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

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

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

OMB No 1545-0047

**2008**Open to Public  
Inspection**A** For the 2008 calendar year, or tax year beginning **APR 1, 2008** and ending **MAR 31, 2009****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type

See Specific Instructions

**C** Name of organization**ROCHESTER AREA COMMUNITY FOUNDATION  
DEPOSITORY, INC.**

Doing Business As

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

**500 EAST AVENUE**

City or town, state or country, and ZIP + 4

**ROCHESTER, NY 14607****F** Name and address of principal officer **JENNIFER LEONARD  
SAME AS C ABOVE****D** Employer identification number**22-3106737****E** Telephone number**585-271-4100****G** Gross receipts \$ **2,874,964.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No  
If "No," attach a list (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.RACF.ORG****K** Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1991** **M** State of legal domicile **NY****Part I Summary**

SCANNED FEB 9 2010	1	Briefly describe the organization's mission or most significant activities. <b>TO PROVIDE GRANTS TO 501(C)(3) PUBLIC CHARITIES, EXEMPT UNDER IRC 509(A)(1), (2) AND (3),</b>			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>28</b>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>27</b>	
	5	Total number of employees (Part V, line 2a)	<b>5</b>	<b>0</b>	
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>28</b>	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>0.</b>	
	7b	Net unrelated business taxable income from Form 990-T, line 24	<b>7b</b>	<b>0.</b>	
	EXPENSES	8	Contributions and grants (Part VIII, line 1h)	<b>2,818,472.</b>	<b>2,064,609.</b>
		9	Program service revenue (Part VIII, line 2g)		
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>230,533.</b>	<b>98,684.</b>	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>&lt;21,062.&gt;</b>	<b>15.</b>	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,027,943.</b>	<b>2,163,308.</b>	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,812,177.</b>	<b>2,197,833.</b>	
14		Benefits paid to or for members (Part IX, column (A), line 4)			
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
16a		Professional fundraising fees (Part IX, column (A), line 11e)			
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶			
EXPENSES	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>281,880.</b>	<b>80,128.</b>	
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,094,057.</b>	<b>2,277,961.</b>	
	19	Revenue less expenses - Subtract line 18 from line 12	<b>&lt;66,114.&gt;</b>	<b>&lt;114,653.&gt;</b>	
	20	Total assets (Part X, line 16)	<b>4,946,396.</b>	<b>4,808,450.</b>	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	<b>100.</b>	<b>250.</b>	
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>4,946,296.</b>	<b>4,808,200.</b>	

**Part II Signature Block**

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

**Sign Here** ▶ *Jennifer Leonard* **Date** **1/28/10**  
 Signature of officer  
**JENNIFER LEONARD, PRESIDENT AND EXECUTIVE DIRECTOR**  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature ▶ *Nath Perry* **Date** **1/26/10** Check if self-employed ☐ Preparer's identifying number (see instructions)  
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **BONADIO & CO., LLP  
171 SULLY'S TRAIL, SUITE 201  
PITTSFORD, NEW YORK 14534** EIN ▶ **(585) 381-1000**

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

☒ Yes ☐ No

832001 12-18-08

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

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

gls 7

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission  
 TO PROVIDE GRANTS TO 501(C)(3) PUBLIC CHARITIES EXEMPT UNDER IRC  
 SECTION 509(A)(1), (2) OR (3) WHEREBY DONORS CHOOSE ORGANIZATIONS BASED  
 ON CHARITABLE, EDUCATIONAL OR COMMUNITY PURPOSES IN FURTHERANCE OF  
 THEIR EXEMPT MISSIONS.

2 Did the organization undertake any significant program services during the year which were not listed on  
 the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes", describe these changes on Schedule O.

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

4a (Code ) (Expenses \$ 2,197,833. including grants of \$ 2,197,833. ) (Revenue \$ 98,699. )  
 TO PROVIDE GRANTS TO 501(C)(3) PUBLIC CHARITIES EXEMPT UNDER IRC  
 SECTION 509(A)(1), (2) OR (3) WHEREBY DONORS CHOOSE ORGANIZATIONS BASED  
 ON CHARITABLE, EDUCATIONAL OR COMMUNITY PURPOSES IN FURTHERANCE OF  
 THEIR EXEMPT MISSIONS. 796 ORGANIZATIONS SERVED DURING THE FISCAL YEAR.

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

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

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

4e Total program service expenses \$ 2,197,833. (Must equal Part IX, Line 25, column (B) )

ROCHESTER AREA COMMUNITY FOUNDATION

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DEPOSITORY, INC.

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
<b>13</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K</i> <i>If "No," go to question 25</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> 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>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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DEPOSITORY, INC.**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	0	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter N/A		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter N/A		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

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**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body		
<b>1b</b> Enter the number of voting members that are independent		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b> The organization's CEO, Executive Director, or top management official?	X	
<b>b</b> Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	X	
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

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

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

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **MS. AMY VARS - 585-271-4100**  
**500 EAST AVENUE, ROCHESTER, NEW YORK 14607**

**ROCHESTER AREA COMMUNITY FOUNDATION  
DEPOSITORY, INC.**

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

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PHILIP L. BURKE, ESQ. MEMBER	1.00	X						0.	0.	0.
EDWARD D. BLOOM, ESQ. MEMBER	1.00	X						0.	0.	0.
TED A. BOUCHER CHAIR	1.00	X		X				0.	0.	0.
NANNETTE NOCON MEMBER	1.00	X						0.	0.	0.
MALIK EVANS MEMBER	1.00	X						0.	0.	0.
LAURA LOOMIS MEMBER	1.00	X						0.	0.	0.
MICHAEL P. MORLEY MEMBER	1.00	X						0.	0.	0.
MIMI HWANG MEMBER	1.00	X						0.	0.	0.
MICHAEL F. BUCKLEY, ESQ. SECRETARY	1.00	X		X				0.	0.	0.
JUDY VON BUCHER MEMBER	1.00	X						0.	0.	0.
BARBARA J. JONES MEMBER	1.00	X						0.	0.	0.
MARGARET S. HUBBARD MEMBER	1.00	X						0.	0.	0.
BARBARA WILLIAMS DE LEEU MEMBER	1.00	X						0.	0.	0.
HOFFMAN MOKA LANTUM, MD, MEMBER	1.00	X						0.	0.	0.
SUSAN E. ACKER MEMBER	1.00	X						0.	0.	0.
HANIF ABDUL-WAHID MEMBER	1.00	X						0.	0.	0.
EDWARD F. ADAMS, CPA MEMBER	1.00	X						0.	0.	0.



**ROCHESTER AREA COMMUNITY FOUNDATION  
DEPOSITORY, INC.**

Form 990 (2008)

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD J. MENGEL, CPA MEMBER	1.00	X						0.	0.	0.
JILL M. CICERO, ESQ. MEMBER	1.00	X						0.	0.	0.
PHILIP H. E. YAWMAN MEMBER	1.00	X						0.	0.	0.
NANCY E. CATARISANO, CPA TREASURER	1.00	X		X				0.	0.	0.
ALAN H. RESNICK MEMBER	1.00	X						0.	0.	0.
CARLOS A. GARCIA MEMBER	1.00	X						0.	0.	0.
GREGORY W. SMITH MEMBER	1.00	X						0.	0.	0.
HEIDI N. ZIMMER-MEYER MEMBER	1.00	X						0.	0.	0.
JOSE CORONAS MEMBER	1.00	X						0.	0.	0.
KATHY NIXON MEMBER	1.00	X						0.	0.	0.
<b>1b Total</b>								0.	332,012.	7,221.

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

**SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION**

Form **990** (2008)

**ROCHESTER AREA COMMUNITY FOUNDATION  
DEPOSITORY, INC.**

Form 990 (2008)

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**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,064,609.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f			2064609.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			110,340.			110,340.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties							
<b>Other Revenue</b>	<b>6 a</b> Gross Rents	(i) Real	(ii) Personal				
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)			<11,656.>			<11,656.>
	<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
	<b>b</b> Less direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events						
	<b>9 a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>					
	<b>b</b> Less direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
	<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
	<b>11 a</b> MISCELLANEOUS		900099	15.			15.
	<b>b</b>						
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			15.				
<b>12 Total Revenue</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			2163308.	0.	0.	98,699.	

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Form **990** (2008)

**ROCHESTER AREA COMMUNITY FOUNDATION  
DEPOSITORY, INC.**

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,197,833.	2,197,833.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	72,832.		72,832.	
<b>b</b> Legal				
<b>c</b> Accounting	2,000.		2,000.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees	4,989.		4,989.	
<b>g</b> Other				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b> OTHER FEES	307.		307.	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24f	2,277,961.	2,197,833.	80,128.	0.
<b>26</b> Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**ROCHESTER AREA COMMUNITY FOUNDATION  
DEPOSITORY, INC.**

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	1,738.	<b>1</b>	
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost basis	<b>10a</b>		
	<b>b</b> Less accumulated depreciation. Complete Part VI of Schedule D	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments - publicly traded securities	2,599,218.	<b>11</b>	2,227,127.
	<b>12</b> Investments - other securities. See Part IV, line 11	2,317,516.	<b>12</b>	2,569,047.
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	27,924.	<b>15</b>	12,276.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	4,946,396.	<b>16</b>	4,808,450.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	
	<b>18</b> Grants payable	100.	<b>18</b>	250.
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	100.	<b>26</b>	250.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets		<b>27</b>	
	<b>28</b> Temporarily restricted net assets	4,946,296.	<b>28</b>	4,808,200.
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b>	4,946,296.	<b>33</b>	4,808,200.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b>	4,946,396.	<b>34</b>	4,808,450.

**Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to lines 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?
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits?

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Department of the Treasury  
Internal Revenue Service

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

# 2008

**Open to Public Inspection**

Name of the organization	ROCHESTER AREA COMMUNITY FOUNDATION DEPOSITORY, INC.
--------------------------	---

Employer identification number  
22-3106737

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

The organization is not a private foundation because it is (Please check only **one** organization.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**h** Provide the following information about the organizations the organization supports

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

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2008

**ROCHESTER AREA COMMUNITY FOUNDATION**

Schedule A (Form 990 or 990-EZ) 2008 **DEPOSITORY, INC.**

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,030,778.	3,481,631.	2,571,329.	2,818,472.	2,064,609.	13,966,819.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3	3,030,778.	3,481,631.	2,571,329.	2,818,472.	2,064,609.	13,966,819.
<b>5</b> 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)						1,311,987.
<b>6 Public Support.</b> Subtract line 5 from line 4						12,654,832.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	3,030,778.	3,481,631.	2,571,329.	2,818,472.	2,064,609.	13,966,819.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	122,949.	173,349.	217,535.	230,533.	110,340.	854,706.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	665.	5,839.	60.	30.	15.	6,609.
<b>11 Total support.</b> Add lines 7 through 10						14,828,134.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	85.34	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	82.80	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2008

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

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

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

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990 or 990-EZ) 2008

**Schedule D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that  
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

**2008**Open to Public  
InspectionName of the organization **ROCHESTER AREA COMMUNITY FOUNDATION  
DEPOSITORY, INC.**Employer identification number  
**22-3106737****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the  
organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	357	
2 Aggregate contributions to (during year)	2,064,609.	
3 Aggregate grants from (during year)	2,197,833.	
4 Aggregate value at end of year	4,808,200.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- |   |  |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                      | <input type="checkbox"/> Preservation of certified historic structure        |
| <input type="checkbox"/> Preservation of open space   |  |
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- |  | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements   | 2a                          |
| b Total acreage restricted by conservation easements                                 | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) | 2c                          |
| d Number of conservation easements included in (c) acquired after 8/17/06            | 2d                          |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

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



**ROCHESTER AREA COMMUNITY FOUNDATION  
DEPOSITORY, INC.**

Schedule D (Form 990) 2008

22-3106737 Page **2**

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

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

- |   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange programs |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____               |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |   |

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

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

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

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

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

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

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

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

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

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

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

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

- (i) unrelated organizations  
(ii) related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				<b>0.</b>

Schedule D (Form 990) 2008

**ROCHESTER AREA COMMUNITY FOUNDATION**

Schedule D (Form 990) 2008

**DEPOSITORY, INC.**

22-3106737 Page **3**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>CASH AND EQUIVALENTS</b>	<b>2,569,047.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶	<b>2,569,047.</b>	

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

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

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

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

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

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

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

**ROCHESTER AREA COMMUNITY FOUNDATION**

Schedule D (Form 990) 2008

**DEPOSITORY, INC.**

22-3106737 Page 4

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,163,308.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,277,961.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<114,653.>
4	Net unrealized gains (losses) on investments	4	<22,391.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<1,052.>
9	Total adjustments (net) Add lines 4-8	9	<23,443.>
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	<138,096.>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,140,917.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<22,391.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<22,391.>
3	Subtract line 2e from line 1	3	2,163,308.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	2,163,308.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	2,279,013.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	1,052.
e	Add lines 2a through 2d	2e	1,052.
3	Subtract line 2e from line 1	3	2,277,961.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,277,961.

**Part XIV Supplemental Information**

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

**PART X: THE ORGANIZATION IMPLEMENTED FIN 48 IN FISCAL 2009. IT**

**HAS NOT RECOGNIZED ANY BENEFITS FROM UNCERTAIN TAX POSITIONS IN FISCAL**

**2009 AND BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS FOR WHICH IT IS**

**REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED BENEFITS WILL**

**SIGNIFICANTLY INCREASE OR DECREASE WITHIN 12 MONTHS OF THE BALANCE SHEET**

**DATE.**

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

Schedule D (Form 990) 2008

ROCHESTER AREA COMMUNITY FOUNDATION  
DEPOSITORY, INC.

Schedule D (Form 990) 2008

22-3106737 Page 5

**Part XIV** Supplemental Information (continued)

INTERFUND TRANSFER EXPENSES: -1052.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

INTERFUND TRANSFER EXPENSES: 1052.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

► **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**  
► **Attach to Form 990.**

OMB No. 1545-0047

2008

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

Name of the organization **ROCHESTER AREA COMMUNITY FOUNDATION**  
**DEPOSITORY, INC.**  
Employer identification number **22-3106737**

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

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
21ST CENTURY FUND OF RACF 500 EAST AVENUE ROCHESTER, NY 14607	23-7250641	501(C)(3)	5,678.	0.			FOR GENERAL SUPPORT
AL SIGL CENTER 1000 ELMWOOD AVENUE ROCHESTER, NY 14618	51-0243019	501(C)(3)	7,950.	0.			FOR GENERAL SUPPORT
ALLENDALE COLUMBIA SCHOOL 519 ALLENS CREEK ROAD ROCHESTER, NY 14618	16-0983166	501(C)(3)	9,850.	0.			FOR GENERAL SUPPORT
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN - 494 EAST AVENUE - ROCHESTER, NY 14607	16-0718087	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT
AMERICAN RED CROSS/GREATER ROCHESTER CHAPTER - 50 PRINCE STREET - ROCHESTER, NY 14607	16-0743912	501(C)(3)	7,350.	0.			FOR GENERAL SUPPORT
AMERICAN SOCIETY OF ADDICTION MEDICINE - 4601 NORTH PARK AVENUE, SUITE 101 - CHEVY CHASE, MD 20815	13-3177396	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT

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

**3** Enter total number of other organizations

► **105.**  
►

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

Schedule I (Form 990) 2008



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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2008**

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

Name of the organization

**ROCHESTER AREA COMMUNITY FOUNDATION**  
**DEPOSITORY, INC.**

Employer identification number  
**22-3106737**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLESSED SACRAMENT CHURCH 259 RUTGERS STREET ROCHESTER, NY 14607	16-0752496	501(C)(3)	7,250.	0.			FOR GENERAL SUPPORT
BOYS AND GIRLS CLUBS OF ROCHESTER 500 GENESEE STREET ROCHESTER, NY 14611	16-1001619	501(C)(3)	5,850.	0.			FOR GENERAL SUPPORT
BREARLEY SCHOOL 610 EAST 83 STREET NEW YORK, NY 10028	13-1623915	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
BROCKPORT COLLEGE FOUNDATION 350 NEW CAMPUS DRIVE BROCKPORT, NY 14420	22-2143232	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
CAMP STELLA MARIS 4395 EAST LAKE ROAD LIVONIA, NY 14487	16-0743941	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
CANANDAIGUA LAKE WATERSHED ALLIANCE - P.O. BOX 323 - CANANDAIGUA, NY 14424	16-1071349	501(C)(3)	25,650.	0.			FOR GENERAL SUPPORT
CARE/ATLANTA 151 ELLIS STREET, NE ROOM 500 ATLANTA, GA 30303	13-1685039	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT
CATHOLIC CHARITIES OF LIVINGSTON COUNTY - 34 EAST STATE STREET - MOUNT MORRIS, NY 14510	20-5943091	501(C)(3)	6,375.	0.			FOR GENERAL SUPPORT

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

**3** Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I-1 (Form 990) 2008

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

**▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public Inspection**

Name of the organization **ROCHESTER AREA COMMUNITY FOUNDATION**

**DEPOSITORY, INC.**

Employer identification number  
**22-3106737**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC DIOCESE OF ROCHESTER 1150 BUFFALO ROAD ROCHESTER, NY 14624	16-0743944	501(C)(3)	17,550.	0.			FOR GENERAL SUPPORT
CHILDREN AWAITING PARENTS 595 BLOSSOM ROAD, SUITE 306 ROCHESTER, NY 14610	16-1047933	501(C)(3)	6,200.	0.			FOR GENERAL SUPPORT
CHILDREN'S INSTITUTE 274 NORTH GOODMAN STREET, SUITE D10 ROCHESTER, NY 14607	23-7102632	501(C)(3)	41,084.	0.			FOR GENERAL SUPPORT
CHRIST EPISCOPAL CHURCH 36 SOUTH MAIN STREET PITTSFORD, NY 14534	16-0979777	501(C)(3)	24,262.	0.			FOR GENERAL SUPPORT
CLIFTON SPRINGS HOSPITAL & CLINIC 2 COULTOR ROAD CLIFTON SPRINGS, NY 14432	16-0743966	501(C)(3)	5,100.	0.			FOR GENERAL SUPPORT
COALITION FOR PULMONARY FIBROSIS 1659 BRANHAM LANE, SUITE F #227 SAN JOSE, CA 95118	91-2144423	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
COLBY-SAWYER COLLEGE 541 MAIN STREET NEW LONDON, NH 03257	02-0222120	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
CORN HILL WATERFRONT AND NAVIGATION FOUNDATION - P.O. BOX 18417 - ROCHESTER, NY 14618	16-1388214	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT

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

**3** Enter total number of other organizations



**SCHEDULE I-1**

(Form 990)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

**ROCHESTER AREA COMMUNITY FOUNDATION  
DEPOSITORY, INC.**

Employer identification number

**22-3106737**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVENANT HOUSE P.O. BOX 731 TIMES SQUARE STATION NEW YORK, NY 10108	13-2725416	501(C)(3)	8,550.	0.			FOR GENERAL SUPPORT
CRACKER BOX PALACE - FARM ANIMAL HAVEN - P.O. BOX 174 - ALTON, NY 14413	16-1600471	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
DOCTORS WITHOUT BORDERS, USA/NY 333 7TH AVENUE, 2ND FLOOR NEW YORK, NY 10001	13-3433452	501(C)(3)	5,300.	0.			FOR GENERAL SUPPORT
FIRST BAPTIST CHURCH OF ROCHESTER 175 ALLENS CREEK ROAD ROCHESTER, NY 14618	16-0755770	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT
FIRST UNITARIAN CHURCH OF ROCHESTER - 220 WINTON ROAD SOUTH - ROCHESTER, NY 14610	16-0754663	501(C)(3)	14,300.	0.			FOR GENERAL SUPPORT
FIRST UNITARIAN CONGREGATIONAL SOCIETY - 50 MONROE PLACE - BROOKLYN, NY 11201		501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT
FLOWER CITY HABITAT FOR HUMANITY 755 CULVER ROAD ROCHESTER, NY 14609	13-3281487	501(C)(3)	5,200.	0.			FOR GENERAL SUPPORT
FOOD FOR THE POOR 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	5,300.	0.			FOR GENERAL SUPPORT

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

**3** Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2008**

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

Name of the organization

**ROCHESTER AREA COMMUNITY FOUNDATION  
DEPOSITORY, INC.**

Employer identification number  
**22-3106737**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>FOODLINK</b> 936 EXCHANGE STREET ROCHESTER, NY 14608	22-2428304	501(C)(3)	6,200.	0.			FOR GENERAL SUPPORT
<b>GARTH FAGAN DANCE, INC.</b> 50 CHESTNUT STREET ROCHESTER, NY 14604	23-7276763	501(C)(3)	7,875.	0.			FOR GENERAL SUPPORT
<b>GENESSEE COUNTRY VILLAGE &amp; MUSEUM</b> P.O. BOX 310 MUMFORD, NY 14511	16-0918567	501(C)(3)	6,200.	0.			FOR GENERAL SUPPORT
<b>GENESSEE LAND TRUST</b> 500 EAST AVENUE, SUITE 200 ROCHESTER, NY 14607	22-3033712	501(C)(3)	9,087.	0.			FOR GENERAL SUPPORT
<b>GENESSEE VALLEY CONSERVANCY</b> P.O. BOX 73 GENESE, NY 14454	23-3061147	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT
<b>GEORGE EASTMAN HOUSE</b> 900 EAST AVENUE ROCHESTER, NY 14607	16-0743991	501(C)(3)	15,600.	0.			FOR GENERAL SUPPORT
<b>GEVA THEATRE CENTER</b> 75 WOODBURY BOULEVARD ROCHESTER, NY 14607	23-7202906	501(C)(3)	15,200.	0.			FOR GENERAL SUPPORT
<b>GOLISANO CHILDREN'S HOSPITAL AT STRONG</b> - 300 EAST RIVER ROAD, P.O. BOX 278996 - ROCHESTER, NY 14627	16-0743209	501(C)(3)	27,650.	0.			FOR GENERAL SUPPORT

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

**3** Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

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

Department of the Treasury  
Internal Revenue Service

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

**2008**

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

Name of the organization

**ROCHESTER AREA COMMUNITY FOUNDATION**  
**DEPOSITORY, INC.**

Employer identification number  
**22-3106737**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOUVERNET ARTS FUND 500 EAST AVENUE ROCHESTER, NY 14607	23-7250641	501(C)(3)	36,127.	0.			FOR GENERAL SUPPORT
HARLEY SCHOOL 1981 CLOVER STREET ROCHESTER, NY 14618	16-0755783	501(C)(3)	5,400.	0.			FOR GENERAL SUPPORT
HOCHSTEIN SCHOOL OF MUSIC AND DANCE - 50 NORTH PLYMOUTH AVENUE - ROCHESTER, NY 14614	16-0768758	501(C)(3)	18,850.	0.			FOR GENERAL SUPPORT
HUMANE SOCIETY AT LOLLYPOP FARM 99 VICTOR ROAD FAIRPORT, NY 14450	16-0743047	501(C)(3)	8,600.	0.			FOR GENERAL SUPPORT
INTERFAITH IMPACT OF NYS FOUNDATION, INC. - 646 STATE STREET - ALBANY, NY 12203	20-8188414	501(C)(3)	11,800.	0.			FOR GENERAL SUPPORT
IRONDEQUOIT UNITED CHURCH OF CHRIST - 644 TITUS AVENUE - ROCHESTER, NY 14617	16-0782570	501(C)(3)	26,000.	0.			FOR GENERAL SUPPORT
ITHACA COLLEGE 953 DANBY ROAD ITHACA, NY 14850	15-0532204	501(C)(3)	6,200.	0.			FOR GENERAL SUPPORT
JEWISH COMMUNITY FEDERATION OF GREATER ROCHESTER - 441 EAST AVENUE - ROCHESTER, NY 14607	16-0868942	501(C)(3)	20,749.	0.			FOR GENERAL SUPPORT

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JEWISH HOME FOUNDATION 2021 WINTON ROAD SOUTH ROCHESTER, NY 14618	22-2263845	501(C)(3)	6,250.	0.			FOR GENERAL SUPPORT
JOINING HEARTS AND HANDS 9 FIELDSTON GROVE FAIRPORT, NY 14450	13-4317224	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT
LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK, DEVELOPMENT DEPARTMENT - P.O. BOX 689 - ALLENTOWN, PA 18105	23-1689692	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
LIMA PRIMARY SCHOOL 7342 COLLEGE STREET LIMA, NY 14485	16-6001811	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
LIMIAR USA 11 BROKEN BOUGH SAN ANTONIO, TX 78231	34-1461670	501(C)(3)	5,400.	0.			FOR GENERAL SUPPORT
MARY CARIOLA CHILDREN'S CENTER 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	16-0771078	501(C)(3)	15,750.	0.			FOR GENERAL SUPPORT
MCQUAID JESUIT HIGH SCHOOL 1800 SOUTH CLINTON AVENUE ROCHESTER, NY 14618	16-0781584	501(C)(3)	7,200.	0.			FOR GENERAL SUPPORT
MEMORIAL ART GALLERY 500 UNIVERSITY AVENUE ROCHESTER, NY 14607	16-0743209	501(C)(3)	11,950.	0.			FOR GENERAL SUPPORT

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MIDDLEBURY COLLEGE MUMFORD HOUSE, 5370 MIDDLEBURY COLLEGE MIDDLEBURY, VT 05753		501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
MOUNTAIN RISE UNITED CHURCH OF CHRIST - 2 MOUNTAIN RISE - FAIRPORT, NY 14450		501(C)(3)	53,030.	0.			FOR GENERAL SUPPORT
NATURE CONSERVANCY - CENTRAL & WESTERN NY CHAPTER - 1048 UNIVERSITY AVENUE - ROCHESTER, NY 14604	53-0242652	501(C)(3)	14,100.	0.			FOR GENERAL SUPPORT
NAZARETH COLLEGE OF ROCHESTER 4245 EAST AVENUE ROCHESTER, NY 14618	16-0743088	501(C)(3)	21,700.	0.			FOR GENERAL SUPPORT
NEW LIFE FELLOWSHIP CHURCH 330 WELLINGTON AVENUE ROCHESTER, NY 14619	16-1252675	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
NEW YORK MUSEUM OF TRANSPORTATION P.O. BOX 136 WEST HENRIETTA, NY 14586	51-0181745	501(C)(3)	6,784.	0.			FOR GENERAL SUPPORT
NORTH EAST AREA DEVELOPMENT, INC. 360 WEBSTER AVENUE ROCHESTER, NY 14609	16-6091542	501(C)(3)	9,100.	0.			FOR GENERAL SUPPORT
NORTHWESTERN UNIVERSITY, SETTLEMENT FOR EVANSTON WOMEN'S BOARD - P.O. BOX 7016 - EVANSTON, IL 60204	36-2167818	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

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ONTARIO CENTER PRESBYTERIAN CHURCH 1638 RIDGE ROAD ONTARIO, NY 14519	16-1124571	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT
PEACE OF CHRIST PARISH 25 EMPIRE BOULEVARD ROCHESTER, NY 14609	16-0754666	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT
PLANNED PARENTHOOD OF THE ROCHESTER/SYRACUSE REGION - 114 UNIVERSITY AVENUE - ROCHESTER, NY 14605	16-0743085	501(C)(3)	11,125.	0.			FOR GENERAL SUPPORT
QUAD A FUND/CURRENT NEEDS 500 EAST AVENUE ROCHESTER, NY 14607	80-0024332	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT
RACF COMMUNITY SPONSORS ANNUAL CAMPAIGN - 500 EAST AVENUE - ROCHESTER, NY 14607	23-7250641	501(C)(3)	14,887.	0.			FOR GENERAL SUPPORT
ROCHESTER'S CHILD CHILD CARE SCHOLARSHIP FUND - 500 EAST AVENUE - ROCHESTER, NY 14607	80-0024332	501(C)(3)	12,750.	0.			FOR GENERAL SUPPORT
ROCHESTER'S CHILD/CURRENT NEEDS 500 EAST AVENUE ROCHESTER, NY 14607	80-0024332	501(C)(3)	8,250.	0.			FOR GENERAL SUPPORT
ROCHESTER CHILDFIRST NETWORK 941 SOUTH AVENUE ROCHESTER, NY 14620	16-0743129	501(C)(3)	5,750.	0.			FOR GENERAL SUPPORT

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Schedule I-1 (Form 990) 2008

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Department of the Treasury  
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ROCHESTER GENERAL HOSPITAL FOUNDATION - 1299 PORTLAND AVENUE - ROCHESTER, NY 14621	22-2229425	501(C)(3)	18,850.	0.			FOR GENERAL SUPPORT
ROCHESTER INSTITUTE OF TECHNOLOGY, OFFICE OF DEVELOPMENT - 116 LOMB MEMORIAL DRIVE - ROCHESTER, NY 14623	16-0743140	501(C)(3)	15,637.	0.			FOR GENERAL SUPPORT
ROCHESTER INSTITUTE OF TECHNOLOGY, NATHANIEL ROCHESTER SOCIETY - 3 LOMB MEMORIAL DRIVE - ROCHESTER, NY 14623	16-0743140	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT
ROCHESTER MUSEUM AND SCIENCE CENTER - 657 EAST AVENUE - ROCHESTER, NY 14607	16-0794131	501(C)(3)	12,900.	0.			FOR GENERAL SUPPORT
ROCHESTER PHILHARMONIC ORCHESTRA 108 EAST AVENUE ROCHESTER, NY 14604	16-0765613	501(C)(3)	68,513.	0.			FOR GENERAL SUPPORT
ROCHESTER SURROUND CARE COMMUNITY CORPORATION - 439 CENTRAL AVENUE - ROCHESTER, NY 14605	20-3546486	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
SALVATION ARMY, ROCHESTER 10 FRANKLIN STREET ROCHESTER, NY 14604	22-2406433	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT
SCHOOL OF THE HOLY CHILDHOOD 100 GROTON PARKWAY ROCHESTER, NY 14623	16-0761224	501(C)(3)	6,750.	0.			FOR GENERAL SUPPORT

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SENECA PARK ZOO SOCIETY 2222 ST. PAUL STREET ROCHESTER, NY 14621	16-0905390	501(C)(3)	30,900.	0.			FOR GENERAL SUPPORT
SISTERS OF SAINT JOSEPH OF ROCHESTER - 150 FRENCH ROAD - ROCHESTER, NY 14618	16-0743089	501(C)(3)	18,290.	0.			FOR GENERAL SUPPORT
SPIRITUS CHRISTI 121 NORTH FITZHUGH STREET ROCHESTER, NY 14614	16-1563341	501(C)(3)	13,990.	0.			FOR GENERAL SUPPORT
ST. JOHN FISHER COLLEGE 3690 EAST AVENUE ROCHESTER, NY 14618	16-0746864	501(C)(3)	6,700.	0.			FOR GENERAL SUPPORT
ST. JOSEPH'S VILLA 3300 DEWEY AVENUE ROCHESTER, NY 14616	16-0743164	501(C)(3)	6,400.	0.			FOR GENERAL SUPPORT
ST. LAWRENCE UNIVERSITY 23 ROMODA DRIVE CANTON, NY 13617	15-0532239	501(C)(3)	10,750.	0.			FOR GENERAL SUPPORT
ST. LOUIS CHURCH 64 SOUTH MAIN STREET PITTSFORD, NY 14534		501(C)(3)	12,350.	0.			FOR GENERAL SUPPORT
ST. MARY'S CHURCH ROCHESTER 15 ST. MARY'S PLACE ROCHESTER, NY 14607		501(C)(3)	6,300.	0.			FOR GENERAL SUPPORT

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ST. MATTHEW CHURCH P.O. BOX 77 LIVONIA, NY 14487		501(C)(3)	5,250.	0.			FOR GENERAL SUPPORT
ST. PAUL'S EPISCOPAL CHURCH 25 WESTMINSTER ROAD ROCHESTER, NY 14607		501(C)(3)	17,300.	0.			FOR GENERAL SUPPORT
ST. THOMAS EPISCOPAL CHURCH 2000 HIGHLAND AVENUE ROCHESTER, NY 14618		501(C)(3)	32,500.	0.			FOR GENERAL SUPPORT
SUSAN B. ANTHONY HOUSE 17 MADISON STREET ROCHESTER, NY 14608	23-7098699	501(C)(3)	10,150.	0.			FOR GENERAL SUPPORT
TEMPLE B'RITH KODESH 2131 ELMWOOD AVENUE ROCHESTER, NY 14618	16-0743199	501(C)(3)	8,194.	0.			FOR GENERAL SUPPORT
THIRD PRESBYTERIAN CHURCH 4 MEIGS STREET ROCHESTER, NY 14607	16-0743201	501(C)(3)	40,966.	0.			FOR GENERAL SUPPORT
UNITARIAN UNIVERSALIST SERVICE COMMITTEE - 689 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-6186012	501(C)(3)	6,100.	0.			FOR GENERAL SUPPORT
UNITED WAY OF GREATER ROCHESTER 75 COLLEGE AVENUE ROCHESTER, NY 14607	16-1015782	501(C)(3)	174,577.	0.			FOR GENERAL SUPPORT

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UNITY HEALTH FOUNDATION 89 GENESEE STREET ROCHESTER, NY 14611	11-9627400	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT
UNIVERSITY OF ROCHESTER, GIFTS & DONOR RECORDS - P.O. BOX 270032 300 EAST RIVER ROAD - ROCHESTER, NY 14627	16-0743209	501(C)(3)	5,837.	0.			FOR GENERAL SUPPORT
UNIVERSITY OF ROCHESTER, WILLIAM E. SIMON SCHOOL OF BUSINESS - CAROL SIMON HALL 2-306 - ROCHESTER, NY 14627	16-0743209	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT
UNIVERSITY OF ROCHESTER, JAMES P. WILMOT CANCER CENTER - 300 EAST RIVER ROAD P.O. BOX 278996 - ROCHESTER, NY 14627	16-0743209	501(C)(3)	11,650.	0.			FOR GENERAL SUPPORT
WEBSTER PRESBYTERIAN CHURCH 550 WEBSTER ROAD WEBSTER, NY 14580		501(C)(3)	48,238.	0.			FOR GENERAL SUPPORT
WNET WEST 33RD STREET NEW YORK, NY 10001	13-1945149	501(C)(3)	51,000.	0.			FOR GENERAL SUPPORT
WOMEN'S FOUNDATION OF GENESEE VALLEY - 277 ALEXANDER STREET, SUITE 407 - ROCHESTER, NY 14607	16-1456794	501(C)(3)	11,750.	0.			FOR GENERAL SUPPORT
WXXI PUBLIC BROADCASTING COUNCIL P.O. BOX 30021 280 STATE STREET ROCHESTER, NY 14603	16-0838086	501(C)(3)	31,225.	0.			FOR GENERAL SUPPORT

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

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Schedule I-1 (Form 990) 2008

Name of the organization

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22-3106737

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YATESVILLE METHODIST CHURCH 293 VOAK ROAD PENN YAN, NY 14527		501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
YWCA - ROCHESTER & MONROE COUNTY 175 NORTH CLINTON AVENUE ROCHESTER, NY 14604	16-0743248	501(C)(3)	16,350.	0.			FOR GENERAL SUPPORT
ROCHESTER PHILHARMONIC LEAGUE FUND AT RACF - 500 EAST AVENUE - ROCHESTER, NY 14607	23-7250641	501(C)(3)	10,100.	0.			FOR GENERAL SUPPORT

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

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Attach to Form 990. To be completed by organizations that  
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

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Employer identification number  
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**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 in 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 checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)          |

**b** If line 1a is 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 officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input 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 in Form 990, Part VII, Section A, line 1a:

- 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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in 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," to line 5a or 5b, describe in Part III

**6** For persons listed in 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" to line 6a or 6b, describe in Part III.

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

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

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X

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

Schedule J (Form 990) 2008



Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

2008

**Open to Public Inspection**

Name of the Organization

ROCHESTER AREA COMMUNITY FOUNDATION  
DEPOSITORY, INC.

Employer Identification number  
22-3106737

<b>Part I</b>	<b>Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>
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**LHA** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**NonCash Contributions**

► To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization **ROCHESTER AREA COMMUNITY FOUNDATION  
DEPOSITORY, INC.**

Employer identification number  
**22-3106737**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	30	698,091.	FAIR MARKET VALUE
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 IV, Donee Acknowledgment

29

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

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

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

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

b If "Yes," describe in Part II

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

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2008

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**  
**Open to Public**  
**Inspection**

Name of the organization

ROCHESTER AREA COMMUNITY FOUNDATION  
DEPOSITORY, INC.

Employer identification number  
22-3106737

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

WHEREBY DONORS CHOOSE ORGANIZATIONS BASED ON CHARITABLE, EDUCATIONAL,  
OR COMMUNITY PURPOSES IN FURTHERANCE OF THEIR EXEMPT MISSIONS.

FORM 990, PART VI, SECTION A, LINE 10: FINANCE COMMITTEE MEMBERS ARE EACH  
EMAILED A COPY OF THE FORM 990 PRIOR TO THE 990 BEING FILED. THEY ARE GIVEN  
APPROXIMATELY TWO WEEKS TO REVIEW THE DOCUMENT. DURING THAT TIME THEY ASK  
THE VICE PRESIDENT, FINANCE ANY QUESTIONS OR CONCERNS THEY HAVE ABOUT THE  
990. THE VICE PRESIDENT OF FINANCE ADDRESSES AND RESOLVES ALL QUESTIONS  
AND ISSUES ON THE 990. THE INDIVIDUAL FINANCE COMMITTEE MEMBERS SUBMIT  
THEIR APPROVAL BY EMAIL. ONCE APPROVED BY ALL FINANCE COMMITTEE MEMBERS,  
THE FORM 990 IS EMAILED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW. THE  
FORM 990 IS DISCUSSED AT THE NEXT BOARD MEETING PRIOR TO THE FORM 990 BEING  
FILED. IT IS A SEPARATE AGENDA ITEM FOR THE BOARD MEETING, GIVING THE  
MEMBERS AN OPPORTUNITY TO DISCUSS ANY QUESTIONS THAT THEY MIGHT HAVE.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS, KEY EMPLOYEES  
AND STAFF ARE REQUIRED ANNUALLY TO COMPLETE A CONFLICT OF INTEREST FORM.  
THIS FORM ASKS THE INDIVIDUAL TO DISCLOSE ALL CURRENT POSITIONS OR  
RELATIONSHIPS IN WHICH THEY ARE INVOLVED OR WHICH MAY POSE A POTENTIAL  
CONFLICT OF INTEREST, AND SHALL FURTHER DISCLOSE ANY SUBSEQUENTLY  
ESTABLISHED RELATIONSHIP THAT MAY BE PERCEIVED TO BE A POTENTIAL CONFLICT  
OF INTEREST. IT IS THE POLICY OF THE ORGANIZATION THAT THROUGHOUT THE YEAR  
AT BOARD AND COMMITTEE MEETINGS THAT ALL CONFLICTS OF INTEREST, INCLUDING  
POTENTIAL INTERESTS, SHALL BE DISCLOSED, AND THAT DIRECTORS AND COMMITTEE  
MEMBERS SHALL REFRAIN FROM VOTING UPON OR PARTICIPATING IN ANY BOARD OR



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

Department of the Treasury  
Internal Revenue Service

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OMB No 1545-0047

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Name of the organization

ROCHESTER AREA COMMUNITY FOUNDATION  
DEPOSITORY, INC.

Employer identification number  
22-3106737

COMMITTEE ACTION INVOLVING THE ENTITY WITH WHICH THERE MAY BE A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: THE CHAIR OF THE BOARD OF DIRECTORS ALERTS BOARD AND MANAGEMENT TEAM THAT THE PRESIDENT'S REVIEW FORMS WILL BE COMING BY EMAIL AND SHOULD BE RETURNED TO HIS/HER ATTENTION. THE PRESIDENT PROVIDES A MEMO ON PERFORMANCE TO DATE DURING ANNIVERSARY YEAR ENDING APRIL 17, 2009. THE CHAIR SECURES UPDATED REVIEW FORM FROM THE PRESIDENT. THE CHAIR REVIEWS THE FORM AND EMAILS WITH PRESIDENT'S MEMO TO BOARD AND MANAGEMENT TEAM WITH INSTRUCTIONS FOR RETURNING TO HIS/HER ATTENTION. CHAIR WILL DO FOLLOW-UP EMAILS AS NEEDED. THE CHAIR (WITH HELP OF EXECUTIVE ASSISTANT) COMPILES PERFORMANCE REVIEWS AND DISSEMINATES SUMMARY TO EXECUTIVE COMMITTEE. THE VICE PRESIDENT, FINANCE PROVIDES COMPENSATION HISTORY FOR PRESIDENT TO EXECUTIVE COMMITTEE. THE PRESIDENT PROVIDES SALARY/BENEFIT COMPS FROM LOCAL AND NATIONAL PEERS TO EXECUTIVE COMMITTEE. AN EXECUTIVE SESSION OF EXECUTIVE COMMITTEE FOLLOWED BY A MEETING WITH PRESIDENT TO SHARE SUMMARY RATINGS AND REVIEW PERFORMANCE OCCURS; CHAIR PREPARES SALARY RECOMMENDATION FOR BOARD OF DIRECTORS. FULL BOARD OF DIRECTORS RATIFIES SALARY RECOMMENDATION; CHAIR COMMUNICATES IN WRITING TO PRESIDENT AND VICE PRESIDENT, FINANCE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON REQUEST. IN ADDITION, THE ORGANIZATION'S FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE WEBSITE WWW.RACF.ORG.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

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Inspection

Name of the organization

ROCHESTER AREA COMMUNITY FOUNDATION  
DEPOSITORY, INC.

Employer identification number  
22-3106737

FORM 990, PART IX, LINE 3C:

THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES REponsIBILITY FOR OVERSIGHT  
OF THE AUDIT AND SELECTION OF THE INDEPENDENT AUDITOR.



### Part III Identification of Related Organizations Taxable as a Partnership

[illegible]

## Part IV Identification of Related Organizations Taxable as a Corporation or Trust

[illegible]

**ROCHESTER AREA COMMUNITY FOUNDATION**

**Part V Transactions With Related Organizations**

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV

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

**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to other organization(s)

**c** Gift, grant, or capital contribution from other organization(s)

**d** Loans or loan guarantees to or for other organization(s)

**e** Loans or loan guarantees by other organization(s)

**f** Sale of assets to other organization(s)

**g** Purchase of assets from other organization(s)

**h** Exchange of assets

**i** Lease of facilities, equipment, or other assets to other organization(s)

**j** Lease of facilities, equipment, or other assets from other organization(s)

**k** Performance of services or membership or fundraising solicitations for other organization(s)

**l** Performance of services or membership or fundraising solicitations by other organization(s)

**m** Sharing of facilities, equipment, mailing lists, or other assets

**n** Sharing of paid employees

**o** Reimbursement paid to other organization for expenses

**p** Reimbursement paid by other organization for expenses

**q** Other transfer of cash or property to other organization(s)

**r** Other transfer of cash or property from other organization(s)

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

(A) Name of other organization(s)	(B) Transaction type (a-f)	(C) Amount involved
(1) ROCHESTER AREA COMMUNITY FOUNDATION	B	70,093.
(2) ROCHESTER AREA COMMUNITY FOUNDATION INITIATIVES, INC.	B	38,500.
(3)		
(4)		
(5)		
(6)		

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

[illegible]

## Part II

[illegible]

FOOTNOTES

STATEMENT 1

FOOTNOTE 1 - 990 PART I LINE 8A-C - GAIN/LOSS ON SECURITIES:

SECURITIES CONTRIBUTED TO THE ROCHESTER AREA COMMUNITY FOUNDATION DEPOSITORY, INC. ARE SOLD AS THEY ARE RECEIVED (WHEREBY THE PROCEEDS ARE UTILIZED IN THE FOUNDATION'S OVERALL INVESTMENT STRATEGY); THE NUMBER OF TRANSACTIONS RELATED TO THE SALE OF THESE SECURITIES IS VOLUMINOUS. HOWEVER, THE GAIN/LOSS RESULTING FROM THESE SALES IS NOT A MATERIAL ASPECT OF THE FOUNDATION'S OVERALL ACTIVITY.

FOOTNOTE 2- 990 PART IV-A & IV-B - RECONCILIATION OF REVENUE AND EXPENSES:

ROCHESTER AREA COMMUNITY FOUNDATION DEPOSITORY, INC. IS AN AFFILIATE OF ROCHESTER AREA COMMUNITY FOUNDATION (RACF). AS SUCH, A SINGLE FINANCIAL STATEMENT AUDIT IS PERFORMED ON ROCHESTER AREA COMMUNITY FOUNDATION AND ITS AFFILIATES. THEREFORE, THE INFORMATION PROVIDED IS BASED UPON ROCHESTER AREA COMMUNITY FOUNDATION DEPOSITORY, INC. AS IF A STAND-ALONE FINANCIAL STATEMENT OF THIS ENTITY WAS PREPARED.

FOOTNOTE 3 - SCHEDULE A PART III - EXPLANATION FOR LINE 4A:

ROCHESTER AREA COMMUNITY FOUNDATION DEPOSITORY, INC. IS A NOT-FOR-PROFIT CORPORATION WHICH IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE (IRC). THE PRIMARY PURPOSE OF ROCHESTER AREA COMMUNITY FOUNDATION DEPOSITORY, INC. IS TO ENCOURAGE INCREASED CHARITABLE GIVING BY PROVIDING A CONVENIENT VEHICLE TO HELP INTERESTED PEOPLE, GROUPS, BUSINESSES, ASSOCIATIONS OR OTHER ORGANIZATIONS IN MAKING DISTRIBUTIONS TO CHARITABLE ORGANIZATIONS. FUNCTIONALLY, GRANTS ARE MADE TO ORGANIZATIONS WHICH HAVE ESTABLISHED AN EXEMPT STATUS FOR FEDERAL INCOME TAX PURPOSES AS ORGANIZATIONS DESCRIBED IN SECTION 501 (C) (3) AND SECTIONS 509 (A) (1), (2), OR (3) OF THE IRC.