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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)

OMB No 1545-0047

2009Open to Public
Inspection

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

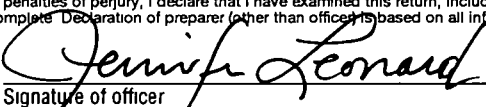
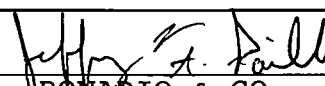
A For the 2009 calendar year, or tax year beginning **APR 1, 2009** **and ending** **MAR 31, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization ROCHESTER AREA COMMUNITY FOUNDATION DEPOSITORY, INC.		D Employer identification number 22-3106737
		Doing Business As		E Telephone number 585-271-4100
		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		G Gross receipts \$ 2,930,999.
F Name and address of principal officer: JENNIFER LEONARD SAME AS C ABOVE				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.RACF.ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation 1991
				M State of legal domicile NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE GRANTS TO 501(C)(3) PUBLIC CHARITIES, EXEMPT UNDER IRC 509(A)(1), (2) AND (3),		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,064,609.	Current Year 2,197,598.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	98,684.	20,789.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15.	724.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,163,308.	2,219,111.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,197,833.	2,121,866.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	80,128.	15,660.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,277,961.	2,137,526.
	19 Revenue less expenses. Subtract line 18 from line 12	<114,653.>	81,585.
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,808,450.
21 Total liabilities (Part X, line 26)		250.	226.
22 Net assets or fund balances. Subtract line 21 from line 20		4,808,200.	4,903,169.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer 	Date 10-28-10	
	JENNIFER LEONARD, PRESIDENT AND EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer's Use Only	Preparer's signature 	Date 10/22/10	Check if self-employed <input type="checkbox"/>
	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	Preparer's identifying number (see instructions) EIN ▶ Phone no ▶ (585) 381-1000	

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

☒ Yes ☐ No

932001 02-04-10

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

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED NOV 26 2010

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DEPOSITORY, INC.

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Part III Statement of Program Service Accomplishments

- 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 \$ 2,121,866. including grants of \$ 2,121,866.) (Revenue \$ 0.)
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. EIGHT HUNDRED EIGHT 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 ► \$ 2,121,866.

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	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
4b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	29	
b Enter the number of voting members that are independent	28	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 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?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
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?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
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?	16b	

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

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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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☒ Check this box if the organization did not compensate any current officer, director, or trustee.

(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 MEMBER	1.00	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.
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.
RICHARD J. MENGEL, CPA MEMBER	1.00	X						0.	0.	0.

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

Form 990 (2009)

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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			
JILL M. CICERO, ESQ. CHAIR	1.00	X		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.
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.
SANDRA A. PARKER MEMBER	1.00	X						0.	0.	0.
KIM VANGELDER MEMBER	1.00	X						0.	0.	0.
DAVID A. STILL MEMBER	1.00	X						0.	0.	0.
1b Total								0.	299,477.	7,347.

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

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

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

Form **990** (2009)

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

Form 990 (2009)

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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
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2197598.				
	g Noncash contributions included in lines 1a-1f \$		1182271.				
	h Total. Add lines 1a-1f		2197598.				
Program Service Revenue		Business Code					
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			32,677.			32,677.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		700000.					
	b Less: cost or other basis and sales expenses						
		711888.					
	c Gain or (loss)						
		<11888.>					
	d Net gain or (loss)			<11,888.>			<11,888.>
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	b Less: direct expenses						
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a MISCELLANEOUS		900099	724.			724.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			724.				
12 Total revenue. See instructions			2219111.	0.	0.	21,513.	

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

Form 990 (2009)

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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
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,121,866.	2,121,866.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	7,097.		7,097.	
b Legal				
c Accounting	2,000.		2,000.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	5,688.		5,688.	
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a OTHER FEES	875.		875.	
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,137,526.	2,121,866.	15,660.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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

Form 990 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	202,225.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	4,796,174.	12	4,681,284.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	12,276.	15	19,886.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,808,450.	16	4,903,395.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	250.	18	226.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	250.	26	226.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets	4,808,200.	28	4,903,169.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,808,200.	33	4,903,169.
	34 Total liabilities and net assets/fund balances	4,808,450.	34	4,903,395.

Form 990 (2009)

ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

Form 990 (2009)

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Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____

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

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

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

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

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

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

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

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

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

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

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public
Inspection

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

Employer identification number
22-3106737

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III - Functionally integrated
 - d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

ROCHESTER AREA COMMUNITY FOUNDATION

Schedule A (Form 990 or 990-EZ) 2009 **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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,481,631.	2,571,329.	2,818,472.	2,064,609.	2,197,597.	13,133,638.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,481,631.	2,571,329.	2,818,472.	2,064,609.	2,197,597.	13,133,638.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,419,384.
6 Public support. Subtract line 5 from line 4						10,714,254.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,481,631.	2,571,329.	2,818,472.	2,064,609.	2,197,597.	13,133,638.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	173,349.	217,535.	230,533.	110,340.	32,677.	764,434.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	5,839.	60.	30.	15.	724.	6,668.
11 Total support. Add lines 7 through 10						13,904,740.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	77.05 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	85.34 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

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

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009Open 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	297	
2 Aggregate contributions to (during year)	2,197,597.	
3 Aggregate grants from (during year)	2,121,866.	
4 Aggregate value at end of year	4,903,169.	
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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input 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 a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

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

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

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

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

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

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

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

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

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ 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 Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

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

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

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					
1g					

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

a Board designated or quasi-endowment ☐ %b Permanent endowment ☐ %c Term endowment ☐ %

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

0.

Schedule D (Form 990) 2009

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

Schedule D (Form 990) 2009

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		
Closely-held equity interests		
Other		
CASH AND EQUIVALENTS	4,681,284.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	4,681,284.	

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
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

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

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

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

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

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

Schedule D (Form 990) 2009

22-3106737 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,219,111.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,137,526.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	81,585.
4	Net unrealized gains (losses) on investments	4	<17,532.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	30,916.
9	Total adjustments (net) Add lines 4 through 8	9	13,384.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	94,969.

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	2,232,495.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<17,532.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	30,916.
e	Add lines 2a through 2d	2e	13,384.
3	Subtract line 2e from line 1	3	2,219,111.
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 must equal Form 990, Part I, line 12.)	5	2,219,111.

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

1	Total expenses and losses per audited financial statements	1	2,137,526.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,137,526.
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 must equal Form 990, Part I, line 18.)	5	2,137,526.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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:

ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

Schedule D (Form 990) 2009

22-3106737 Page 5

Part XIV Supplemental Information (continued)

TRANSFER TO/FROM AFFILIATE: 30916.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

TRANSFER TO/FROM AFFILIATE: 30916.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLENTOWN ART MUSEUM 5TH & COURT STREET P.O. BOX 388 ALLENTOWN, PA 18105	23-1548101	501(C)(3)	12,200.	0.			FOR GENERAL SUPPORT
ATLANTIC PHILANTHROPIES BOOMER MENTORS FUND - 500 EAST AVENUE - ROCHESTER, NY 14607	23-7250641	501(C)(3)	37,500.	0.			FOR PROGRAM SUPPORT
CAMP DAYDREAMS 228 EAST MAIN STREET SUITE 200 ROCHESTER, NY 14604	16-1251733	501(C)(3)	20,000.	0.			FOR THE SCHOOL-AGE PROGRAM
CAMP GOOD DAYS & SPECIAL TIMES 1332 PITTSFORD MENDON ROAD MENDON, NY 14506-9732	22-2329654	501(C)(3)	12,250.	0.			FOR GENERAL SUPPORT
CATHOLIC DIOCESE OF ROCHESTER 1150 BUFFALO ROAD ROCHESTER, NY 14624	16-0755765	501(C)(3)	19,425.	0.			TO MEET THE WEGMAN CHALLENGE
CHILDREN AWAITING PARENTS, INC. 595 BLOSSOM ROAD SUITE 306 ROCHESTER, NY 14610	16-1047933	501(C)(3)	9,600.	0.			FOR GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations **50.**

3 Enter total number of other organizations **50.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2009

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
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SCHEDULE I, PART I, LINE 2: ALL GRANTMAKING INTEREST AREAS ARE COVERED BY THE CRITERIA ENTITLED "CRITERIA FOR MAKING NON-PRIORITY AREA GRANTS." THE CRITERIA ARE REVIEWED REGULARLY AND REVISED AS NEEDED. THE WRITTEN CRITERIA ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THEY ARE ALSO MADE AVAILABLE TO PERSPECTIVE GRANT SEEKERS AND TO THE PROGRAM/DISTRIBUTIONS COMMITTEE WHICH REVIEWS AND RECOMMENDS AWARD OF GRANTS.

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2009
Open to Public
Inspection

Name of the organization

**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 United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S INSTITUTE 274 N. GOODMAN STREET SUITE D103 ROCHESTER, NY 14607	23-7102632	501(C)(3)	33,150.	0.			FOR THE PARTNER'S IN FAMILY CHILDCARE LITERACY PROJECT
CHURCH OF THE EPIPHANY 3285 BUFFALO ROAD ROCHESTER, NY 14624	16-0743003	501(C)(3)	10,520.	0.			FOR GENERAL SUPPORT
COMMUNITY MEMORIAL HOSPITAL FOUNDATION - 150 BROAD STREET - HAMILTON, NY 13346	16-1603283	501(C)(3)	5,000.	0.			FOR THE HEART CENTER
CORN HILL WATERFRONT AND NAVIGATION FOUNDATION - P.O BOX 18417 - ROCHESTER, NY 14618	16-1388214	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT
CRACKER BOX PALACE - FARM ANIMAL HAVEN - P.O. BOX 174 - ALTON, NY 14413	16-1600471	501(C)(3)	9,000.	0.			FOR GENERAL SUPPORT
EQUICENTER, INC. PO BOX 542 FISHERS, NY 14453	33-1082985	501(C)(3)	21,100.	0.			FOR GENERAL SUPPORT
FIRST UNITARIAN CHURCH OF ROCHESTER - 220 WINTON ROAD SOUTH - ROCHESTER, NY 14610	16-0754663	501(C)(3)	20,850.	0.			FOR ANNUAL SUPPORT 2009-2010
GARTH FAGAN DANCE, INC. 50 CHESTNUT STREET ROCHESTER, NY 14604	23-7276763	501(C)(3)	16,550.	0.			FOR GENERAL SUPPORT

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

Schedule I-1 (Form 990) 2009

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 United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESEE LAND TRUST 500 EAST AVENUE, SUITE 200 ROCHESTER, NY 14607	22-3033712	501(C)(3)	12,600.	0.			FOR GENERAL SUPPORT
GENESEE/WYOMING YMCA 209 EAST MAIN STREET BATAVIA, NY 14020-2205	16-0743230	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT
GEORGE EASTMAN HOUSE 900 EAST AVENUE ROCHESTER, NY 14607	16-0743991	501(C)(3)	22,950.	0.			FOR GENERAL SUPPORT
GEVA THEATRE CENTER 75 WOODBURY BOULEVARD ROCHESTER, NY 14607	23-7202906	501(C)(3)	24,850.	0.			FOR GENERAL SUPPORT
GOVERNMENT ARTS FUND 500 EAST AVENUE ROCHESTER, NY 14607	23-7250641	501(C)(3)	14,870.	0.			FOR GENERAL SUPPORT
HARLEY SCHOOL 1981 CLOVER STREET ROCHESTER, NY 14618	16-0755783	501(C)(3)	19,200.	0.			FOR GENERAL SUPPORT
HEART & SOUL COMMUNITY FREE METHODIST CHURCH - 83 HALLOCK ROAD - ROCHESTER, NY 14624	35-0877568	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE RENOVATION
HILLEL SCHOOL 191 FAIRFIELD DRIVE ROCHESTER, NY 14620	16-0743038	501(C)(3)	13,150.	0.			FOR GENERAL SUPPORT

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2009
Open to Public
Inspection

Name of the organization

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIMALAYAN HEALTH CARE P.O. BOX 737 PLANETARIUM STATION NEW YORK, NY 10024	13-3675381	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
HISTORIC PRESERVATION RESTORATION AND LITERA ROCHESTER, NY 14607	23-7250641	501(C)(3)	47,000.	0.			FOR GENERAL SUPPORT
HOCHSTEIN SCHOOL OF MUSIC AND DANCE - 50 NORTH PLYMOUTH AVENUE - ROCHESTER, NY 14614	16-0768758	501(C)(3)	18,200.	0.			FOR GENERAL SUPPORT
JEWISH FEDERATION OF GR. ROCHESTER 441 EAST AVENUE ROCHESTER, NY 14607	16-0868942	501(C)(3)	23,384.	0.			FOR 2009 ANNUAL CONTRIBUTION
LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK - DEVELOPMENT DEPT. P.O. BOX 689 - ALLENTOWN, PA 18105-1556	23-1689692	501(C)(3)	5,000.	0.			FOR THE CAPITAL CAMPAIGN FOR 4RD YEAR OF 5 YR GIFT
LIMAR USA 11 BROKEN BOUGH SAN ANTONIO, TX 78231	34-1461670	501(C)(3)	5,400.	0.			FOR THE ORPHANAGE - GENERAL PURPOSES
MEMORIAL ART GALLERY AT THE UNIVERSITY OF ROCHESTER - PO BOX 270032 300 EAST RIVER ROAD - ROCHESTER, NY 14627-0032	16-0743209	501(C)(3)	14,005.	0.			FOR OPERATING SUPPORT
MIDDLEBURY COLLEGE MUMFORD HOUSE 5370 MIDDLEBURY COLLEGE - MIDDLEBURY, VT 05753-6229	03-0285938	501(C)(3)	10,000.	0.			FOR ANNUAL GIFT/CLASS OF 1954

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Schedule I-1 (Form 990) 2009

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 United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAZARETH COLLEGE OF ROCHESTER 4245 EAST AVENUE ROCHESTER, NY 14618-3790	16-0743088	501(C)(3)	42,000.	0.			FOR THE CITY SCHOLARSHIP FUND
NORTH EAST AREA DEVELOPMENT, INC. 360 WEBSTER AVENUE ROCHESTER, NY 14609	16-6091542	501(C)(3)	23,500.	0.			FOR GENERAL SUPPORT
ORCHARD FRIENDS SCHOOL 405 LINDEN AVENUE RIVERTON, NJ 08077	22-3589582	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT
QUAD A FUND 500 EAST AVENUE ROCHESTER, NY 14607	80-0024332	501(C)(3)	12,250.	0.			FOR GENERAL SUPPORT
RACF COMMUNITY SPONSORS ANNUAL CAMPAIGN - 500 EAST AVENUE - ROCHESTER, NY 14607	23-7250641	501(C)(3)	12,652.	0.			FOR GENERAL SUPPORT
RETT SYNDROME RESEARCH FOUNDATION 4600 DEVITT DRIVE CINCINNATI, OH 45246	31-1682518	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
ROBERTS WESLEYAN COLLEGE 2301 WESTSIDE DRIVE ROCHESTER, NY 14624-1997	16-0743126	501(C)(3)	5,250.	0.			FOR THE TRUSTEES FUND
ROCHESTER CHILD FUND 500 EAST AVENUE ROCHESTER, NY 14607	80-0024332	501(C)(3)	16,600.	0.			FOR GENERAL SUPPORT

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Schedule I-1 (Form 990) 2009

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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER INSTITUTE OF TECHNOLOGY OFFICE OF DEVELOPMENT 116 LOMB MEMORIAL DR - ROCHESTER, NY 14623-5608	16-0743140	501(C)(3)	17,450.	0.			FOR HAROLD WEISBURG SCHOLARSHIP FUND/LIBERAL ARTS
ROCHESTER PHILHARMONIC ORCHESTRA 108 EAST AVENUE ROCHESTER, NY 14604	16-0765613	501(C)(3)	55,809.	0.			FOR GENERAL SUPPORT
SACRED HEART CATHEDRAL 296 FLOWER CITY PARK ROCHESTER, NY 14615	16-0755749	501(C)(3)	5,000.	0.			FOR THE "CAMPUS GARDENS" PROJECT
ST. JOSEPH'S VILLA 3300 DEWEY AVENUE ROCHESTER, NY 14616	16-0743164	501(C)(3)	17,650.	0.			FOR GENERAL SUPPORT
ST. PAUL'S EPISCOPAL CHURCH 25 WESTMINSTER ROAD ROCHESTER, NY 14607	31-1629166	501(C)(3)	15,050.	0.			FOR GENERAL SUPPORT
ST. THOMAS EPISCOPAL CHURCH 2000 HIGHLAND AVENUE ROCHESTER, NY 14618	16-0743003	501(C)(3)	24,000.	0.			FOR THE GENERAL FUND
SWARTHMORE COLLEGE DEVELOPMENT OFFICE 500 COLLEGE AVENUE SWARTHMORE, PA 19081	23-1352683	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT
TECHNO-SERVE STE 3H 148 EAST AVENUE NORWALK, NJ 06851-5726	13-2626135	501(C)(3)	10,250.	0.			FOR GENERAL SUPPORT

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2009
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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 United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE B' RITH KODESH 2131 ELMWOOD AVENUE ROCHESTER, NY 14618	16-0743199	501(C)(3)	11,468.	0.			FOR GENERAL SUPPORT
THE CHILDREN'S AGENDA, INC. 500 EAST AVENUE ROCHESTER, NY 14607	20-1547478	501(C)(3)	21,000.	0.			FOR GENERAL SUPPORT
THIRD PRESBYTERIAN CHURCH 4 MEIGS STREET ROCHESTER, NY 14607	16-0743201	501(C)(3)	25,478.	0.			FOR GENERAL SUPPORT
UNITED WAY OF GREATER ROCHESTER 75 COLLEGE AVENUE ROCHESTER, NY 14607-1009	16-1015782	501(C)(3)	119,194.	0.			FOR 2009 ANNUAL CONTRIBUTION
UNITY HEALTH FOUNDATION 89 GENESEE STREET ROCHESTER, NY 14611	11-9627400	501(C)(3)	39,100.	0.			FOR THE GIFT TRANSITIONAL CARE CENTER
UNIVERSITY OF ROCHESTER P.O. BOX 278705 300 EAST RIVER ROAD ROCHESTER, NY 14627	16-0743209	501(C)(3)	5,750.	0.			FOR EASTMAN THEATRE RENOVATION
UNIVERSITY OF ROCHESTER, WARNER GRADUATE SCHOOL OF EDUCATION - DEWEY HALL UNIVERSITY OF ROCHESTER - ROCHESTER, NY 14627	16-0743209	501(C)(3)	10,000.	0.			FOR THE GEORGE EASTMAN CIRCLE
WEBSTER PRESBYTERIAN CHURCH 550 WEBSTER ROAD WEBSTER, NY 14580	16-6085018	501(C)(3)	36,490.	0.			FOR OPERATING AND THE LOCAL MISSION

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
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Name of the organization

**ROCHESTER AREA COMMUNITY FOUNDATION
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Employer identification number
22-3106737

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WXXI PUBLIC BROADCASTING COUNCIL P.O. BOX 30021 280 STATE STREET ROCHESTER, NY 14603-3021	16-0838086	501(C)(3)	31,500.	0.			FOR THE MATCHING GRANT CHALLENGE FUND
ALLENDALE COLUMBIA SCHOOL 519 ALLENS CREEK ROAD ROCHESTER, NY 14618	16-0983166	501(C)(3)	15,150.	0.			FOR THE ANNUAL GIVING BLUE & WHITE CLUB
AMERICAN CANCER SOCIETY/NYS DIVISION - P.O. BOX 7 EAST - SYRACUSE, NY 13057	16-0743902	501(C)(3)	8,334.	0.			GIFT TO HOPE LODGE/LOOK GOOD..FEEL BETTER ROOM
AMERICAN RED CROSS/GREATER ROCHESTER CHAPTER - 50 PRINCE ST - ROCHESTER, NY 14607-1016	16-0743912	501(C)(3)	8,800.	0.			FOR GENERAL SUPPORT
AQUINAS INSTITUTE 1127 DEWEY AVENUE ROCHESTER, NY 14613-9989	16-0743904	501(C)(3)	5,336.	0.			ANNUAL GIFT
ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED-GOODWILL - 422 SOUTH CLINTON AVENUE - ROCHESTER, NY 14620	16-0743906	501(C)(3)	6,100.	0.			FOR GENERAL SUPPORT
BLESSED SACRAMENT CHURCH 259 RUTGERS STREET ROCHESTER, NY 14607	16-0752496	501(C)(3)	5,400.	0.			FOR GENERAL SUPPORT
CHRIST EPISCOPAL CHURCH PITTSFORD 36 SOUTH MAIN STREET PITTSFORD, NY 14534	16-0979777	501(C)(3)	5,600.	0.			FOR ANNUAL GIVING

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

Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2009
**Open to Public
Inspection**

Name of the organization

**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 United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF THE PACIFIC P. O BOX 223154 PRINCEVILLE, HI 96722		501(C)(3)	5,000.	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
DIOCESE OF PROVIDENCE CATHOLIC CHARITY FUND APPEAL ONE CATHEDRAL SQUARE - PROVIDENCE, RI 02903-36	05-0258952	501(C)(3)	6,000.	0.			FOR THE CATHOLIC CHARITY FUND APPEAL
FIRST BAPTIST CHURCH OF ROCHESTER 175 ALLENS CREEK ROAD ROCHESTER, NY 14618	16-0755770	501(C)(3)	6,100.	0.			FOR ANNUAL SUPPORT
FIRST UNITARIAN CONGREGATIONAL SOCIETY - 50 MONROE PLACE - BROOKLYN, NY 11201-2603	13-5596771	501(C)(3)	8,000.	0.			FOR 2009-2010 GIFT
FLOWER CITY HABITAT FOR HUMANITY 755 CULVER ROAD ROCHESTER, NY 14609	13-3281487	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
FOODLINK 936 EXCHANGE ST. ROCHESTER, NY 14608	22-2428304	501(C)(3)	10,200.	0.			FOR GENERAL SUPPORT
FREE METHODIST CHURCH OF NA 770 N. HIGH SCHOOL ROAD INDIANAPOLIS, IN 46214	35-0877568	501(C)(3)	5,000.	0.			FOR SYKORA MISSIONARY SUPPORT

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

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

2009

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Name of the organization

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22-3106737

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF DISCOVERY CHARTER SCHOOL INC. - 8583 NORTH SHORE DRIVE - HONEOYE, NY 14471	20-4304877	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
GENESEE COUNTRY VILLAGE & MUSEUM P.O. BOX 310 MUMFORD, NY 14511-0310	16-0918567	501(C)(3)	7,400.	0.			FOR ANNUAL SUPPORT
GOLISANO CHILDREN'S HOSPITAL AT STRONG - 300 EAST RIVER ROAD P.O. BOX 278996 - ROCHESTER, NY 14627-8996	16-0743209	501(C)(3)	12,625.	0.			FOR GENERAL SUPPORT
HARVARD BUSINESS SCHOOL SOLDIERS FIELD BOSTON, MA 02163	04-2103580	501(C)(3)	7,250.	0.			FOR GENERAL SUPPORT/CLASS OF 1953
HOLY FAMILY COMMUNICATIONS 6325 SHERIDAN DRIVE WILLIAMSVILLE, NY 14221	16-1511190	501(C)(3)	7,250.	0.			FOR GENERAL SUPPORT
IRONDEQUOIT UNITED CHURCH OF CHRIST - 644 TITUS AVENUE - ROCHESTER, NY 14617	16-0782570	501(C)(3)	17,130.	0.			FOR GENERAL SUPPORT
JOINING HEARTS AND HANDS 9 FIELDSTON GROVE FAIRPORT, NY 14450	13-4317224	501(C)(3)	13,600.	0.			FOR GENERAL SUPPORT
MCQUAID JESUIT HIGH SCHOOL 1800 SOUTH CLINTON AVENUE ROCHESTER, NY 14618	16-0781584	501(C)(3)	8,750.	0.			FOR GENERAL SUPPORT

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Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047
2009
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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 United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAIN RISE UNITED CHURCH OF CHRIST - 2 MOUNTAIN RISE - FAIRPORT, NY 14450	16-0868488	501(C)(3)	24,000.	0.			FOR GENERAL SUPPORT
ONTARIO CENTER PRESBYTERIAN CHURCH 1638 RIDGE ROAD ONTARIO, NY 14519-9549	16-1124571	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT
PHILADELPHIA MUSEUM OF ART BENJAMIN FRANKLIN PKWY PO BOX 7646 PHILADELPHIA, PA 19101-7646	23-1365388	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)	11,050.	0.			FOR GENERAL SUPPORT
PRINCETON UNIVERSITY DEVELOPMENT OFFICE PRINCETON, NJ 08540	21-0634501	501(C)(3)	6,500.	0.			FOR GENERAL SUPPORT
ROCHESTER GENERAL HOSPITAL FOUNDATION - 1299 PORTLAND AVE. - ROCHESTER, NY 14621	22-2229425	501(C)(3)	13,650.	0.			FOR GENERAL SUPPORT
ROCHESTER MUSEUM & SCIENCE CENTER 657 EAST AVENUE ROCHESTER, NY 14607-2177	16-0794131	501(C)(3)	8,800.	0.			FOR GENERAL SUPPORT
SAINT TERESA'S CHURCH 358 NEWPORT AVE. PAWTUCKET, RI 02861-4198		501(C)(3)	9,000.	0.			FOR GENERAL SUPPORT

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Schedule I-1 (Form 990) 2009

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 United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY ROCHESTER NY 10 FRANKLIN STREET ROCHESTER, NY 14604-4310	22-2406433	501(C)(3)	7,600.	0.			FOR LONG POINT CAMP
SCHOOL OF THE HOLY CHILDHOOD 100 GROTON PARKWAY ROCHESTER, NY 14623-4589	16-0761224	501(C)(3)	5,600.	0.			AS AN ANNUAL GIFT
SENECA PARK ZOO SOCIETY 2222 ST. PAUL STREET ROCHESTER, NY 14621	16-0905390	501(C)(3)	10,850.	0.			FOR GENERAL SUPPORT
SPIRITUS CHRISTI 121 N. FITZHUGH STREET ROCHESTER, NY 14614	16-1563341	501(C)(3)	20,050.	0.			FOR THE GENERAL FUND
ST. BONAVENTURE UNIVERSITY UNIVERSITY ADVANCEMENT ROOM 102 ST. BONAVENTURE, NY 14778	16-0743150	501(C)(3)	8,124.	0.			FOR GENERAL SUPPORT
ST. JOHN FISHER COLLEGE 3690 EAST AVENUE ROCHESTER, NY 14618	16-0746864	501(C)(3)	6,000.	0.			FOR THE FISHER FUND
ST. JOSEPH'S NEIGHBORHOOD CENTER 417 SOUTH AVENUE ROCHESTER, NY 14620	16-0743089	501(C)(3)	5,600.	0.			FOR GENERAL SUPPORT
ST. LOUIS CHURCH 64 SOUTH MAIN STREET PITTSFORD, NY 14534	16-0755852	501(C)(3)	9,000.	0.			FOR THE GENERAL FUND

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Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2009
Open to Public
Inspection

Name of the organization

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MATTHEW CHURCH PO BOX 77 LIVONIA, NY 14487-0077	16-0755849	501(C)(3)	9,800.	0.			FOR GENERAL SUPPORT
STRONG NATIONAL MUSEUM OF PLAY ONE MANHATTAN SQUARE ROCHESTER, NY 14607	16-0954168	501(C)(3)	6,375.	0.			FOR ANNUAL SUPPORT
SUNY BROCKPORT FOUNDATION 350 NEW CAMPUS DRIVE BROCKPORT, NY 14420	22-2143232	501(C)(3)	5,000.	0.			FOR THE RICHARD J. AND JOAN S. FENTON SCHOLARSHIP
TEMPLE BETH EL 139 S. WINTON ROAD ROCHESTER, NY 14610	16-0773643	501(C)(3)	5,674.	0.			FOR A MEMORIAL PLAQUE
THE ADVERTISING COUNCIL OF ROCHESTER INC. - 274 NORTH GOODMAN STREET SUITE B269 - ROCHESTER, NY 14607	16-0741816	501(C)(3)	10,000.	0.			TO PROVIDE AD COUNCIL PROGRAMS TO ONTARIO COUNTY NON-PROFIT ORGANIZATIONS
UNITARIAN UNIVERSALIST SERVICE COMMITTEE - 689 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139-3302	04-6186012	501(C)(3)	6,200.	0.			FOR GENERAL SUPPORT
UNITED WAY INTERNATIONAL 701 N. FAIRFAX ST. ALEXANDRIA, VA 22314	23-7424837	501(C)(3)	5,985.	0.			FOR THE UBUNTU COMMUNITY CHEST
UNIVERSITY OF ROCHESTER GIFTS & DONOR RECORDS - P.O. BOX 270032 300 EAST RIVER ROAD - ROCHESTER, NY 14627-0032	16-0743209	501(C)(3)	14,550.	0.			FOR THE GEORGE EASTMAN CIRCLE

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Schedule I-1 (Form 990) 2009

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 United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ROCHESTER, JAMES P. WILMOT CANCER CENTER - 300 EAST RIVER ROAD BOX 278996 - ROCHESTER, NY 14627	22-2341413	501(C)(3)	7,581.	0.			FOR GENERAL SUPPORT
WILLIAM PENN CHARTER SCHOOL 3000 W. SCHOOL HOUSE LANE PHILADELPHIA, PA 19144	23-0953760	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT
YMCA OF GREATER ROCHESTER 444 EAST MAIN STREET ROCHESTER, NY 14604	16-0743242	501(C)(3)	5,450.	0.			FOR THE 2008 INVEST IN YOUTH CAMPAIGN
AL' SIGL CENTER 1000 ELMWOOD AVENUE ROCHESTER, NY 14618	51-0243019	501(C)(3)	9,800.	0.			FOR GENERAL SUPPORT
HUMANE SOCIETY AT LOLLIPOP FARM 99 VICTOR ROAD FAIRPORT, NY 14450	16-0743047	501(C)(3)	8,630.	0.			FOR GENERAL SUPPORT

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009Open to Public
InspectionName of the organization **ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.**Employer identification number
22-3106737**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 any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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, with respect to the filing
organization or a related organization.**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**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**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b X**2** X**4a** X**4b** X**4c** X**5a** X**5b** X**6a** X**6b** X**7** X**8** X**9**

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

Schedule J (Form 990) 2009

ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

Schedule J (Form 990) 2009

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.
---------	--

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

Department of the Treasury
Internal Revenue Service

► See the Instructions for Form 990.

Open to Public Inspection

Employer Identification number
22-3106737

(A)

Average
hours
per
week

Position
(check all that apply)

Individual trustee or director

Institutional trustee

Officer

Key employees

Highest compensated employee

Former

Reportable
compensation
from
the
organization
(W-2/1099-MISC)

Reportable
compensation
from related
organizations
(W-2/1099-MISC)

Estimated amount of other compensation from the organization and related organizations

1.00

X

1.00

x

1.00

x

0.

198,551.

5,405.

1.00

X

0.

100.926.

1,942.

Schedule J-2 (Form 990) 2009

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2009

**Open to Public
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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	109	1,182,271.	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		

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Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

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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 B, LINE 11: 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

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
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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 R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

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

Employer identification number
22-3106737

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ROCHESTER AREA COMMUNITY FOUNDATION, LLC - 23-7250641, 500 EAST AVENUE, ROCHESTER, NY 14607	SPONSOR NATIONAL CHARITABLE GIVING PROGRAMS	NEW YORK	0.	0.	ROCHESTER AREA COMMUNITY FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ROCHESTER AREA COMMUNITY FOUNDATION - 23-7250641, 500 EAST AVENUE, ROCHESTER, NY 14607	GRANT-MAKING COMMUNITY FOUNDATION	NEW YORK	501(C)(3)	7	N/A
JOAN AND HAROLD FEINBLOOM SUPPORTING FOUNDATION, INC. - 22-2988808, 500 EAST AVENUE, ROCHESTER, NY 14607	TO SUPPORT THE CHARITABLE EFFORTS OF ROCHESTER AREA COMMUNITY FOUNDATION	NEW YORK	501(C)(3)	11A	ROCHESTER AREA COMMUNITY FOUNDATION
ROCHESTER AREA FOUNDATION - 16-1539889 500 EAST AVENUE	PROVIDE RENTAL SPACE TO EXEMPT ORGANIZATIONS	NEW YORK	501(C)(3)	11A	ROCHESTER AREA COMMUNITY FOUNDATION.
ROCHESTER AREA COMMUNITY FOUNDATION INITIATIVES, INC. - 80-0024332, 500 EAST AVENUE, ROCHESTER, NY 14607	SPONSOR COMMUNITY PROJECTS	NEW YORK	501(C)(3)	11A	ROCHESTER AREA COMMUNITY FOUNDATION.

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

Schedule R (Form 990) 2009

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations that were treated as a partnership for tax purposes.)

[illegible]

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

[illegible]

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

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

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

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (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-r)	(c) Amount involved
(1)			
(2)			
(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.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

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

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

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

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization ROCHESTER AREA COMMUNITY FOUNDATION DEPOSITORY, INC.	Employer identification number 22-3106737
	Number, street, and room or suite no. If a P.O. box, see instructions. 500 EAST AVENUE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. ROCHESTER, NY 14607	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

MS. AMY VARS

- The books are in the care of ► **500 EAST AVENUE, ROCHESTER, NEW YORK - 14607**
Telephone No. ► **585-271-4100** FAX No. ►

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

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **APR 1, 2009**, and ending **MAR 31, 2010**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev 4-2009)