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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

2010

Open to Public
Inspection

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

A For the 2010 calendar year, or tax year beginning APR 1, 2010 **and ending** MAR 31, 2011

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	C Name of organization ROCHESTER AREA COMMUNITY FOUNDATION DEPOSITORY, INC. Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 500 EAST AVENUE City or town, state or country, and ZIP + 4 ROCHESTER, NY 14607 F Name and address of principal officer: JENNIFER LEONARD SAME AS C ABOVE	D Employer identification number 22-3106737 E Telephone number 585-271-4100 G Gross receipts \$ 3,752,477. 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) <input type="checkbox"/> 501(c) () ◀ (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 27 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 26 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 27 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.															
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1"> <thead> <tr> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr><td>2,197,598.</td><td>3,123,320.</td></tr> <tr><td>0.</td><td>0.</td></tr> <tr><td>20,789.</td><td>8,849.</td></tr> <tr><td>724.</td><td>125.</td></tr> <tr><td>2,219,111.</td><td>3,132,294.</td></tr> </tbody> </table>	Prior Year	Current Year	2,197,598.	3,123,320.	0.	0.	20,789.	8,849.	724.	125.	2,219,111.	3,132,294.		
Prior Year	Current Year															
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0.	0.															
20,789.	8,849.															
724.	125.															
2,219,111.	3,132,294.															
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 3-8) 14 Benefits paid to or for members (Part IX, column (A), line 9) 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) 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	<table border="1"> <tbody> <tr><td>2,121,866.</td><td>2,179,808.</td></tr> <tr><td>0.</td><td>0.</td></tr> <tr><td>0.</td><td>0.</td></tr> <tr><td>0.</td><td>0.</td></tr> <tr><td>15,660.</td><td>20,539.</td></tr> <tr><td>2,137,526.</td><td>2,200,347.</td></tr> <tr><td>81,585.</td><td>931,947.</td></tr> </tbody> </table>	2,121,866.	2,179,808.	0.	0.	0.	0.	0.	0.	15,660.	20,539.	2,137,526.	2,200,347.	81,585.	931,947.
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81,585.	931,947.															
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	<table border="1"> <thead> <tr> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr><td>4,903,395.</td><td>5,836,815.</td></tr> <tr><td>226.</td><td>1,699.</td></tr> <tr><td>4,903,169.</td><td>5,835,116.</td></tr> </tbody> </table>	Beginning of Current Year	End of Year	4,903,395.	5,836,815.	226.	1,699.	4,903,169.	5,835,116.						
Beginning of Current Year	End of Year															
4,903,395.	5,836,815.															
226.	1,699.															
4,903,169.	5,835,116.															

Part II Signature Block

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

Sign Here	Signature of officer: <i>Jennifer Leonard</i> JENNIFER LEONARD, PRESIDENT AND EXECUTIVE DIRECTOR Type or print name and title	Date: 2-14-12
Paid Preparer Use Only	Print/Type preparer's name: Jeffrey Paille Preparer's signature: <i>Jeffrey Paille</i> Date: 2/9/12 Check if self-employed: <input type="checkbox"/> PTIN: Firm's name: BONADIO & CO., LLP Firm's EIN: Firm's address: 171 SULLY'S TRAIL, SUITE 201 PITTSFORD, NY 14534 Phone no: (585) 381-1000	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

- 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 \$ 2,179,808. including grants of \$ 2,179,808.) (Revenue \$ _____)
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. 727 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 **▶** 2,179,808.

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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, 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, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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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 II</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 (or a family member thereof) 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)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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

Check if Schedule O contains a response to any question in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c 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.		
b 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. (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b 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
b If "Yes," enter the name of the foreign country: _____ See instructions for 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
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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
b 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).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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.		
a Did the organization make any taxable distributions under section 4966?		X
b Did the organization make a distribution to a donor, donor advisor, or related person?		X
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders		
b 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?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2010)

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

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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.

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	27	
1b Enter the number of voting members included in line 1a, above, who are independent	26	
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 governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant 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
7b 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
10b 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	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
11b 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
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
12c 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
16b 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

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

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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.
TED A. BOUCHER MEMBER	1.00	X						0.	0.	0.
KEVIN J. PARKER, PHD 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.
MIMI HWANG MEMBER	1.00	X						0.	0.	0.
MICHAEL F. BUCKLEY, ESQ. MEMBER	1.00	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 LEEUW MEMBER	1.00	X						0.	0.	0.
HOFFMAN MOKA LANTUM, MD, PHD 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.
JILL M. CICERO, ESQ. CHAIR	1.00	X		X				0.	0.	0.
NANCY E. CATARISANO, CPA TREASURER	1.00	X		X				0.	0.	0.

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

Form 990 (2010)

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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 (describe hours for related organizations in Schedule O)	(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			
HEIDI N. ZIMMER-MEYER MEMBER	1.00	X						0.	0.	0.
JOSE CORONAS MEMBER	1.00	X						0.	0.	0.
KATHY NIXON SECRETARY	1.00	X		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.
EDWARD C. RADIN, ESQ. MEMBER	1.00	X						0.	0.	0.
CAROL H. ADAMS MEMBER	1.00	X						0.	0.	0.
MARY WORBOYS-TURNER MEMBER	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	325,996.	13,200.
d Total (add lines 1b and 1c)								0.	325,996.	13,200.

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

	Yes	No
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		X
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	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2010)

Form 990 (2010)

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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**ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.**

Form 990 (2010)

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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	3123320.				
	g Noncash contributions included in lines 1a-1f \$		1822204.				
h Total. Add lines 1a-1f				3123320.			
Program Service Revenue	2 a _____ Business Code _____						
	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)			20,872.			20,872.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	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						
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			<12,023.>			<12,023.>
	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	125.		125.	
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			125.				
12 Total revenue. See instructions			3132294.	0.	0.	8,974.	

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Form **990** (2010)

ROCHESTER AREA COMMUNITY FOUNDATION

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DEPOSITORY, INC.

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,179,808.	2,179,808.		
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	7,541.		7,541.	
b Legal				
c Accounting	2,000.		2,000.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	10,616.		10,616.	
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. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a OTHER FEES	382.		382.	
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,200,347.	2,179,808.	20,539.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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 (2010)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	202,225.	1	202,266.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		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	4,681,284.	12	5,613,251.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	19,886.	15	21,298.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,903,395.	16	5,836,815.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	226.	18	1,699.
	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	226.	26	1,699.
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	4,903,169.	28	5,835,116.
	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	4,903,169.	33	5,835,116.
34 Total liabilities and net assets/fund balances	4,903,395.	34	5,836,815.	

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ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

Form 990 (2010)

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,132,294.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,200,347.
3	Revenue less expenses Subtract line 2 from line 1	3	931,947.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,903,169.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,835,116.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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 separate basis, consolidated 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 (2010)

ROCHESTER AREA COMMUNITY FOUNDATION

Schedule A (Form 990 or 990-EZ) 2010 **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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,571,329.	2,818,472.	2,064,609.	2,197,597.	3,123,320.	12,775,327.
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	2,571,329.	2,818,472.	2,064,609.	2,197,597.	3,123,320.	12,775,327.
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)						1,981,217.
6 Public support. Subtract line 5 from line 4						10,794,110.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,571,329.	2,818,472.	2,064,609.	2,197,597.	3,123,320.	12,775,327.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	217,535.	230,533.	110,340.	32,677.	20,872.	611,957.
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.)	60.	30.	15.	724.	125.	954.
11 Total support. Add lines 7 through 10						13,388,238.
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 2010 (line 6, column (f) divided by line 11, column (f))	14	80.62	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	77.05	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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) 2010

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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

2010Open 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	295	
2 Aggregate contributions to (during year)	3,123,320.	
3 Aggregate grants from (during year)	2,179,808.	
4 Aggregate value at end of year	5,835,115.	
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 education)	<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, and not on a historic structure listed in the National Register	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 (ASC 958), 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 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) relating to these items:

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

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

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

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

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

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI 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) 2010

ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

Schedule D (Form 990) 2010

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CASH AND EQUIVALENTS	5,613,251.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	5,613,251.	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. **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 (ASC 740).

032053
12-20-10

Schedule D (Form 990) 2010

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

Schedule D (Form 990) 2010

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	3,132,294.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,200,347.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	931,947.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	931,947.

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	3,132,294.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,132,294.
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	3,132,294.

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

1	Total expenses and losses per audited financial statements	1	2,200,347.
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	2,200,347.
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	2,200,347.

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, LINE 2: AT MARCH 31, 2011 AND 2010, THE COMMUNITY FOUNDATION

DID NOT HAVE A LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE COMMUNITY FOUNDATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND NEW YORK STATE. THE COMMUNITY FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008.

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2010

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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AL SIGL CENTER 1000 ELMWOOD AVENUE ROCHESTER, NY 14618	51-0243019	501(C)(3)	6,650.	0.			FOR GENERAL SUPPORT
ALLENTOWN ART MUSEUM 31 N. 5TH STREET ALLENTOWN, PA 18101	23-1548101	501(C)(3)	6,050.	0.			FOR SOTA EDUCATIONAL ENDOWMENT FUND
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN - GREATER ROCHESTER AREA - 494 EAST AVENUE - ROCHESTER, NY 14607	16-0718087	501(C)(3)	5,500.	0.			FOR WOMEN HELPING GIRLS
AMERICAN CANCER SOCIETY/NYS DIVISION - P.O. BOX 7 EAST - SYRACUSE, NY 13057	16-0743902	501(C)(3)	8,333.	0.			GIFT TO HOPE LODGE/LOOK GOOD...FEEL BETTER ROOM
ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED-GOODWILL - 422 SOUTH CLINTON AVENUE - ROCHESTER, NY 14620	16-0743906	501(C)(3)	6,800.	0.			FOR GENERAL SUPPORT
ATLANTIC PHILANTHROPIES BOOMER MENTORS FUND - 500 EAST AVENUE - ROCHESTER, NY 14607	23-7250641	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations							▶ 100.
3 Enter total number of other organizations							▶ 9.

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

Schedule I (Form 990) (2010)

ROCHESTER AREA COMMUNITY FOUNDATION

22-3106737 Page 1

Schedule I (Form 990)

DEPOSITORY, INC.

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
CAMP DAYDREAMS 228 EAST MAIN STREET SUITE 200 ROCHESTER, NY 14604	16-1251733	501(C)(3)	10,000.	0.			FOR THE SCHOOL-AGE PROGRAM
CAMP GOOD DAYS & SPECIAL TIMES 1332 PITTSFORD MENDON ROAD MENDON, NY 14506-9732	22-2329654	501(C)(3)	7,750.	0.			FOR GENERAL SUPORT
CATHOLIC CHARITIES OF LIVINGSTON COUNTY - 34 EAST STATE STREET - MOUNT MORRIS, NY 14510	20-5493091	501(C)(3)	6,300.	0.			AS A SPELL CHECK SPONSOR
CATHOLIC DIOCESE OF ROCHESTER 1150 BUFFALO ROAD ROCHESTER, NY 14624	16-0755765	501(C)(3)	12,250.	0.			FOR THE CATHOLIC MINISTRIES APPEAL
CHANCES & CHANGES, INC. PO BOX 326 GENESE, NY 14454	16-1348835	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
CHILDREN AWAITING PARENTS, INC. 595 BLOSSOM ROAD SUITE 306 ROCHESTER, NY 14610	16-1047933	501(C)(3)	8,850.	0.			TO SUPPORT ADOPTION OF SPECIAL NEEDS CHILDREN
CHILDREN'S INSTITUTE 274 N. GOODMAN STREET SUITE D103 ROCHESTER, NY 14607	23-7102632	501(C)(3)	46,640.	0.			FOR ROCHESTER COPING POWER PLUS
CHRIST EPISCOPAL CHURCH PITTSFORD 36 SOUTH MAIN STREET PITTSFORD, NY 14534	16-0379777	CHURCH	29,506.	0.			FOR THE ENDOWMENT FUND
CHURCH OF THE PACIFIC P. O BOX 223154 PRINCEVILLE, HI 96722	99-0226183	501(C)(3)	5,000.	0.			TO SUPPORT THE MINISTRY OF GLENN FRAZIER

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Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION

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Schedule I (Form 990) DEPOSITORY, INC.

Part II 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
CLIFTON SPRINGS HOSPITAL & CLINIC 2 COULTOR ROAD CLIFTON SPRINGS, NY 14432	16-0743966	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
COLGATE ROCHESTER CROZER DIVINITY SCHOOL - 1100 SOUTH GOODMAN STREET - ROCHESTER, NY 14620	16-0743916	501(C)(3)	7,750.	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
CONGREGATION BETH SHOLOM 1161 MONROE AVENUE ROCHESTER, NY 14620	16-0814112	501(C)(3)	9,800.	0.			FOR GENERAL SUPPORT
CORN HILL WATERFRONT AND NAVIGATION FOUNDATION - P.O BOX 18417 - ROCHESTER, NY 14618	16-1388214	501(C)(3)	5,700.	0.			FOR GENERAL SUPPORT
CORNELL UNIVERSITY BOX 223623 PITTSBURGH, PA 15251	15-0532082	501(C)(3)	12,780.	0.			FOR GENERAL SUPPORT
CORNELL UNIVERSITY LAW SCHOOL MYRON TAYLOR HALL ITHACA, NY 14853-4901	15-0532082	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT
CRACKER BOX PALACE - FARM ANIMAL HAVEN - P.O. BOX 174 - ALTON, NY 14413	16-1600471	501(C)(3)	20,000.	0.			TO FEED AND CARE FOR THE ANIMALS
EQUICENTER, INC. 3247 RUSH MENDON ROAD HONEOYE FALLS, NY 14472	33-1082985	501(C)(3)	11,150.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION

Schedule I (Form 990) DEPOSITORY, INC.

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Part II 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
FIRST PRESBYTERIAN CHURCH OF PITTSFORD - 25 CHURCH STREET - PITTSFORD, NY 14534	16-0805157	501(C)(3)	8,100.	0.			TO SUPPORT LOCAL YOUTH PROGRAMS
FIRST UNITARIAN CHURCH OF ROCHESTER - 220 WINTON ROAD SOUTH - ROCHESTER, NY 14610	16-0754663	CHURCH	19,510.	0.			FOR THE 2010 - 2011 ANNUAL GIFT
FIRST UNITARIAN CONGREGATIONAL SOCIETY - 50 MONROE PLACE - BROOKLYN, NY 11201-2603	13-5596771	CHURCH	8,000.	0.			FOR GENERAL SUPPORT
FLOWER CITY HABITAT FOR HUMANITY 755 CULVER ROAD ROCHESTER, NY 14609	13-3281487	501(C)(3)	6,973.	0.			FOR GENERAL SUPPORT
FOODLINK 936 EXCHANGE ST. ROCHESTER, NY 14608	22-2428304	501(C)(3)	13,900.	0.			FOR GENERAL SUPPORT
FRIENDS OF DISCOVERY CHARTER SCHOOL - 8583 NORTH SHORE DRIVE - HONEOYE, NY 14471	20-4304877	501(C)(3)	5,000.	0.			FOR STUDENT/FAMILY SUPPORT SERVICES
FRIENDS OF PITTSFORD ROWING P.O. BOX 331 PITTSFORD, NY 14534	16-1556377	501(C)(3)	5,100.	0.			FOR THE PITTSFORD CREW
FRIENDS OF STRONG MEMORIAL HOSPITAL - P.O. BOX 643 601 ELMWOOD AVENUE - ROCHESTER, NY 14642	16-0743209	501(C)(3)	5,100.	0.			FOR THE ROTENBERG PATIENT ADVOCATE FUND
GARTH PAGAN DANCE, INC. 50 CHESTNUT STREET ROCHESTER, NY 14604	23-7276763	501(C)(3)	6,304.	0.			FOR GENERAL SUPPORT

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Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION

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Schedule I (Form 990) DEPOSITORY, INC.

Part II 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)	11,750.	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)	15,900.	0.			FOR GENERAL SUPPORT
GEVA THEATRE CENTER 75 WOODBURY BOULEVARD ROCHESTER, NY 14607	23-7202906	501(C)(3)	27,850.	0.			FOR GENERAL SUPPORT
GOLISANO CHILDREN'S HOSPITAL AT STRONG - 300 EAST RIVER ROAD PO BOX 278996 - ROCHESTER, NY 14627-8996	16-0743209	501(C)(3)	14,300.	0.			FOR GENERAL SUPPORT
GOUVERNMENT ARTS FUND 500 EAST AVENUE ROCHESTER, NY 14607	23-7250641	501(C)(3)	24,593.	0.			FOR THE ENDOWMENT FUND
HARLEY SCHOOL 1981 CLOVER STREET ROCHESTER, NY 14618	16-0755783	501(C)(3)	14,600.	0.			FOR THE HARLEY CIRCLE
HILLEL SCHOOL 191 FAIRFIELD DRIVE ROCHESTER, NY 14620	16-0743038	501(C)(3)	5,000.	0.			FOR VARIOUS PROGRAM SUPPORT
HILLSIDE CHILDREN'S FOUNDATION 1183 MONROE AVENUE ROCHESTER, NY 14620-1699	16-1493404	501(C)(3)	8,243.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

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ROCHESTER AREA COMMUNITY FOUNDATION

Part II 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
HOCHSTEIN SCHOOL OF MUSIC AND DANCE - 50 NORTH PLYMOUTH AVENUE - ROCHESTER, NY 14614	16-0768758	501(C)(3)	27,275.	0.			FOR GENERAL SUPPORT
HONEOYE FALLS LIMA CENTRAL SCHOOL DISTRICT - 20 CHURCH STREET - HONEOYE FALLS, NY 14472	16-6001811	501(C)(3)	10,000.	0.			FOR FIELD TRIPS FOR ALL SCHOOLS
HOPE HALL 1612 BUFFALO ROAD ROCHESTER, NY 14624	16-1463706	501(C)(3)	11,000.	0.			FOR THE HIGH SCHOOL EXPANSION CAMPAIGN
HORIZONS NATIONAL ONE PARK STREET NORWALK, CT 06851	06-1468129	501(C)(3)	50,000.	0.			FOR SUMMER ENRICHMENT PROGRAMS IN ROCHESTER
HORIZONS STUDENT ENRICHMENT PROGRAM - 1981 CLOVER STREET - ROCHESTER, NY 14618	16-0755783	501(C)(3)	15,000.	0.			FOR THE HORIZONS PROGRAM
HUMANE SOCIETY AT LOLLYPOP FARM 99 VICTOR ROAD FAIRPORT, NY 14450	16-0743047	501(C)(3)	20,250.	0.			FOR GENERAL SUPPORT
HUMORX, YOGABILITY INSTITUTE 537 SAN VINCENTE BLVD. #104 SANTA MONICA, CA 90402	95-3952934	501(C)(3)	7,500.	0.			FOR YOGABILITY INSTITUTE FOR "OPEN DOORS OR CLOSED DOORS"
IRONDEQUOIT UNITED CHURCH OF CHRIST - 644 TITUS AVENUE - ROCHESTER, NY 14617	16-0782570	501(C)(3)	9,000.	0.			FOR 2011 SUPPORT
ITHACA COLLEGE 953 DANBY ROAD ITHACA, NY 14850	15-0532204	501(C)(3)	7,500.	0.			FOR THE ANNUAL FUND/A&E CAPITAL FUND DRIVE

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Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION

Schedule I (Form 990) DEPOSITORY, INC.

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Part II 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
JEWISH COMMUNITY CENTER OF GREATER ROCHESTER - 1200 EDGEWOOD AVENUE - ROCHESTER, NY 14618	16-0743060	501(C)(3)	11,000.	0.			FOR THE BOOK FESTIVAL
JEWISH FEDERATION OF GR. ROCHESTER 441 EAST AVENUE ROCHESTER, NY 14607	16-0868942	501(C)(3)	40,455.	0.			FOR GENERAL SUPPORT
JEWISH HOME FOUNDATION 2021 WINTON ROAD SOUTH ROCHESTER, NY 14618	22-2263845	501(C)(3)	6,850.	0.			FOR THE GOLDEN ALLIANCE FOR 2011
JOINING HEARTS AND HANDS 9 FIELDSTON GROVE FAIRPORT, NY 14450	13-4317224	501(C)(3)	5,000.	0.			FOR KENYA SUPPORT PROJECTS
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
LIMAR USA 11 BROKEN BOUGH SAN ANTONIO, TX 78231	34-1461670	501(C)(3)	5,000.	0.			GENERAL SUPPORT
MARSH FAMILY FUND 500 EAST AVENUE ROCHESTER, NY 14607	23-7250641	501(C)(3)	60,100.	0.			FOR GENERAL SUPPORT
MEMORIAL ART GALLERY AT THE UNIVERSITY OF ROCHESTER - PO BOX 270032 300 EAST RIVER ROAD - ROCHESTER, NY 14627-0032	16-0743209	501(C)(3)	14,450.	0.			FOR THE CENTENNIAL CAMPAIGN
MIDDLEBURY COLLEGE MUMFORD HOUSE 5370 MIDDLEBURY COLLEGE - MIDDLEBURY, VT 05753-6229	03-0285938	501(C)(3)	10,000.	0.			FOR THE ALUMNI FUND 2010

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Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION

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Schedule I (Form 990)

DEPOSITORY, INC.

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
MOUNTAIN RISE UNITED CHURCH OF CHRIST - 2 MOUNTAIN RISE - FAIRPORT, NY 14450	16-0868488	CHURCH	20,900.	0.			FOR GENERAL SUPPORT
NATURE CONSERVANCY - CENTRAL & WESTERN NY CHAPTER - 1048 UNIVERSITY AVENUE - ROCHESTER, NY 14604-2615	53-0242652	501(C)(3)	5,150.	0.			FOR GENERAL PURPOSES
NORTH EAST AREA DEVELOPMENT, INC. 360 WEBSTER AVENUE ROCHESTER, NY 14609	16-6091542	501(C)(3)	15,000.	0.			FOR THE FREEDOM SCHOOL PROGRAM
NORTHWESTERN UNIVERSITY SETTLEMENT ASSN./CHICAGO - 1400 AUGUSTA BOULEVARD - CHICAGO, IL 60622	36-2167818	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
ORILLIA MUSEUM OF ART AND HISTORY 30 PETER STREET ORILLIA, ONTARIO, CANADA	13-7230587	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT
OUR LADY OF MERCY HIGH SCHOOL 1437 BLOSSOM ROAD ROCHESTER, NY 14610	16-0823543	501(C)(3)	8,150.	0.			FOR GENERAL SUPPORT
PLANNED PARENTHOOD OF THE ROCHESTER/SYRACUSE REGION - 114 UNIVERSITY AVENUE - ROCHESTER, NY 14605	16-0743085	501(C)(3)	12,800.	0.			FOR GENERAL SUPPORT
QUAD A FUND/ CURRENT NEEDS OF RACF 500 EAST AVENUE ROCHESTER, NY 14607	80-0024332	501(C)(3)	10,804.	0.			FOR GENERAL SUPPORT
RACF COMMUNITY SPONSORS ANNUAL CAMPAIGN - 500 EAST AVENUE - ROCHESTER, NY 14607	23-7250641	501(C)(3)	17,550.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

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ROCHESTER AREA COMMUNITY FOUNDATION

22-3106737

Page 1

Schedule I (Form 990) DEPOSITORY, INC.

Part II 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
RETT SYNDROME RESEARCH FOUNDATION 4600 DEVITT DRIVE CINCINNATI, OH 45246	31-1682518	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
ROCH CHILD/CURRENT NEEDS FUND OF RACF - 500 EAST AVENUE - ROCHESTER, NY 14607	80-0024332	501(C)(3)	5,300.	0.			FOR GENERAL SUPPORT
ROCHESTER GENERAL HOSPITAL FOUNDATION - 1299 PORTLAND AVE. - ROCHESTER, NY 14621	22-2229425	501(C)(3)	14,493.	0.			FOR GENERAL SUPPORT
ROCHESTER INSTITUTE OF TECHNOLOGY 116 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623-5608	16-0743140	501(C)(3)	28,000.	0.			FOR GENERAL SUPPORT OF THE WEISBERG SCHOLARSHIP FUND
ROCHESTER MUSEUM & SCIENCE CENTER 657 EAST AVENUE ROCHESTER, NY 14607-2177	16-0794131	501(C)(3)	15,550.	0.			FOR GENERAL SUPPORT
ROCHESTER PHILHARMONIC ORCHESTRA 108 EAST AVENUE ROCHESTER, NY 14604	16-0765613	501(C)(3)	72,885.	0.			FOR GENERAL SUPPORT
ROCHESTER'S CHILD/ADMINISTRATIVE FUND OF RACF - 500 EAST AVENUE - ROCHESTER, NY 14607	80-0024332	501(C)(3)	6,500.	0.			FOR GENERAL SUPPORT
SALVATION ARMY ROCHESTER NY 10 FRANKLIN STREET ROCHESTER, NY 14604-4310	22-2406433	501(C)(3)	9,300.	0.			FOR GENERAL SUPPORT/SUMMER CAMPS/CHRISTMAS TOY DISTRIBUTION
SCHOOL OF THE HOLY CHILDHOOD 100 GROTON PARKWAY ROCHESTER, NY 14623-4589	16-0761224	501(C)(3)	6,029.	0.			AS AN ANNUAL GIFT

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Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION

22-3106737 Page 1

Schedule I (Form 990) DEPOSITORY, INC.

Part II 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
SENECA PARK ZOO SOCIETY 2222 ST. PAUL STREET ROCHESTER, NY 14621	16-0905390	501(C)(3)	17,720.	0.			FOR GENERAL SUPPORT
SMITH COLLEGE, ADVANCEMENT SYSTEM & OPERATION - 33 ELM STREET - NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	6,375.	0.			FOR GENERAL SUPPORT
SPIRITUS CHRISTI 121 N. FITZHUGH STREET ROCHESTER, NY 14614	16-1563341	501(C)(3)	20,200.	0.			FOR THE MENTAL HEALTH CENTER
ST. ANN'S FOUNDATION 1500 PORTLAND AVENUE ROCHESTER, NY 14621	16-1379536	501(C)(3)	27,100.	0.			FOR THE ST ANN'S CAPITAL CAMPAIGN GIFT
ST. JOHN FISHER COLLEGE 3690 EAST AVENUE ROCHESTER, NY 14618	16-0746864	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
ST. JOSEPH'S NEIGHBORHOOD CENTER 417 SOUTH AVENUE ROCHESTER, NY 14620	16-0743089	CHURCH	6,250.	0.			FOR GENERAL SUPPORT
ST. JOSEPH'S VILLA 3300 DEWEY AVENUE ROCHESTER, NY 14616	16-0743164	501(C)(3)	8,050.	0.			FOR GENERAL SUPPORT
ST. LOUIS CHURCH 64 SOUTH MAIN STREET PITTSFORD, NY 14534	16-0755852	CHURCH	9,500.	0.			FOR THE GENERAL FUND
ST. PAUL'S EPISCOPAL CHURCH 25 WESTMINSTER ROAD ROCHESTER, NY 14607 LHA	31-1629166	CHURCH	12,350.	0.			FOR THE ANNUAL FUND 2011

Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION

22-3106737 Page 1

Schedule I (Form 990) DEPOSITORY, INC.

Part II 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. THOMAS EPISCOPAL CHURCH 2000 HIGHLAND AVENUE ROCHESTER, NY 14618	16-0743003	501(C)(3)	42,850.	0.			FOR GENERAL SUPPORT
SWARTHMORE COLLEGE, DEVELOPMENT OFFICE - 500 COLLEGE AVENUE - SWARTHMORE, PA 19081	23-1352683	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT
TEMPLE B'RITH KODESH 2131 ELMWOOD AVENUE ROCHESTER, NY 14618	16-0743199	CHURCH	11,435.	0.			FOR OPERATING EXPENSES FOR 2010 - 2011
THE ADVERTISING COUNCIL OF ROCHESTER INC. - 274 NORTH GOODMAN STREET - ROCHESTER, NY 14607	16-0741816	501(C)(3)	10,000.	0.			FOR PROGRAMS FOR NONPROFITS IN ONTARIO COUNTY
THE CENTER FOR TEEN EMPOWERMENT 392 GENESEE STREET ROCHESTER, NY 14611	04-3091002	501(C)(3)	5,100.	0.			FOR GENERAL SUPPORT
THE CHILDREN'S AGENDA, INC. 500 EAST AVENUE ROCHESTER, NY 14607	20-1547478	501(C)(3)	15,500.	0.			FOR GENERAL SUPPORT
THIRD PRESBYTERIAN CHURCH 4 MEIGS STREET ROCHESTER, NY 14607	16-0743201	CHURCH	30,091.	0.			FOR THE CAPITAL CAMPAIGN/ANNUAL GIFT/MINISTER'S FUND
TRINITY MONTESSORI SCHOOL 501 SOUTH GARFIELD STREET EAST ROCHESTER, NY 14445	16-1384298	501(C)(3)	15,250.	0.			FOR GENERAL SUPPORT
UNIRONDACK, INC. 8722 UNIRONDACK ROAD LOWVILLE, NY 13367	16-0917160	501(C)(3)	25,000.	0.			FOR PAVILLION

Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION

Part II 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
UNITARIAN UNIVERSALIST SERVICE COMMITTEE - 689 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139-3302	04-6186012	501(C)(3)	5,100.	0.			FOR GENERAL SUPPORT
UNITED WAY INTERNATIONAL 701 N. FAIRFAX ST. ALEXANDRIA, VA 22314	23-7424837	501(C)(3)	5,860.	0.			FOR THE UNITED WAY GHANA SCHOL. PROG.
UNITED WAY OF GREATER ROCHESTER 75 COLLEGE AVENUE ROCHESTER, NY 14607-1009	16-1015782	501(C)(3)	115,767.	0.			FOR GENERAL SUPPORT
UNITY HEALTH FOUNDATION 89 GENESEE STREET ROCHESTER, NY 14611	11-9627400	501(C)(3)	5,100.	0.			FOR THE ANNUAL APPEAL PRISM 2011
UNIVERSITY OF ROCHESTER GIFTS & DONOR RECORDS - P.O. BOX 270032 300 EAST RIVER ROAD - ROCHESTER, NY 14627-0032	16-0743209	501(C)(3)	11,000.	0.			FOR THE SMD CLASS OF 1965 SCHOLARSHIP FUND
UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE, MCAG - PO BOX 23029 - ROCHESTER, NY 14692	16-0743209	501(C)(3)	6,300.	0.			FOR THE JOHN ROMANO PROFESSORSHIP
UNIVERSITY OF ROCHESTER, JAMES P. WILMOT CANCER CENTER - 300 EAST RIVER ROAD PO BOX 278996 - ROCHESTER, NY 14627	22-2341413	501(C)(3)	11,120.	0.			FOR RESEARCH FUND
UNIVERSITY OF ROCHESTER, WARNER GRADUATE SCHOOL OF EDUCATION - 301 EAST RIVER ROAD PO BOX 278996 - ROCHESTER, NY 14627	16-0743209	SCHOOL	10,300.	0.			FOR THE JERRY RUBENSTEIN MEMORIAL FUND-MINGLE AND NOSH
WEBSTER PRESBYTERIAN CHURCH 550 WEBSTER ROAD WEBSTER, NY 14580	16-6085018	501(C)(3)	37,690.	0.			FOR GENERAL SUPPORT

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Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION

Part II 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
WOMEN'S FOUNDATION OF GENESEE VALLEY - 277 ALEXANDER STREET SUITE 308 - ROCHESTER, NY 14607-1941	16-1456794	501(C)(3)	5,500.	0.			FOR ENDOWMENT AND THE GENERAL FUND
WXXI PUBLIC BROADCASTING COUNCIL P.O. BOX 30021 280 STATE STREET ROCHESTER, NY 14603-3021	16-0838086	501(C)(3)	28,650.	0.			FOR GENERAL SUPPORT
YMCA MAPLEWOOD 25 DRIVING PARK AVE. ROCHESTER, NY 14613		501(C)(3)	10,000.	0.			FOR THE CAPITAL CAMPAIGN
YMCA OF GREATER ROCHESTER 444 EAST MAIN STREET ROCHESTER, NY 14604	16-0743242	501(C)(3)	8,050.	0.			FOR GENERAL SUPORT

LHA

Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

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. Part III can be duplicated 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

SCHEDULE I, PART I, LINE 2: ALL GRANTEES ARE CONFIRMED AS ELIGIBLE U.S.

BASED PUBLIC CHARITIES PRIOR TO GRANT DISBURSEMENT. LARGE GRANTS (OVER

\$10,000) CAN BE REQUIRED TO SUBMIT REPORTS ON THEIR ACCOMPLISHMENTS. AN

AFFILIATED ORGANIZATION, ROCHESTER AREA COMMUNITY FOUNDATION, MAINTAINS

INFORMATION ABOUT GRANTEEES AND CONDUCTS DUE DILIGENCE TO ENSURE SOUND USE

OF FUNDS.

**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

2010Open to Public
Inspection

Name 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.

☐ First-class or charter travel☐ Housing allowance or residence for personal use☐ Travel for companions☐ Payments for business use of personal residence☐ Tax indemnification and gross-up payments☒ Health or social club dues or initiation fees☐ Discretionary spending account☐ 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.

1b

X

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?

2

X

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.

☐ Compensation committee☐ Written employment contract☒ Independent compensation consultant☒ Compensation survey or study☒ Form 990 of other organizations☒ 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 from the organization or a related organization?

4a

X

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b

X

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c

X

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?

5a

X

b Any related organization?

5b

X

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?

6a

X

b Any related organization?

6b

X

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.

7

X

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

8

X

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

9

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

Schedule J (Form 990) 2010

ROCHESTER AREA COMMUNITY FOUNDATION

22-3106737

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

For each individual whose compensation must be reported 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.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JENNIFER LEONARD	(i) 0. (ii) 201,113. (iii) 0.	0. 0. 0.	0. 19,847. 0.	0. 0. 0.	0. 11,420. 0.	0. 232,380. 0.	0. 0. 0.
2	(i) (ii) (iii)	 	 	 	 	 	
3	(i) (ii) (iii)	 	 	 	 	 	
4	(i) (ii) (iii)	 	 	 	 	 	
5	(i) (ii) (iii)	 	 	 	 	 	
6	(i) (ii) (iii)	 	 	 	 	 	
7	(i) (ii) (iii)	 	 	 	 	 	
8	(i) (ii) (iii)	 	 	 	 	 	
9	(i) (ii) (iii)	 	 	 	 	 	
10	(i) (ii) (iii)	 	 	 	 	 	
11	(i) (ii) (iii)	 	 	 	 	 	
12	(i) (ii) (iii)	 	 	 	 	 	
13	(i) (ii) (iii)	 	 	 	 	 	
14	(i) (ii) (iii)	 	 	 	 	 	
15	(i) (ii) (iii)	 	 	 	 	 	
16	(i) (ii) (iii)	 	 	 	 	 	

ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

Schedule J (Form 990) 2010

22-3106737

Page 3

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

ROCHESTER AREA COMMUNITY FOUNDATION, A RELATED ORGANIZATION, WAS RESPONSIBLE FOR PAYING THE COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR AND VICE PRESIDENT AND THE RESPECTIVE HEALTH OR SOCIAL CLUB DUES. THE FOLLOWING WAS USED WHEN DETERMINING THE EXECUTIVE DIRECTOR'S COMPENSATION-INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION STUDY, FORM 990 OF OTHER ORGANIZATIONS AND APPROVAL BY THE BOARD OF DIRECTORS.

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

2010

Open to Public Inspection

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

Employer identification number
22-3106737

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	147	1,822,204.	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 Acknowledgement

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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

Employer identification number
22-3106737

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

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

FORM 990, PART VI, SECTION 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

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

Employer identification number
22-3106737

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

FORM 990, PART VI, SECTION B, LINE 15: THE CHAIR OF THE BOARD OF DIRECTORS ALERTS BOARD AND MANAGEMENT TEAM THAT THE PRESIDENT'S REVIEW FORMS WILL BE COMING BY EMAIL AND SHOULD BE RETURNED TO HIS/HER ATTENTION. THE PRESIDENT PROVIDES A MEMO ON PERFORMANCE TO DATE DURING ANNIVERSARY YEAR ENDING APRIL 17. 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.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE SELECTION OF THE

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

Employer identification number
22-3106737

AUDITORS AND OVERSEAS THE AUDIT PROCESS. THIS PROCESS HAS NOT CHANGED
FROM THE PRIOR YEAR.

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

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

Employer identification number
22-3106737

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.

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

2010

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		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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ROCHESTER AREA COMMUNITY FOUNDATION - 23-7250641, 500 EAST AVENUE, ROCHESTER, NY 14607	GRANT-MAKING COMMUNITY FOUNDATION	NEW YORK	501(C)(3)	7	N/A		X
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		X
ROCHESTER AREA FOUNDATION - 16-1539889 500 EAST AVENUE	PROVIDE RENTAL SPACE TO EXEMPT ORGANIZATIONS	NEW YORK			ROCHESTER AREA COMMUNITY FOUNDATION.		X
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.		X

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

Schedule R (Form 990) 2010

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

[illegible][illegible]

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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		1a	X
b Gift, grant, or capital contribution to other organization(s)		1b	X
c Gift, grant, or capital contribution from other organization(s)		1c	X
d Loans or loan guarantees to or for other organization(s)		1d	X
e Loans or loan guarantees by other organization(s)		1e	X
f Sale of assets to other organization(s)		1f	X
g Purchase of assets from other organization(s)		1g	X
h Exchange of assets		1h	X
i Lease of facilities, equipment, or other assets to other organization(s)		1i	X
j Lease of facilities, equipment, or other assets from other organization(s)		1j	X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k	X
l Performance of services or membership or fundraising solicitations by other organization(s)		1l	X
m Sharing of facilities, equipment, mailing lists, or other assets		1m	X
n Sharing of paid employees		1n	X
o Reimbursement paid to other organization for expenses		1o	X
p Reimbursement paid by other organization for expenses		1p	X
q Other transfer of cash or property to other organization(s)		1q	X
r Other transfer of cash or property from other organization(s)		1r	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) ROCHESTER AREA COMMUNITY FOUNDATION	B	151,106	FAIR VALUE
(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 VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)