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a-1b, 2a-2b) regarding the reporting of art and historical treasures, including revenue and asset values.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,110,435.	17,792,108.	14,177,197.	12,857,808.	16,868,730.
b Contributions	6,461,651.	5,533,213.	6,915,243.	2,275,158.	1,240,322.
c Net investment earnings, gains, and losses	526,843.	-5,078,509.	2,026,787.	1,649,355.	2,439,347.
d Grants or scholarships	1,082,692.	1,088,750.	4,644,387.	2,338,756.	262,192.
e Other expenditures for facilities and programs	0.	19,758.	677,732.	266,658.	856,388.
f Administrative expenses	36,133.	27,869.	5,000.	-290.	6,572,011.
g End of year balance	22,980,104.	17,110,435.	17,792,108.	14,177,197.	12,857,808.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 1.5700 %
 - b Permanent endowment 98.3700 %
 - c Term endowment .0600 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		239,669.		239,669.
b Buildings		1,405,000.	240,020.	1,164,980.
c Leasehold improvements		676,723.	176,993.	499,730.
d Equipment		328,943.	265,062.	63,881.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,968,260.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENTS IN MARKETABLE		
(B) SECURITIES	37,032,447.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	37,032,447.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) DUE FROM FIRST HOMES PROPERTIES - AFFILIATE	378,696.
(2) OTHER ASSETS	50,838.
(3) BENEFICIAL INTEREST IN TRUSTS HELD BY OTHERS	218,807.
(4) INTERCOMPANY NOTES RECEIVABLE	4,506,635.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	5,154,976.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) UNITRUST OBLIGATIONS	423,300.
(3) REFUNDABLE ADVANCES	452,233.
(4) GRANTS DUE FROM AFFILIATES	371,259.
(5) INTERCOMPANY NOTES PAYABLES	1,434,000.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,680,792.

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

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

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

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

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

Part XIII Supplemental Information

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

PART V, LINE 4:

THE FOUNDATION HOLDS 139 INDIVIDUAL FUNDS, DEEMED AS ENDOWMENT FUNDS AND ESTABLISHED TO PROVIDE A VARIETY OF SUPPORT FOR NONPROFIT ORGANIZATIONS AND/OR SCHOLARSHIP RECIPIENTS. THESE PERMANENT ENDOWED FUNDS HAVE DISTRIBUTION RESTRICTIONS THAT HAVE BEEN DETERMINED BY THE DONORS.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE IRC. THE FOUNDATION BELIEVES THAT NO SIGNIFICANT UNCERTAIN TAX POSITIONS HAVE BEEN TAKEN IN ITS TAX RETURNS.

AT DECEMBER 31, 2023, GENERALLY, THE FEDERAL AND MINNESOTA TAX RETURNS FOR

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **ROCHESTER AREA FOUNDATION** Employer identification number **41-6017740**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABILITY BUILDING COMMUNITY 1911 14TH ST NW ROCHESTER, MN 55901	41-0829178	501(C)(3)	39,095.	0.			DISABILITY SERVICES
ALZHEIMER'S ASSOCIATION P.O. BOX 96011 WASHINGTON, DC 20090-6011	13-3039601	501(C)(3)	7,920.	0.			HEALTH AND HUMAN SERVICES
AMERICAN CANCER SOCIETY-SANDRA J. SCHULZE HOPE LODGE - 411 2ND STREET NW - ROCHESTER, MN 55901	13-1788491	501(C)(3)	6,150.	0.			HEALTH AND HUMAN SERVICES
AMERICAN FRIENDS OF MAGEN DAVID ADOM - 20 WEST 36TH ST, SUITE 1100 - NEW YORK, NY 10018	13-1790719	501(C)(3)	17,500.	0.			HEALTH AND HUMAN SERVICES
AMERICAN RED CROSS SE MN 305 ALLIANCE PLACE NE ROCHESTER, MN 55906	53-0196605	501(C)(3)	8,800.	0.			HEALTH AND HUMAN SERVICES
APPLE TREE DENTAL 2442 MOUNDS VIEW BLVD. MOUNDS VIEW, MN 55112	36-3411437	501(C)(3)	12,000.	0.			HEALTH AND HUMAN SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 115.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC MINNESOTA - SOUTHEAST REGION 6301 BANDEL ROAD NW, SUITE 605 ROCHESTER, MN 55901	51-0653115	501(C)(3)	6,160.	0.			HEALTH AND HUMAN SERVICES
AUSTIN RECREATION CENTER 704 1ST DRIVE NW AUSTIN, MN 55912	41-0718359	501(C)(3)	10,000.	0.			RECREATION
BEAR CREEK SERVICES 3108 U.S. 52 ROCHESTER, MN 55901	41-1390671	501(C)(3)	5,023.	0.			DISABILITY SERVICES
BEMIDJI STATE UNIVERSITY BSU ALUMNI & FOUNDATION, 1500 BIRCHMONT DRIVE NE, #17 - BEMIDJI, MN 56602	41-1687554	GOVERNMENT	10,000.	0.			EDUCATION
BEMIDJI STATE UNIVERSITY FOUNDATION - 1500 BIRCHMONT DR NE, #17 - BEMIDJI, MN 56601	23-7044156	501(C)(3)	10,000.	0.			EDUCATION
BENEDICTINE FOUNDATION - ROCHESTER MADONNA TOWERS - 4001 19TH AVE NW - ROCHESTER, MN 55901	41-1809914	501(C)(3)	6,930.	0.			HEALTH AND HUMAN SERVICES
BOYS & GIRLS CLUB OF ROCHESTER 1026 EAST CENTER STREET ROCHESTER, MN 55904	41-1945875	501(C)(3)	55,540.	0.			YOUTH & FAMILIES
BRAD WHITE MINISTRIES ATTN: BRAD WHITE, P.O. BOX 1255 CORDOVA, TN 38088	35-2374872	501(C)(3)	18,000.	0.			RELIGIOUS
CAMP OLSON - YMCA 4160 LITTLE BOY RD NE LONGVILLE, MN 56655	41-0967781	501(C)(3)	12,730.	0.			YOUTH & FAMILIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE ORLANDO, FL 32832	95-6006173	501(C)(3)	7,200.	0.			RELIGIOUS
CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER, DBA CATHOLIC CHARITIES OF - 200 4TH ST SE - ROCHESTER, MN 55904	41-0721636	501(C)(3)	14,700.	0.			HEALTH AND HUMAN SERVICES
CATHOLIC RELIEF SERVICES P. O. BOX 17090, 228 WEST LEXINGTON STREET - BALTIMORE, MD 21297	13-5563422	501(C)(3)	10,000.	0.			HEALTH AND HUMAN SERVICES
CHAD GREENWAY LEAD THE WAY FOUNDATION - 59 CAVALIER BLVD, STE. 310 - FLORENCE, KY 41042	26-1782419	501(C)(3)	15,000.	0.			HEALTH AND HUMAN SERVICES
CHANNEL ONE REGIONAL FOOD BANK 131 35TH STREET SE ROCHESTER, MN 55904	41-1379713	501(C)(3)	95,770.	0.			HEALTH AND HUMAN SERVICES
CHATFIELD HIGH SCHOOL C/O ED HARRIS, SUPERINTENDENT, 205 UNION STREET NE - CHATFIELD, MN 55923	41-6001078	GOVERNMENT	9,400.	0.			EDUCATION
CHILDHOOD CANCER COMMUNITY 905 9TH STREET SE ROCHESTER, MN 55904	84-1937145	501(C)(3)	8,700.	0.			YOUTH & FAMILIES
CHILDREN'S MUSEUM OF ROCHESTER, INC - 1201 12TH STREET SW, SUITE 632 - ROCHESTER, MN 55902	84-2749957	501(C)(3)	17,274.	0.			YOUTH & FAMILIES
CHRIST UNITED METHODIST CHURCH 400 5TH AVENUE SW ROCHESTER, MN 55902	41-0693980	501(C)(3)	26,300.	0.			RELIGIOUS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF SAINT JOHN THE EVANGELIST - 11 4TH AVE SW - ROCHESTER, MN 55902-3098	41-0733599	501(C)(3)	15,500.	0.			RELIGIOUS
CIVIC LEAGUE DAY NURSERY ATTN: JACKIE BENOIT-PETRIK, 427 6TH AVENUE SW - ROCHESTER, MN 55902-3233	41-0721719	501(C)(3)	13,580.	0.			HEALTH AND HUMAN SERVICES
COMMONWEAL THEATRE COMPANY 208 PARKWAY AVENUE NORTH, P.O. BOX LANESBORO, MN 55949	41-1796293	501(C)(3)	7,500.	0.			ARTS
COMMUNITY DENTAL CARE 2120 US HIGHWAY 14 EAST ROCHESTER, MN 55904	04-3692982	501(C)(3)	8,815.	0.			HEALTH AND HUMAN SERVICES
COMMUNITY FOOD RESPONSE 120 1ST ST. NE ROCHESTER, MN 55906	41-1757102	501(C)(3)	14,100.	0.			HEALTH AND HUMAN SERVICES
CONGREGATIONAL CHURCH UNITED CHURCH OF CHRIST - 974 SKYLINE DRIVE SW - ROCHESTER, MN 55902	41-0760826	501(C)(3)	12,000.	0.			RELIGIOUS
DODGE CENTER FOUNDATION P.O. BOX 276 DODGE CENTER, MN 55927	45-3201034	501(C)(3)	8,347.	0.			COMMUNITY DEVELOPMENT
DOROTHY DAY HOSPITALITY HOUSE 703 1ST ST SW ROCHESTER, MN 55902-6293	36-3348305	501(C)(3)	22,860.	0.			HEALTH AND HUMAN SERVICES
EAGLE BLUFF ENVIRONMENTAL LEARNING CENTER - 28097 GOODVIEW DRIVE - LANESBORO, MN 55944	41-1431959	501(C)(3)	17,000.	0.			ENVIRONMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAGLES HEALING NEST 310 US-71 SAUK CENTRE, MN 56378	46-0617435	501(C)(3)	13,900.	0.			HEALTH AND HUMAN SERVICES
ELDER NETWORK 1130 1/2 7TH ST NW SUITE 205 ROCHESTER, MN 55901	41-1704390	501(C)(3)	14,700.	0.			SENIOR SERVICES
FAMILY PROMISE ROCHESTER 913 1ST STREET NW ROCHESTER, MN 55901	41-1953191	501(C)(3)	18,950.	0.			HEALTH AND HUMAN SERVICES
FAMILY SERVICE ROCHESTER 4600 18TH AVENUE NW ROCHESTER, MN 55901	41-0883453	501(C)(3)	92,250.	0.			HEALTH AND HUMAN SERVICES
FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	11-0303001	501(C)(3)	31,000.	0.			COMMUNITY DEVELOPMENT
FIRST HOMES 12 ELTON HILLS DRIVE NW ROCHESTER, MN 55901	41-2004557	501(C)(3)	1,121,522.	0.			HOUSING
FIRST PRESBYTERIAN CHURCH 512 3RD ST SW ROCHESTER, MN 55902-3141	41-0694750	501(C)(3)	14,275.	0.			RELIGIOUS
FOOD FOR THE POOR P.O. BOX 979005 COCONUT CREEK, FL 33097	59-2174510	501(C)(3)	17,921.	0.			HEALTH AND HUMAN SERVICES
FRIENDS OF OXBOW PARK P.O. BOX 6552 ROCHESTER, MN 55903	41-1440844	501(C)(3)	65,300.	0.			ENVIRONMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIFT OF LIFE TRANSPLANT HOUSE 705 2ND ST. SW ROCHESTER, MN 55902	41-1495845	501(C)(3)	14,595.	0.			HEALTH AND HUMAN SERVICES
GLOBE FOR CHRIST INTERNATIONAL ATTN: DAVID FORD, P.O. BOX 86027 PHOENIX, AZ 85080	86-0677802	501(C)(3)	24,000.	0.			RELIGIOUS
GREATER EUROPEAN MISSION ATTN: GARY DEGROAF, P.O. BOX 1669 MONUMENT, CO 80132-1669	36-2345199	501(C)(3)	7,200.	0.			RELIGIOUS
HAMLINE UNIVERSITY 1536 HEWITT AVENUE ST. PAUL, MN 55104	41-0693960	501(C)(3)	5,200.	0.			RECREATION
HISTORY CENTER OF OLMSTED COUNTY 1195 WEST CIRCLE DR SW ROCHESTER, MN 55902-6619	41-0718368	501(C)(3)	36,650.	0.			EDUCATION
HOLY ANARGYROI GREEK ORTHODOX CHURCH - 703 W CENTER ST - ROCHESTER, MN 55902-6231	41-1407172	501(C)(3)	10,000.	0.			RELIGIOUS
HOLY SPIRIT CATHOLIC CHURCH 5455 50TH AVE NW ROCHESTER, MN 55901-3763	41-1685876	501(C)(3)	65,000.	0.			RELIGIOUS
IMMACULATE HEART OF MARY SEMINARY 750 TERRACE HEIGHTS WINONA, MN 55987	41-0773780	501(C)(3)	28,695.	0.			RELIGIOUS
IRONWOOD SPRINGS CHRISTIAN RANCH 7291 COUNTY ROAD 6 SW STEWARTVILLE, MN 55976-8257	41-1281157	501(C)(3)	23,750.	0.			HEALTH AND HUMAN SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEREMIAH PROGRAM ROCHESTER-SOUTHEAST MN - 2915 JEREMIAH LANE NW - ROCHESTER, MN 55901	41-1801834	501(C)(3)	57,340.	0.			HEALTH AND HUMAN SERVICES
KASSON ALLIANCE FOR RESTORATION (KARE) - C/O GERALD GIESE, 806 WESTFIELD COURT - KASSON, MN 55944	20-8367553	501(C)(3)	50,000.	0.			COMMUNITY DEVELOPMENT
KM CARE & SHARE CHARITY FUND C/O HOME FEDERAL BANK, 502 MANTORVILLE AVENUE SOUTH - KASSON, MN 55944	41-1808587	501(C)(3)	10,000.	0.			HEALTH AND HUMAN SERVICES
LEGAL ASSISTANCE OF OLMSTED COUNTY 1700 N BROADWAY, SUITE 124 ROCHESTER, MN 55906	41-0992471	501(C)(3)	26,705.	0.			HEALTH AND HUMAN SERVICES
MAKE-A-WISH MINNESOTA 1919 UNIVERSITY AVENUE E, SUITE 415 SAINT PAUL, MN 55104	41-1422893	501(C)(3)	25,600.	0.			YOUTH & FAMILIES
MAYO CLINIC DEPARTMENT OF DEVELOPMENT - 200 1ST STREET SW - ROCHESTER, MN 55902	41-6011702	501(C)(3)	25,200.	0.			HEALTH AND HUMAN SERVICES
MAYO FOUNDATION 200 FIRST STREET SW ROCHESTER, MN 55905	41-0944601	501(C)(3)	77,293.	0.			HEALTH AND HUMAN SERVICES
MIDWEST MELANOMA PARTNERSHIP 200 FIRST ST SW, GUGGENHEIM 4-01 ROCHESTER, MN 55905	46-5604422	501(C)(3)	5,860.	0.			HEALTH AND HUMAN SERVICES
MINNESOTA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH - ATTN: OC MINISTRIES, 122 WEST FRANKLIN AVE, SUITE 400 - MINNEAPOLIS, MN 55404	41-0952757	501(C)(3)	125,000.	0.			HOUSING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA PUBLIC RADIO KLING PUBLIC MEDIA CENTER, 480 CEDAR STREET - SAINT PAUL, MN 55101	41-0953924	501(C)(3)	9,654.	0.			EDUCATION
MINNESOTA TRUCKING ASSOCIATION FOUNDATION - 6160 SUMMIT DRIVE N., SUITE 330 - BROOKLYN CENTER, MN 55430	84-2847691	501(C)(3)	40,000.	0.			EDUCATION
MISSOURI WESTERN STATE UNIVERSITY FOUNDATION - 4525 DAWNS DRIVE, SPRATT HALL #111 - SAINT JOSEPH, MO 64507	43-1234200	501(C)(3)	12,000.	0.			EDUCATION
MN ADULT & TEEN CHALLENGE 740 EAST 24TH STREET MINNEAPOLIS, MN 55404	41-1517351	501(C)(3)	5,300.	0.			HEALTH AND HUMAN SERVICES
NAMI SOUTHEAST MINNESOTA 2746 SUPERIOR DR NW, SUITE 110 ROCHESTER, MN 55901	36-3504277	501(C)(3)	15,732.	0.			HEALTH AND HUMAN SERVICES
NEW LIFE FAMILY SERVICES ADMINISTRATIVE OFFICE, 1515 EAST 66TH STREET - MINNEAPOLIS, MN 55423	51-0153937	501(C)(3)	54,000.	0.			YOUTH & FAMILIES
OLMSTED MEDICAL CENTER 210 9TH STREET SE ROCHESTER, MN 55904-6425	41-0855367	501(C)(3)	32,016.	0.			HEALTH AND HUMAN SERVICES
OWATONNA PUBLIC SCHOOLS 515 W. BRIDGE STREET OWATONNA, MN 55060	52-1612613	GOVERNMENT	10,000.	0.			EDUCATION
PARALYZED VETERANS OF AMERICA 801 18TH ST NW WASHINGTON, DC 20006	13-1946868	501(C)(3)	26,600.	0.			HEALTH AND HUMAN SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAX CHRISTI CATHOLIC CHURCH 4135 18TH AVENUE NW ROCHESTER, MN 55901	41-1532400	501(C)(3)	7,000.	0.			RELIGIOUS
PHOENIX CHRISTIAN ASSEMBLY 2030 NORTH 36TH STREET PHOENIX, AZ 85008	86-0264849	501(C)(3)	27,200.	0.			RELIGIOUS
PLANNED PARENTHOOD NORTH CENTRAL STATES - 671 VANDALIA STREET - SAINT PAUL, MN 55114	41-0948382	501(C)(3)	29,200.	0.			HEALTH AND HUMAN SERVICES
POSSABILITIES OF SOUTHERN MINNESOTA - 1808 3RD AVENUE SE - ROCHESTER, MN 55904-7948	41-0853397	501(C)(3)	9,900.	0.			DISABILITY SERVICES
PROJECT GET OUTDOORS, INC. PO BOX 244 WABASHA, MN 55981	26-1837441	501(C)(3)	10,000.	0.			YOUTH & FAMILIES
ROCHESTER CATHOLIC SCHOOLS 2800 19TH STREET NW ROCHESTER, MN 55901	41-0740119	501(C)(3)	44,764.	0.			EDUCATION
ROCHESTER COMMUNITY AND TECHNICAL COLLEGE FOUNDATION - 851 30TH AVENUE SE - ROCHESTER, MN 55904	41-1535213	501(C)(3)	18,670.	0.			EDUCATION
ROCHESTER MUSIC GUILD P.O. BOX 5802 ROCHESTER, MN 55903	51-0158995	501(C)(3)	17,000.	0.			ARTS
ROCHESTER POLICE DEPARTMENT 101 4TH STREET SE ROCHESTER, MN 55904	41-6005494	GOVERNMENT	6,000.	0.			COMMUNITY DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER PUBLIC LIBRARY FOUNDATION - 101 SECOND STREET SE - ROCHESTER, MN 55904	41-1859534	501(C)(3)	10,358.	0.			EDUCATION
ROCHESTER PUBLIC SCHOOL FOUNDATION 201 8TH STREET NW ROCHESTER, MN 55901-6820	41-1628288	GOVERNMENT	5,680.	0.			EDUCATION
ROCHESTER SYMPHONY ORCHESTRA & CHORALE - 1530 GREENVIEW DR SW, SUITE 120 - ROCHESTER, MN 55902	41-1764434	501(C)(3)	7,058.	0.			ARTS
RONALD MCDONALD HOUSE - ROCHESTER 850 2ND STREET SW ROCHESTER, MN 55902	41-1344744	501(C)(3)	24,745.	0.			HEALTH AND HUMAN SERVICES
ROTARY CLUB OF ROCHESTER FOUNDATION - PO BOX 7566 - ROCHESTER, MN 55903	41-1628263	501(C)(3)	6,440.	0.			COMMUNITY DEVELOPMENT
RTAAF 1130 1/2 7TH ST. NW SUITE 208 ROCHESTER, MN 55901	56-2328202	501(C)(3)	5,400.	0.			HEALTH AND HUMAN SERVICES
SALT & LIGHT PARTNERS 4240 18TH AVE NW ROCHESTER, MN 55901-0461	86-1882824	501(C)(3)	9,000.	0.			HEALTH AND HUMAN SERVICES
SALVATION ARMY - ROCHESTER 20 1ST AVE NE ROCHESTER, MN 55906-3706	41-0698597	501(C)(3)	53,303.	0.			HEALTH AND HUMAN SERVICES
SEASONS HOSPICE 1696 GREENVIEW DRIVE SW ROCHESTER, MN 55902	41-1812914	501(C)(3)	17,700.	0.			HEALTH AND HUMAN SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHEPARD OF THE LAKE LUTHERAN CHURCH - PO BOX 1199 - PRIOR LAKE, MN 55372	41-0918594	501(C)(3)	7,500.	0.			RELIGIOUS
SISTERS OF ST FRANCIS - ROCHESTER, MN - ASSISI HEIGHTS, 1001 14TH ST NW SUITE 100 - ROCHESTER, MN 55901	41-0695522	501(C)(3)	5,400.	0.			RELIGIOUS
SOCIETY OF ST. VINCENT DE PAUL - PAX CHRISTI - 4135 18TH AVENUE NW - ROCHESTER, MN 55901	61-1643882	501(C)(3)	14,348.	0.			RELIGIOUS
SOLDIER'S FIELD VETERANS MEMORIAL 1743 WEST CENTER ST ROCHESTER, MN 55902	41-1848911	501(C)(3)	13,000.	0.			COMMUNITY DEVELOPMENT
SOUTH DAKOTA CONFERENCE OF THE UNITED CHURCH OF CHRIST - 300 S MINNESOTA AVE - SOUTH FALLS, SD 57104	46-0226068	501(C)(3)	50,000.	0.			RELIGIOUS
ST. AMBROSE UNIVERSITY 518 W. LOCUST STREET DAVENPORT, IA 52803	42-0703280	501(C)(3)	16,148.	0.			EDUCATION
ST. EDWARD CATHOLIC CHURCH MAIN OFFICE, 405 4TH STREET NW AUSTIN, MN 55912	41-0845737	501(C)(3)	32,000.	0.			RELIGIOUS
STEWARTVILLE AREA HISTORY CENTER 305 MAIN STREET NORTH STEWARTVILLE, MN 55976	41-1763176	501(C)(3)	25,070.	0.			EDUCATION
ST. FRANCIS OF ASSISI CATHOLIC CHURCH - 1114 THIRD STREET SE - ROCHESTER, MN 55906	41-0694749	501(C)(3)	11,050.	0.			RELIGIOUS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN'S UNIVERSITY P.O. BOX 2000, 2850 ABBEY PLAZA COLLEGEVILLE, MN 56321	45-3656162	501(C)(3)	20,500.	0.			EDUCATION
ST. LUKE'S EPISCOPAL CHURCH 1884 22ND STREET NW ROCHESTER, MN 55901	41-0876187	501(C)(3)	12,730.	0.			RELIGIOUS
ST. MARY'S ON THE LAKE CATHOLIC CHURCH - 419 WEST LYON AVENUE - LAKE CITY, MN 55041	41-0695529	501(C)(3)	8,000.	0.			RELIGIOUS
SYNERGY AND LEADERSHIP EXCHANGE 2075 LOOKOUT DRIVE MANKATO, MN 56003	41-1700710	501(C)(3)	8,080.	0.			EDUCATION
TABITHA'S HEART P.O. BOX 382 HUTCHINSON, MN 55350	65-1308656	501(C)(3)	7,200.	0.			HEALTH AND HUMAN SERVICES
THE LANDING MN 426 3RD AVE SE ROCHESTER, MN 55904	83-2953783	501(C)(3)	11,300.	0.			HEALTH AND HUMAN SERVICES
THE READING CENTER 2010 SCOTT ROAD NW ROCHESTER, MN 55901	41-1633734	501(C)(3)	12,140.	0.			EDUCATION
TRI COUNTY PHEASANTS FOREVER - CHAPTER 4 - PO BOX 6225 - ROCHESTER, MN 55903	41-1429149	501(C)(3)	6,000.	0.			RECREATION
TRITON FOUNDATION C/O TRITON MIDDLE SCHOOL ATTN: TRICIA JOHNSON, 813 WEST HWY STREET - DODGE C	68-0541078	501(C)(3)	6,000.	0.			EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TWO RIVERS HABITAT FOR HUMANITY 1530 GREENVIEW DR SW, SUITE 107 ROCHESTER, MN 55902	41-1664586	501(C)(3)	5,340.	0.			HOUSING
UNITED WAY OF DODGE COUNTY P.O. BOX 718 DODGE CENTER, MN 55927	41-1657224	501(C)(3)	20,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF OLMSTED COUNTY 903 WEST CENTER ST, STE 100 ROCHESTER, MN 55902	41-0695594	501(C)(3)	68,380.	0.			COMMUNITY DEVELOPMENT
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455-2010	41-6042488	501(C)(3)	96,500.	0.			EDUCATION
WOMEN'S SHELTER & SUPPORT CENTER PO BOX 457 ROCHESTER, MN 55903	41-1316614	501(C)(3)	41,870.	0.			HEALTH AND HUMAN SERVICES
ZUMBRO LUTHERAN CHURCH 624 3RD AVE SW ROCHESTER, MN 55902	41-0718374	501(C)(3)	18,000.	0.			RELIGIOUS
ZUMBRO RIDGE ESTATES 739 55TH ST NE #4 ROCHESTER, MN 55906	82-1446789	501(C)(3)	8,000.	0.			HEALTH AND HUMAN SERVICES
ZUMBRO VALLEY HEALTH CENTER 343 WOODLAKE DRIVE SE ROCHESTER, MN 55904	41-6052022	501(C)(3)	10,300.	0.			HEALTH AND HUMAN SERVICES
DAV OF MINNESOTA FOUNDATION STATE VETERANS SERVICE - BUILDING FLOOR 3, 20 WEST 12 STREET - ST PAUL, MN 5	41-1721688	501(C)(3)	6,760.	0.			HEALTH AND HUMAN SERVICES

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	54	71,100.	0.		

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

PART I, LINE 2:

ROCHESTER AREA FOUNDATION (RAF) IS A COMMUNITY-BASED ECLECTIC GRANTMAKER. EACH APPLICATION IS CONSIDERED ON ITS OWN MERITS AND THE DECISION TO AWARD A REQUEST IS MADE ON A CASE BY CASE BASIS. GRANTS ARE NOT AWARDED TO INDIVIDUALS, PRIVATE FOUNDATIONS, OR POLITICAL ORGANIZATIONS. GRANTS ARE MADE TO RELIGIOUS ORGANIZATIONS ONLY FOR PURPOSES OF DIRECT COMMUNITY SERVICE PROJECTS. GRANTS ARE LIMITED TO NONPROFIT ORGANIZATIONS WHICH HAVE A 501(C)(3) DESIGNATION, ARE GOVERNMENT AGENCIES, OR ARE UNDER THE FISCAL AGENCY UMBRELLA OF A 501(C)(3) DESIGNATED ORGANIZATION.

Part IV Supplemental Information

IN GENERAL, RAF DOES NOT SUPPORT GENERAL CAPITAL CAMPAIGNS, PROVIDE SUPPORT FUNDING FOR ORGANIZATIONAL DEFICITS, OR TO REPLACE GOVERNMENT FUNDING. FUND DRIVES OR REQUESTS FOR EVENT SPONSORSHIPS SHOULD BE DIRECTED TO RAF'S PRESIDENT FOR SPONSORSHIP CONSIDERATION. TYPICALLY, GRANTS WILL NOT BE AWARDED FOR ENDOWMENTS, ANNUAL CAMPAIGNS, PROPOSALS THAT DUPLICATE EXISTING SERVICES, POLITICAL ACTIVITIES, OR RELIGIOUS ACTIVITIES.

RAF DOES NOT MAKE MULTI-YEAR GRANTS OR MORE THAN ONE GRANT TO AN ORGANIZATION WITHIN 12 MONTHS OF AN AWARD. AN ORGANIZATION MAY APPLY FOR A GRANT ONCE DURING EACH CALENDAR. TO BE CONSIDERED, THE ORGANIZATION MUST HAVE COMPLETED ALL PRIOR PROJECTS AND FILED A FINAL REPORT TO CLOSE OUT AWARDED FUNDS.

RAF AWARDS GRANTS TO BENEFIT COMMUNITIES IN THE CATCHMENT AREA PROSCRIBED BY THE RAF BOARD OF TRUSTEES, CURRENTLY WITHIN A 40 MILE RADIUS OF ROCHESTER. AGENCIES OUTSIDE OF THE TRADITIONAL CATCHMENT AREA ARE ELIGIBLE FOR GRANTS PROVIDED THE IMPACT FOR PROJECT WILL FALL PRIMARILY WITHIN THE RAF CATCHMENT AREA BUT THE GRANT DISTRIBUTION COMMITTEE MAY REQUIRE INPUT THROUGH A LOCAL ADVISORY GROUP OR BOARD IF A LOCAL OFFICE IS NOT PRESENT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

ROCHESTER AREA FOUNDATION

Employer identification number

41-6017740

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JENNIFER WOODFORD PRESIDENT	(i)	115,350.	0.	0.	5,813.	448.	121,611.	0.
	(ii)	38,450.	0.	0.	1,938.	149.	40,537.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **ROCHESTER AREA FOUNDATION** Employer identification number **41-6017740**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	33	1,361,075.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN PART I, COLUMN B REPRESENTS THE TOTAL NUMBER OF CONTRIBUTORS.

SCHEDULE M, LINE 32B:

GIFTS OF STOCK, SECURITIES, AND OTHER INVESTMENT FUNDS ARE RECEIVED BY A THIRD PARTY WITH WHOM ROCHESTER AREA FOUNDATION HAS AN ACCOUNT. THE SECURITIES ARE THEN SOLD BY THAT THIRD PARTY AND PROCEEDS ARE TRANSFERRED TO A SAVINGS ACCOUNT.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

ROCHESTER AREA FOUNDATION

Employer identification number

41-6017740

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

LEADERSHIP AND COMMUNITY PARTNERSHIPS.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

IN MARCH 2023 WE ADDED 10 NEW FISCALLY SPONSORED PROJECTS, DUE TO THE
DISSOLUTION OF ANOTHER COMMUNITY ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE IS MADE UP OF THE OFFICERS OF THE BOARD OF
DIRECTORS. THE PRESIDENT OF THE ROCHESTER AREA FOUNDATION SERVES AS AN
EX-OFFICIO MEMBER. DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF
DIRECTORS, THE EXECUTIVE COMMITTEE SHALL EXERCISE ALL POWERS OF THE BOARD
OF DIRECTORS IN THE MANAGEMENT AND DIRECTION OF THE BUSINESS AND CONDUCT
THE AFFAIRS OF THE FOUNDATION. NO POLICY OR ACTION ADOPTED OR TAKEN BY THE
EXECUTIVE COMMITTEE SHALL CONTINUE EFFECTIVE UNLESS APPROVED AT THE NEXT
MEETING OF THE BOARD OF DIRECTORS.

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

RSM PROVIDES A DRAFT OF THE FORM 990 TO THE FINANCE OFFICER. THE FINANCE
OFFICER, PRESIDENT AND TREASURER REVIEW THE DRAFTS AND MAKE ANY NECESSARY
CHANGES. REVISED COPIES ARE THEN PRESENTED TO THE FULL BOARD OF TRUSTEES
FOR REVIEW, AND A VOTE TO APPROVE IS TAKEN AFTER THE TRUSTEES HAVE REVIEWED
THE RETURNS. THE REVIEW AND APPROVAL TAKE PLACE PRIOR TO FILING WITH THE
IRS.

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

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

Schedule O (Form 990) 2023

Name of the organization ROCHESTER AREA FOUNDATION	Employer identification number 41-6017740
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ROCHESTER AREA FOUNDATION'S CONFLICT OF INTEREST POLICY APPLIES TO ALL PERSONS HOLDING POSITIONS OF RESPONSIBILITY AND TRUST ON BEHALF OF THE FOUNDATION, INCLUDING BUT NOT LIMITED TO MEMBERS OF THE BOARD OF TRUSTEES, MEMBERS OF BOARD COMMITTEES WHO ARE NOT MEMBERS OF THE BOARD, VOLUNTEER COMMITTEE MEMBERS, MEMBERS OF THE BOARDS OF SUPPORTING ORGANIZATIONS TO THE FOUNDATION, REPRESENTATIVES OF FISCALLY SPONSORED PROJECTS, AND MEMBERS OF THE FOUNDATION STAFF (HEREINAFTER "MEMBERS"). THIS POLICY SHALL BE PROVIDED TO EACH MEMBER AT THE TIME THAT HE OR SHE IS ASKED TO SERVE THE FOUNDATION.

IN CONDUCTING THE AFFAIRS OF THE FOUNDATION, DUALITY OR CONFLICT OF INTEREST SHALL BE PRESUMED WHEN A PERSON TO WHOM THIS POLICY APPLIES OR A MEMBER OF HIS/HER IMMEDIATE FAMILY SERVES AS A TRUSTEE, OFFICER, STAFF MEMBER OR HOLDER OF MORE THAN 10% OF CORPORATE STOCK OF AN AFFECTED ORGANIZATION OR FIRM; HAS A FORMAL AFFILIATION OR INTEREST IN AN AFFECTED ORGANIZATION OR FIRM; OR COULD EXPECT FINANCIAL GAIN OR LOSS FROM A PARTICULAR DECISION.

BEFORE A STAFF, BOARD OR VOLUNTEER COMMITTEE MEMBER BEGINS HIS OR HER SERVICE WITH THE FOUNDATION, HE OR SHE SHALL FILE WITH THE PRESIDENT OF THE FOUNDATION A LIST OF HIS OR HER PRINCIPAL BUSINESS ACTIVITIES, AS WELL AS INVOLVEMENT WITH OTHER CHARITABLE AND BUSINESS ORGANIZATIONS, VENDORS OR BUSINESS INTERESTS, OR WITH ANY OTHER ASSOCIATIONS THAT MIGHT PRODUCE A CONFLICT OF INTEREST. ALL MEMBERS WILL BE REQUIRED TO SUBMIT THE DISCLOSURE STATEMENT ON AN ANNUAL BASIS.

IN ADDITION TO THE DISCLOSURE REQUIRED BY THE PREVIOUS PARAGRAPH, EACH MEMBER IS UNDER AN OBLIGATION TO THE FOUNDATION, TO HIS OR HER FELLOW STAFF OR VOLUNTEERS, AND TO THE COMMUNITY SERVED BY THE FOUNDATION TO INFORM THE

Name of the organization

ROCHESTER AREA FOUNDATION

Employer identification number

41-6017740

FOUNDATION OF ANY POSITION HE OR SHE HOLDS OR OF ANY BUSINESS OR VOCATIONAL ACTIVITY THAT MAY RESULT IN A POSSIBLE CONFLICT OF INTEREST OR BIAS FOR OR AGAINST A PARTICULAR GRANTEE, ACTION, OR POLICY, AT THE TIME SUCH GRANT, ACTION, OR POLICY IS UNDER CONSIDERATION BY THE BOARD OR ANY VOLUNTEER COMMITTEE OF THE FOUNDATION. ANY DUALITY OR POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY MEMBER SHALL BE DISCLOSED TO THE CHAIR OF THE BOARD (IN THE CASE OF VOLUNTEERS) OR THE PRESIDENT (IN THE CASE OF STAFF MEMBERS) AND MADE A MATTER OF RECORD AS SOON AS THE ISSUE IN QUESTION IS RAISED AND A POSSIBLE CONFLICT IS KNOWN.

WHEN THE BOARD, COMMITTEE, OR STAFF IS TO DECIDE UPON AN ISSUE ABOUT WHICH A MEMBER HAS AN UNAVOIDABLE CONFLICT OF INTEREST, THAT MEMBER SHALL PHYSICALLY ABSENT HERSELF OR HIMSELF WITHOUT COMMENT FROM NOT ONLY THE VOTE, BUT ALSO FROM THE DELIBERATION, UNLESS DIRECTLY REQUESTED BY THE CHAIR OF THE BOARD OR RELEVANT COMMITTEE TO PROVIDE FACTUAL INFORMATION OR ANSWER FACTUAL QUESTIONS THAT MAY ASSIST THE BOARD OR COMMITTEE IN MAKING A WISE DECISION. IN NO CASE SHALL THAT MEMBER VOTE ON SUCH MATTER OR ATTEMPT TO EXERT PERSONAL INFLUENCE IN CONNECTION THEREWITH. DISCLOSURE AND ABSTENTION SHALL BE RECORDED IN THE MINUTES OF THE MEETING(S) AT WHICH THE ISSUE IS DISCUSSED AND DECIDED.

IN ANY SITUATION NOT SPECIFICALLY COVERED BY THE PREVIOUS SECTIONS OF THIS POLICY, MEMBERS SHALL CONSIDER CAREFULLY ANY POTENTIAL CONFLICT OF THEIR PERSONAL INTERESTS WITH THE INTERESTS OF THE FOUNDATION AND REFRAIN FROM ANY ACTION THAT MIGHT BE PERCEIVED AS AN ACTUAL OR APPARENT CONFLICT OF INTEREST.

THE CHAIR OF THE BOARD SHALL BE RESPONSIBLE FOR THE APPLICATION AND

Name of the organization

ROCHESTER AREA FOUNDATION

Employer identification number

41-6017740

INTERPRETATION OF THESE POLICIES AS THEY RELATE TO BOARD MEMBERS, VOLUNTEER COMMITTEE MEMBERS, OR THE PRESIDENT.

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

THE COMPENSATION OF THE EXECUTIVE DIRECTOR OF THE ROCHESTER AREA FOUNDATION IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS USING COMPARABILITY DATA FROM THE COUNCIL OF FOUNDATIONS. THE EXECUTIVE COMMITTEE SURVEYS TRUSTEES AND STAFF EACH YEAR AND COMBINES THAT WITH ORGANIZATIONAL PERFORMANCE TO COMPLETE A PERFORMANCE EVALUATION OF THE EXECUTIVE DIRECTOR. THE RESULTS OF THE PERFORMANCE EVALUATION ARE USED TO DETERMINE ANY COMPENSATION ADJUSTMENT THAT IS RECOMMENDED BY THE EXECUTIVE COMMITTEE AND REVIEWED AND APPROVED BY THE FULL BOARD OF TRUSTEES. THE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE EXECUTIVE DIRECTOR OF THE ROCHESTER AREA FOUNDATION USING COMPARABILITY DATA FROM THE COUNCIL OF FOUNDATIONS AND INCREASES ARE BASED ON MERIT. THE MOST RECENT PERFORMANCE EVALUATIONS WERE COMPLETED NOVEMBER/DECEMBER 2023, AND COMPENSATION ADJUSTMENT MEMOS WERE GIVEN TO STAFF AT THE END OF 2023. COMPENSATION ADJUSTMENTS WERE EFFECTIVE AT THE BEGINNING OF 2024.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND/OR FINANCIAL STATEMENTS MAY BE OBTAINED BY THE PUBLIC ON THE ORGANIZATION'S WEBSITE OR UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART VII:

ALL PAYROLL IS PROCESSED, AND EMPLOYMENT TAXES ARE REPORTED BY

Name of the organization

ROCHESTER AREA FOUNDATION

Employer identification number

41-6017740

ROCHESTER AREA FOUNDATION. A PORTION OF COMPENSATION IS CHARGED TO
 FIRST HOMES PROPERTIES, A RELATED ORGANIZATION, AND IS REPORTED AS PAID
 BY A RELATED ORGANIZATION, ON FORM 990, PART VII.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROCESSING FEES:

PROGRAM SERVICE EXPENSES	29,889.
MANAGEMENT AND GENERAL EXPENSES	22,258.
FUNDRAISING EXPENSES	11,447.
TOTAL EXPENSES	63,594.

ADMINISTRATIVE FEE:

PROGRAM SERVICE EXPENSES	184,246.
MANAGEMENT AND GENERAL EXPENSES	137,204.
FUNDRAISING EXPENSES	70,562.
TOTAL EXPENSES	392,012.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	215,268.
MANAGEMENT AND GENERAL EXPENSES	160,306.
FUNDRAISING EXPENSES	82,442.
TOTAL EXPENSES	458,016.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	913,622.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST	67,002.
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Name of the organization ROCHESTER AREA FOUNDATION	Employer identification number 41-6017740
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FORM 990, PART XI, LINE 2C:

THE FINANCE COMMITTEE HAS THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT
AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT
CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **ROCHESTER AREA FOUNDATION** Employer identification number **41-6017740**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FIRST HOMES PROPERTIES - 41-2004557 12 ELTON HILLS DRIVE NW ROCHESTER, MN 55901	TO PROVIDE OPPORTUNITIES FOR LOW AND MODERATE INCOME HOUSEHOLDS IN SE MN	MINNESOTA	501(C)(3)	LINE 12A, I	ROCHESTER AREA FOUNDATION	X	
RAF PROPERTIES - 41-1891463 12 ELTON HILLS DRIVE NW ROCHESTER, MN 55901	TO RECEIVE, HOLD & DISBURSE ANY REAL PROPERTY FOR ROCHESTER AREA FDN.	MINNESOTA	501(C)(3)	LINE 12A, I	ROCHESTER AREA FOUNDATION	X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FIRST HOMES PROPERTIES	D	2,509,607.	FAIR MARKET VALUE
(2) FIRST HOMES PROPERTIES	B	1,121,522.	FAIR MARKET VALUE
(3)			
(4)			
(5)			
(6)			

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. ROCHESTER AREA FOUNDATION	Taxpayer identification number (TIN) 41-6017740
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 12 ELTON HILLS DRIVE NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROCHESTER, MN 55901	

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 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **JENNIFER WOODFORD**
12 ELTON HILLS DRIVE NW - ROCHESTER, MN 55901

Telephone No. **507-282-0203** 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

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 Forms 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 Forms 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 Balance due. 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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2023

For calendar year 2023 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 61,087,038, D Employer identification number 41-6017740, E Group exemption number, F Check box if an amended return.

Form header section including: G Check organization type 501(c) corporation, H Check if filing only to claim, I Check if a 501(c)(3) organization filing a consolidated return, J Enter the number of attached Schedules A (Form 990-T) 1, K During the tax year, was the corporation a subsidiary, L The books are in care of JENNIFER WOODFORD Telephone number 507-282-0203

Table for Part I Total Unrelated Business Taxable Income with 11 rows and 3 columns (line number, description, amount).

Table for Part II Tax Computation with 7 rows and 3 columns (line number, description, amount).

Table for Part III Tax and Payments with 5 main rows and sub-rows (1a-1d, 3a-3e) and 3 columns (line number, description, amount).

Part III Tax and Payments <i>(continued)</i>			
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information <i>(see instructions)</i>			
1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		Yes No X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	901101	\$ 75,026.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.					
	Signature of officer	Date	PRESIDENT	Title		
Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JULIE BOYER		JULIE BOYER	11/13/24		P01278549
	Firm's name RSM US LLP			Firm's EIN		42-0714325
	Firm's address 227 WEST FIRST STREET, SUITE 700 DULUTH, MN 55802			Phone no. 218-727-5025		

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

<u>DESCRIPTION/KIND OF PROPERTY</u>	<u>METHOD USED TO DETERMINE FMV</u>	<u>AMOUNT</u>
CHARITABLE CONTRIBUTIONS - Q-BLK REAL ASSETS II (PARALLEL) LP	N/A	4.
CHARITABLE CONTRIBUTIONS - HIGHVISTA II LIMITED PARTNERSHIP	N/A	3.
TOTAL TO FORM 990-T, PART I, LINE 4		<u>7.</u>

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2018
 FOR TAX YEAR 2019
 FOR TAX YEAR 2020
 FOR TAX YEAR 2021
 FOR TAX YEAR 2022 3

TOTAL CARRYOVER 3
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 7

TOTAL CONTRIBUTIONS AVAILABLE 10
 TAXABLE INCOME LIMITATION AS ADJUSTED 0

EXCESS CONTRIBUTIONS 10
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 10

ALLOWABLE CONTRIBUTIONS DEDUCTION 0

TOTAL CONTRIBUTION DEDUCTION 0

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2023

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization ROCHESTER AREA FOUNDATION	B Employer identification number 41-6017740
C Unrelated business activity code (see instructions) 901101	D Sequence: 1 of 1

E Describe the unrelated trade or business **DEBT FINANCED RENTAL INCOME AND INVESTMENT IN**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a 5,464.		5,464.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3	5 13,178.		13,178.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7 4,843.	21,593.	-16,750.
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement) STMT 4	12 617.		617.
13 Total. Combine lines 3 through 12	13 24,102.	21,593.	2,509.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement)	14		
15 Total deductions. Add lines 1 through 14	15		0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		2,509.
17 Deduction for net operating loss. See instructions	17	STMT 5 STMT 8	2,007.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		502.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A **12 ELTON HILLS DRIVE, ROCHESTER, MN 55901**

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property	12,607.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) STMT 9	36,874.			
b Other deductions (attach statement) STMT 10	19,338.			
c Total deductions (add lines 3a and 3b, columns A through D)	56,212.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 11	455,711.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 12	1,186,343.			
6 Divide line 4 by line 5	38.413%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	4,843.			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	4,843.			
9 Allocable deductions. Multiply line 3c by line 6	21,593.			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	21,593.			
11 Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION		NET INCOME OR (LOSS)
Q-BLK REAL ASSETS II (PARALLEL) LP - ORDINARY BUSINESS INCOME (LOSS)		14,058.
Q-BLK REAL ASSETS II (PARALLEL) LP - OTHER INCOME (LOSS)		-5,495.
HIGHVISTA II LIMITED PARTNERSHIP - ORDINARY BUSINESS INCOME (LOSS)		-1,882.
HIGHVISTA II LIMITED PARTNERSHIP - NET RENTAL REAL ESTATE INCOME		-100.
HIGHVISTA II LIMITED PARTNERSHIP - OTHER NET RENTAL INCOME (LOSS)		-39.
HIGHVISTA II LIMITED PARTNERSHIP - INTEREST INCOME		6,530.
HIGHVISTA II LIMITED PARTNERSHIP - DIVIDEND INCOME		490.
HIGHVISTA II LIMITED PARTNERSHIP - OTHER PORTFOLIO INCOME (LOSS)		169.
HIGHVISTA II LIMITED PARTNERSHIP - OTHER INCOME (LOSS)		-553.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		13,178.

FORM 990-T (A)	OTHER INCOME	STATEMENT 4
DESCRIPTION		AMOUNT
CANCELLATION OF DEBT - HIGHVISTA II LIMITED PARTNERSHIP		617.
TOTAL TO SCHEDULE A, PART I, LINE 12		617.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 5
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
75,026.	2,007.	73,019.

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 6
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DEBT FINANCED RENTAL INCOME AND INVESTMENT IN PASSTHROUGHS

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 7

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	15,258.	0.	15,258.	15,258.
12/31/19	16,962.	0.	16,962.	16,962.
12/31/20	20,893.	0.	20,893.	20,893.
12/31/21	17,058.	0.	17,058.	17,058.
12/31/22	4,855.	0.	4,855.	4,855.
NOL CARRYOVER AVAILABLE THIS YEAR			75,026.	75,026.

SCH A (990-T) SCHEDULE A NOL DETAIL STATEMENT 8

TAXABLE INCOME FROM ALL ENTITIES	2,509.
THIS ENTITIES PORTION OF TAXABLE INCOME	2,509.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	2,509.
80% INCOME LIMITATION	2,007.
POST-2017 AVAILABLE	75,026.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	2,007.

FORM 990-T (A) PART V - DEPRECIATION DEDUCTION STATEMENT 9

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		36,874.	
- SUBTOTAL -	1		36,874.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			36,874.

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 10

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
INTEREST		3,833.		
RENTAL EXPENSES		15,505.		
- SUBTOTAL -	1	19,338.	1.00	19,338.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				19,338.

FORM 990-T (A) AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 11

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT		455,711.	
- SUBTOTAL -	1		455,711.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 4			455,711.

FORM 990-T (A) AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 12

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS		1,186,343.	
- SUBTOTAL -	1		1,186,343.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 5			1,186,343.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2023

Name **ROCHESTER AREA FOUNDATION** Employer identification number **41-6017740**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				2,466.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	2,466.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				2,257.
11 Enter gain from Form 4797, line 7 or 9			11	741.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	2,998.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	2,466.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	2,998.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	5,464.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

ROCHESTER AREA FOUNDATION

41-6017740

- 1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a
1b
1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss). Rows include Q-BLK REAL ASSETS II (PARALLEL) LP with gain 731 and HIGHVISTA II LIMITED PARTNERSHIP with gain 10.

Part II Ordinary Gains and Losses (see instructions)

Table for Part II with 11 rows. Row 11: Loss, if any, from line 7. Row 12: Gain, if any, from line 7 or amount from line 8, if applicable. Row 13: Gain, if any, from line 31. Row 14: Net gain or (loss) from Form 4684, lines 31 and 38a. Row 15: Ordinary gain from installment sales from Form 6252, line 25 or 36. Row 16: Ordinary gain or (loss) from like-kind exchanges from Form 8824. Row 17: Combine lines 10 through 16. Row 18: For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. Sub-rows 18a and 18b.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation. See instructions	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

Gains and Losses From Section 1256 Contracts and Straddles

Attach to your tax return.
 Go to www.irs.gov/Form6781 for the latest information.

Name(s) shown on tax return

Identifying number

ROCHESTER AREA FOUNDATION

41-6017740

Check all applicable boxes. **A** Mixed straddle election **C** Mixed straddle account election
 See instructions. **B** Straddle-by-straddle identification election **D** Net section 1256 contracts loss election

Part I Section 1256 Contracts Marked to Market

(a) Identification of account	(b) (Loss)	(c) Gain
1 HIGHVISTA II LIMITED PARTNERSHIP		166.
2 Add the amounts on line 1 in columns (b) and (c)	2 ()	166.
3 Net gain or (loss). Combine line 2, columns (b) and (c)		3 166.
4 Form 1099-B adjustments. See instructions and attach statement		4
5 Combine lines 3 and 4		5 166.
Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions.		
6 If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number. If you didn't check box D, enter -0-		6
7 Combine lines 5 and 6		7 166.
8 Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here and include on line 4 of Schedule D or on Form 8949. See instructions		8 66.
9 Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here and include on line 11 of Schedule D or on Form 8949. See instructions		9 100.

Part II Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components.

Section A - Losses From Straddles

(a) Description of property	(b) Date entered into or acquired			(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Loss. If column (e) is more than (d), enter difference. Otherwise, enter -0-	(g) Unrecognized gain on offsetting positions	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0-
	(c) Date closed out or sold							
	Mo.	Day	Yr.					
10								

11 a Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule D or on Form 8949. See instructions	11a ()
b Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule D or on Form 8949. See instructions	11b ()

Section B - Gains From Straddles

(a) Description of property	(b) Date entered into or acquired			(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-
	(c) Date closed out or sold					
	Mo.	Day	Yr.			
12						

13 a Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D or on Form 8949. See instructions	13a
b Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form 8949. See instructions	13b

Part III Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo entry only (see instructions)

(a) Description of property	(b) Date acquired			(c) Fair market value on last business day of tax year	(d) Cost or other basis as adjusted	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0-
	Mo.	Day	Yr.			
14						

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2023

Name ROCHESTER AREA FOUNDATION	Employer identification number 41-6017740
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				2,466.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	2,466.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				2,257.
11 Enter gain from Form 4797, line 7 or 9			11	741.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	2,998.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	2,466.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	2,998.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	5,464.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.
Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

ROCHESTER AREA FOUNDATION

Social security number or
taxpayer identification no.

41-6017740

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	HIGHVISTA II LIMITED PARTNERSHIP FORM 6781, PART I							2,400. 66.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)								2,466.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

ROCHESTER AREA FOUNDATION

41-6017740

1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20

1a

b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets

1b

c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	Q-BLK REAL ASSETS II (PARALLEL) LP						731.
	HIGHVISTA II LIMITED PARTNERSHIP						10.

3 Gain, if any, from Form 4684, line 39

3

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37

4

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824

5

6 Gain, if any, from line 32, from other than casualty or theft

6

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

7

741.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions

8

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

9

741.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7

11

()

12 Gain, if any, from line 7 or amount from line 8, if applicable

12

13 Gain, if any, from line 31

13

14 Net gain or (loss) from Form 4684, lines 31 and 38a

14

15 Ordinary gain from installment sales from Form 6252, line 25 or 36

15

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824

16

17 Combine lines 10 through 16

17

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation. See instructions	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. ROCHESTER AREA FOUNDATION	Taxpayer identification number (TIN) 41-6017740
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 12 ELTON HILLS DRIVE NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROCHESTER, MN 55901	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **JENNIFER WOODFORD**
12 ELTON HILLS DRIVE NW - ROCHESTER, MN 55901

Telephone No. **507-282-0203** 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

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 Forms 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 Forms 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 Balance due. 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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.