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

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

OMB No 1545-0047

**2012**Open to Public  
Inspection

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

**A** For the 2012 calendar year, or tax year beginning **APR 1, 2012** and ending **MAR 31, 2013**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ROCHESTER AREA COMMUNITY FOUNDATION DEPOSITORY, INC.</b>		<b>D</b> Employer identification number <b>22-3106737</b>
	Doing Business As		<b>E</b> Telephone number <b>585-271-4100</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>500 EAST AVENUE</b>	Room/suite	
	City, town, or post office, state, and ZIP code <b>ROCHESTER, NY 14607</b>		<b>G</b> Gross receipts \$ <b>4,596,445.</b>
	<b>F</b> Name and address of principal officer: <b>JENNIFER LEONARD</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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			
<b>J</b> Website: ▶ <b>WWW.RACF.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1991</b>
<b>M</b> State of legal domicile: <b>NY</b>			

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE GRANTS TO 501(C)(3) PUBLIC CHARITIES, EXEMPT UNDER IRC 509(A)(1), (2) AND (3)</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>29</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>29</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>29</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,484,411.	3,230,079.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e)	11,449.	1,452.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,495,860.	3,231,531.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	2,092,289.	2,790,262.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.
Expenses	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,317.	33,960.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,113,606.	2,824,222.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	382,254.	407,309.
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	6,096,114.	6,514,710.
Net Assets or Fund Balances	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	0.	12,210.
		6,096,114.	6,502,500.

**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	Date			
	<b>JENNIFER LEONARD, PRESIDENT AND CEO</b>	<b>11-7-2013</b>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>JEFFREY PAILLE</b>	<i>Jeffrey Paille</i>	<b>10/28/13</b>	<input type="checkbox"/>	<b>P01378272</b>
	Firm's name ▶ <b>BONADIO &amp; CO., LLP</b>	Firm's EIN ▶ <b>16-1131146</b>			
	Firm's address ▶ <b>171 SULLY'S TRAIL, SUITE 201</b> <b>PITTSFORD, NY 14534</b>	Phone no. <b>(585) 381-1000</b>			

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

☒ Yes ☐ No

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DEPOSITORY, INC.

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**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 organization's program service accomplishments for each of its three largest program services, as measured by expenses.  
Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,790,262. including grants of \$ 2,790,262. ) (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. 802 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 **2,790,262.**

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**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest 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>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> 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>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<b>X</b>	

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
<b>b</b> If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			X
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			X
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?			X
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?			X
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	11a		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
<b>b</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	13b		
<b>c</b> Enter the amount of reserves on hand	13c		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?			X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	

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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

☒ X

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	29	
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent	29	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b> Did the organization have members or stockholders?	6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

**Section C. Disclosure**

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

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

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

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

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Form 990 (2012)

**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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) PHILIP L. BURKE, ESQ. MEMBER	1.00	X						0.	0.	0.
(2) KEVIN J. PARKER, PHD MEMBER	1.00	X						0.	0.	0.
(3) MALIK EVANS MEMBER	1.00	X						0.	0.	0.
(4) LAURA LOOMIS MEMBER	1.00	X						0.	0.	0.
(5) MIMI HWANG MEMBER	1.00	X						0.	0.	0.
(6) JUDY VON BUCHER SECRETARY	1.00	X		X				0.	0.	0.
(7) HOFFMAN MOKA LANTUM, MD, PHD MEMBER	1.00	X						0.	0.	0.
(8) SUSAN E. ACKER, CRPC MEMBER	1.00	X						0.	0.	0.
(9) RICHARD J. MENGEL, CPA CHAIR	1.00	X		X				0.	0.	0.
(10) NANCY E. CATARISANO, CPA MEMBER	1.00	X						0.	0.	0.
(11) HEIDI N. ZIMMER-MEYER MEMBER	1.00	X						0.	0.	0.
(12) JOSE CORONAS MEMBER	1.00	X						0.	0.	0.
(13) KATHY NIXON MEMBER	1.00	X						0.	0.	0.
(14) SANDRA A. PARKER MEMBER	1.00	X						0.	0.	0.
(15) KIM VANGELDER MEMBER	1.00	X						0.	0.	0.
(16) DAVID A. STILL MEMBER	1.00	X						0.	0.	0.
(17) EDWARD C. RADIN, ESQ. MEMBER	1.00	X						0.	0.	0.



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

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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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) CAROL H. ADAMS MEMBER	1.00	X						0.	0.	0.
(19) MARY WORBOYS-TURNER MEMBER	1.00	X						0.	0.	0.
(20) EDWARD D. BLOOM, ESQ. MEMBER	1.00	X						0.	0.	0.
(21) JEREMY A. COONEY, ESQ. MEMBER	1.00	X						0.	0.	0.
(22) JEREMY HAEFNER, PHD MEMBER	1.00	X						0.	0.	0.
(23) MICHAEL G. KANE MEMBER	1.00	X						0.	0.	0.
(24) ELIZABETH A. THORLEY, CFP TREASURER	1.00	X		X				0.	0.	0.
(25) ROBERT D. BADEN MEMBER	1.00	X						0.	0.	0.
(26) MICHELLE A. HUTCHINSON, ESQ. MEMBER	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	355,180.	9,520.
<b>d Total (add lines 1b and 1c)</b>								0.	355,180.	9,520.

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**SEE PART VII, SECTION A CONTINUATION SHEETS**

Form **990** (2012)

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

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22-3106737

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) REV. MARVIN A. MCMICKLE, PHD MEMBER	1.00	X						0.	0.	0.
(28) RICHARD J. RIEDMAN MEMBER	1.00	X						0.	0.	0.
(29) DAVID P. VENISKEY, CPA MEMBER	1.00	X						0.	0.	0.
(30) JENNIFER LEONARD PRESIDENT AND CEO	1.00 40.00			X				0.	244,430.	7,164.
(31) AMY S. VARS, CPA VICE PRESIDENT	1.00 40.00			X				0.	110,750.	2,356.
Total to Part VII, Section A, line 1c									355,180.	9,520.

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

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**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	1,000.				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,229,079.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		2,322,511.				
	<b>h Total.</b> Add lines 1a-1f			3,230,079.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			16,261.			16,261.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses			1,350,105.			
	<b>c</b> Gain or (loss)			1,364,914.			
	<b>d</b> Net gain or (loss)			<14,809.>			<14,809.>
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions.				3,231,531.	0.	0.	1,452.

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

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,790,262.	2,790,262.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	4,334.		4,334.	
<b>b</b> Legal				
<b>c</b> Accounting	2,000.		2,000.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	27,321.		27,321.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a OTHER FEES</b>	305.		305.	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,824,222.	2,790,262.	33,960.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	202,342.	<b>1</b>	198,995.
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other 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 instr) Complete Part II of Sch L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11	5,885,024.	<b>12</b>	6,307,373.
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	8,748.	<b>15</b>	8,342.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	6,096,114.	<b>16</b>	6,514,710.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	12,210.
	<b>18</b> Grants payable	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	0.	<b>26</b>	12,210.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
<b>27</b> Unrestricted net assets			<b>27</b>	
<b>28</b> Temporarily restricted net assets		6,096,114.	<b>28</b>	6,502,500.
<b>29</b> Permanently restricted net assets			<b>29</b>	
<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds			<b>30</b>	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund			<b>31</b>	
<b>32</b> Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b>		6,096,114.	<b>33</b>	6,502,500.
<b>34</b> <b>Total liabilities and net assets/fund balances</b>	6,096,114.	<b>34</b>	6,514,710.	

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

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,231,531.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,824,222.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	407,309.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	6,096,114.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<923.>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	6,502,500.

**Part XII Financial Statements and Reporting**

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

		<b>Yes</b>	<b>No</b>
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b>	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.	<b>2c</b>	<b>X</b>
<b>3a</b>	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>3a</b>	<b>X</b>
<b>b</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	<b>3b</b>	

Form **990** (2012)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

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

Employer identification number  
**22-3106737**

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

**ROCHESTER AREA COMMUNITY FOUNDATION**

Schedule A (Form 990 or 990-EZ) 2012

**DEPOSITORY, INC.**

22-3106737 Page 2

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,064,609.	2,197,597.	3,123,320.	2,484,411.	3,230,079.	13,100,016.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2,064,609.	2,197,597.	3,123,320.	2,484,411.	3,230,079.	13,100,016.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,545,418.
<b>6 Public support.</b> Subtract line 5 from line 4						11,554,598.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4	2,064,609.	2,197,597.	3,123,320.	2,484,411.	3,230,079.	13,100,016.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	110,340.	32,677.	20,872.	20,537.	16,261.	200,687.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	15.	724.	125.			864.
<b>11 Total support.</b> Add lines 7 through 10						13,301,567.
<b>12</b> 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** ☐

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

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	86.87	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14	<b>15</b>	80.78	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2012



**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2012**Open to Public  
InspectionName of the organization **ROCHESTER AREA COMMUNITY FOUNDATION  
DEPOSITORY, INC.**Employer identification number  
**22-3106737****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	253	
2 Aggregate contributions to (during year)	3,229,079.	
3 Aggregate grants from (during year)	2,790,262.	
4 Aggregate value at end of year	6,502,500.	
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 XIII, 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 XIII, 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	▶ \$ _____

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

Schedule D (Form 990) 2012

22-3106737 Page **2**

**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      d ☐ Loan or exchange programs  
b ☐ Scholarly research      e ☐ Other \_\_\_\_\_  
c ☐ Preservation for future generations

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table:

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

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

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %  
b Permanent endowment  %  
c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations  
(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> 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) 2012

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

Schedule D (Form 990) 2012

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) <b>CASH AND EQUIVALENTS</b>	<b>6,307,373.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>6,307,373.</b>	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

Schedule D (Form 990) 2012

22-3106737 Page 4

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

1	Total revenue, gains, and other support per audited financial statements		1	3,232,664.
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 XIII.)	2d	1,133.	
e	Add lines 2a through 2d	2e		1,133.
3	Subtract line 2e from line 1	3		3,231,531.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		3,231,531.

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

1	Total expenses and losses per audited financial statements		1	2,824,222.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		2,824,222.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		2,824,222.

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

**PART X, LINE 2: AT MARCH 31, 2012 AND 2011, 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 2010.**

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

Schedule D (Form 990) 2012

ROCHESTER AREA COMMUNITY FOUNDATION  
DEPOSITORY, INC.

Schedule D (Form 990) 2012

22-3106737 Page 5

**Part XIII** Supplemental Information (continued)

INTER/INTRA FUND TRANSFER 1,133.

Lined area for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2012**

**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. 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)	11,000.	0.			GENERAL SUPPORT/SPECIFIC PROJECT
AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION - P.O. BOX 7388 - SHAWNEE MISSIONS, KS 66207-9605	44-6013671	501(C)(3)	15,628.	0.			GENERAL SUPPORT
AMERICAN RED CROSS/GREATER ROCHESTER CHAPTER - 50 PRINCE STREET - ROCHESTER, NY 14607-1016	16-0743912	501(C)(3)	7,000.	0.			GENERAL SUPPORT/ANNUAL CAMPAIGN/SPECIFIC PROJECT
BLESSED SKATERI TEKAKWITHA PARISH 401 ROGERS PARKWAY ROCHESTER, NY 14617			5,810.	0.			GENERAL SUPPORT
BLESSED SACRAMENT CHURCH 259 RUTGERS STREET ROCHESTER, NY 14607	16-0752496	501(C)(3)	5,400.	0.			GENERAL SUPPORT
BUFFALO SEMINARY 205 BIDWELL PARKWAY BUFFALO, NY 14222	16-0367980	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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

109.

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

14.

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

Schedule I (Form 990) (2012)

# 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
CATHOLIC DIOCESE OF ROCHESTER 1150 BUFFALO ROAD ROCHESTER, NY 14624	16-0755765	501(C)(3)	26,486.	0.			CAPITAL EXPANSION/GENERAL SUPPORT
CHARLES FINNEY HIGH SCHOOL 2070 FIVE MILE LINE ROAD PENFIELD, NY 14526		501(C)(3)	9,500.	0.			FINNEY SCHOLARSHIP FUND
CHILDREN AWAITING PARENTS INC. 274 N. GOODMAN STREET SUITE D-103 ROCHESTER, NY 14607	16-1047933	501(C)(3)	6,600.	0.			GENERAL SUPPORT
CHILDREN'S SUCCESS FUND OF RACF 500 EAST AVENUE ROCHESTER, NY 14607	23-7250641	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHRIST EPISCOPAL CHURCH 141 EAST AVENUE ROCHESTER, NY 14604	16-0743957	501(C)(3)	5,500.	0.			GENERAL SUPPORT
CHRIST EPISCOPAL CHURCH PITTSFORD 36 SOUTH MAIN STREET PITTSFORD, NY 14534	16-0979777	CHURCH	16,619.	0.			GENERAL SUPPORT/ANNUAL CAMPAIGN
CHURCH OF THE PACIFIC PO BOX 223154 PRINCEVILLE, HI 96722	99-0226183	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CLIFTON SPRINGS HOSPITAL & CLINIC 2 COULTOR ROAD CLIFTON SPRINGS, NY 14432	16-0743966	501(C)(3)	6,300.	0.			GENERAL SUPPORT/ANNUAL CAMPAIGN
COLGATE ROCHESTER CROZER DIVINITY SCHOOL - 1100 SOUTH GOODMAN STREET - ROCHESTER, NY 14620	16-0743916	501(C)(3)	12,760.	0.			GENERAL SUPPORT

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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)

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CORN HILL WATERFRONT AND NAVIGATION FOUNDATION - PO BOX 18417 - ROCHESTER, NY 14618	16-1388214	501(C)(3)	5,500.	0.			GENERAL SUPPORT
CORNELL UNIVERSITY LAW SCHOOL MYRON TAYLOR HALL ITHACA, NY 14853-4901	15-0532082	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CRACKER BOX PALACE - FARM ANIMAL HAVEN - PO BOX 174 - ALTON, NY 14413	16-1600471	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CRADLE BEACH CAMP 8038 OLD LAKE SHORE ROAD ANGOLA, NY 14006-9635	16-0743025	501(C)(3)	5,000.	0.			GENERAL SUPPORT
DOWNSTAIRS CABARET THEATRE 20 WINDSOR STREET ROCHESTER, NY 14605	16-1206395	501(C)(3)	6,650.	0.			GENERAL SUPPORT
FIRST BAPTIST CHURCH OF ROCHESTER 175 ALLENS CREEK ROAD ROCHESTER, NY 14618	16-0755770	501(C)(3)	27,500.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF PITTSFORD - 25 CHURCH STREET - PITTSFORD, NY 14534	16-0805157	501(C)(3)	7,425.	0.			GENERAL SUPPORT
FIRST UNITARIAN CHURCH OF ROCHESTER - 220 WINTON ROAD SOUTH - ROCHESTER, NY 14610	16-0754663	CHURCH	15,005.	0.			GENERAL SUPPORT
FLOWER CITY HABITAT FOR HUMANITY 755 CULVER ROAD ROCHESTER, NY 14609	13-3281487	501(C)(3)	24,468.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**ROCHESTER AREA COMMUNITY FOUNDATION**

**DEPOSITORY, INC.**

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

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FOODLINK 1999 MT. READ BOULEVARD, BLDG 40910 ROCHESTER, NY 14615-3700	22-2428304	501(C)(3)	12,150.	0.			GENERAL SUPPORT
FRIENDS & FOUNDATION OF THE ROCHESTER PUBLIC LIBRARY - 115 SOUTH AVENUE - ROCHESTER, NY 14604-1896	16-1347453	501(C)(3)	6,925.	0.			GENERAL SUPPORT/ANNUAL CAMPAIGN/ENDOWMENT
FRIENDS OF STRONG MEMORIAL HOSPITAL - PO BOX 643 601 ELMWOOD AVENUE - ROCHESTER, NY 14642	16-0743209	501(C)(3)	5,100.	0.			GENERAL SUPPORT
GARTH FAGAN DANCE INC. 50 CHESTNUT STREET ROCHESTER, NY 14604	23-7276763	501(C)(3)	11,350.	0.			GENERAL SUPPORT
GENERAL ENDOWMENT FUND OF RACF 500 EAST AVENUE ROCHESTER, NY 14607	23-7250641	501(C)(3)	48,823.	0.			GENERAL SUPPORT
GENESEE COUNTRY VILLAGE & MUSEUM P.O. BOX 310 MUMFORD, NY 14511-0310	16-0918567	501(C)(3)	5,650.	0.			GENERAL SUPPORT
GENESEE LAND TRUST 46 PRINCE STREET, SUITE LL005 ROCHESTER, NY 14607	22-3033712	501(C)(3)	11,061.	0.			GENERAL SUPPORT/CAPITAL EXPANSION/ANNUAL CAMPAIGN
GENESEE VALLEY CONSERVANCY PO BOX 73 GENESEO, NY 14454	23-3061147	501(C)(3)	6,000.	0.			GENERAL SUPPORT/CAPITAL EXPANSION
GEORGE EASTMAN HOUSE 900 EAST AVENUE ROCHESTER, NY 14607	16-0743991	501(C)(3)	21,000.	0.			GENERAL SUPPORT

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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
GEVA THEATRE CENTER 75 WOODBURY BOULEVARD ROCHESTER, NY 14607	23-7202906	501(C)(3)	26,933.	0.			GENERAL SUPPORT/ANNUAL CAMPAIGN/ENDOWMENT
GOLISANO CHILDREN'S HOSPITAL AT STRONG - 300 EAST RIVER ROAD P.O. BOX 278996 - ROCHESTER, NY 14627-8996	16-0743209	501(C)(3)	8,100.	0.			GENERAL SUPPORT
GOUVERNMENT ARTS FUND 500 EAST AVENUE ROCHESTER, NY 14607	23-7250641	501(C)(3)	57,748.	0.			GENERAL SUPPORT
GRACE EPISCOPAL CHURCH/SCOTTSMILLE P.O. BOX 158 SCOTTSMILLE, NY 14546-0158		501(C)(3)	5,400.	0.			GENERAL SUPPORT
HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 13323		501(C)(3)	5,000.	0.			SCHOLARSHIP SUPPORT
HARLEY SCHOOL 1981 CLOVER STREET ROCHESTER, NY 14618	16-0755783	501(C)(3)	6,550.	0.			GENERAL SUPPORT/HORIZONS PROGRAM
HARVARD COLLEGE - UNIVERSITY PL. 124 MT. AUBURN STREET CAMBRIDGE, MA 02138-5762	04-2103580	501(C)(3)	5,250.	0.			GENERAL SUPPORT
HILLEL SCHOOL 191 FAIRFIELD DRIVE ROCHESTER, NY 14620	16-0743038	501(C)(3)	5,000.	0.			ANNUAL SUPPORT
HILLSIDE CHILDREN'S FOUNDATION 1183 MONROE AVENUE ROCHESTER, NY 14620-1699	16-1493404	501(C)(3)	7,600.	0.			GENERAL SUPPORT/ANNUAL CAMPAIGN/ENDOWMENT

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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.)

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HOCHSTEIN SCHOOL OF MUSIC AND DANCE - 50 NORTH PLYMOUTH AVENUE - ROCHESTER, NY 14614	16-0768758	501(C)(3)	42,482.	0.			CAPITAL EXPANSION/GENERAL SUPPORT
HUMANE SOCIETY AT LOLLYPOP FARM 99 VICTOR ROAD FAIRPORT, NY 14450	16-0743047	501(C)(3)	21,329.	0.			GENERAL SUPPORT
INSIGHT MEDITATION SOCIETY 1230 PLEASANT STREET BARRE, MA 01005-9313	51-0152810	501(C)(3)	11,050.	0.			GENERAL SUPPORT
IRONDEQUOIT UNITED CHURCH OF CHRIST - 644 TITUS AVENUE - ROCHESTER, NY 14617	16-0782570	501(C)(3)	5,900.	0.			GENERAL SUPPORT
ITHACA COLLEGE 953 DANBY ROAD OFFICE OF STDT FIN \$ ITHACA, NY 14850	15-0532204	501(C)(3)	13,459.	0.			GENERAL SUPPORT/ANNUAL CAMPAIGN/ENDOWMENT
JEWISH FEDERATION OF GREATER ROCHESTER - 441 EAST AVENUE - ROCHESTER, NY 14607	16-0868942	501(C)(3)	27,110.	0.			GENERAL SUPPORT/ANNUAL CAMPAIGN/ENDOWMENT
JEWISH HOME FOUNDATION 2021 SOUTH WINTON ROAD ROCHESTER, NY 14618	22-2263845	501(C)(3)	22,095.	0.			GENERAL SUPPORT
LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK - DEVELOPMENT DEPT P.O. BOX 689 - ALLENTOWN, PA 18105-1556	23-1689692	501(C)(3)	15,000.	0.			ANNUAL CAMPAIGN
LIFESPAN OF GREATER ROCHESTER, INC. - 1900 SOUTH CLINTON AVENUE - ROCHESTER, NY 14618	16-0986298	501(C)(3)	14,652.	0.			GENERAL SUPPORT

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**ROCHESTER AREA COMMUNITY FOUNDATION**

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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
LIMAR USA P.O. BOX 781119 SAN ANTONIO, TX 78278	34-1461670	501(C)(3)	5,000.	0.			GENERAL SUPPORT
MARY CARLOLA CHILDREN'S CENTER 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	16-0771078	501(C)(3)	11,000.	0.			GENERAL SUPPORT
MASSIE FAMILY FUND 500 EAST AVENUE ROCHESTER, NY 14607	23-7250641	501(C)(3)	77,513.	0.			GENERAL SUPPORT
MCQUAID JESUIT HIGH SCHOOL 1800 SOUTH CLINTON AVENUE ROCHESTER, NY 14618	16-0781584	501(C)(3)	6,850.	0.			GENERAL SUPPORT/SCHOLARSHIP SUPPORT
MEMORIAL ART GALLERY AT THE UNIVERSITY OF ROCHESTER - P.O. BOX 270032 300 EAST RIVER ROAD - ROCHESTER, NY 14627-0032	16-0743209	501(C)(3)	35,350.	0.			GENERAL SUPPORT/ANNUAL CAMPAIGN/ENDOWMENT
MIDDLEBURY COLLEGE, MUMFORD HOUSE 5370 MIDDLEBURY COLLEGE MIDDLEBURY, VT 05753-6229	03-0285938	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MONROE COUNTY MEDICAL SOCIETY - THE PARKS AT ALLEN CREEK - 132 ALLENS CREEK RD - ROCHESTER, NY 14618	23-7067230	501(C)(3)	21,818.	0.			GENERAL SUPPORT
MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET HADLEY, MA 01075-1485		501(C)(3)	10,100.	0.			GENERAL SUPPORT
MOUNTAIN RISE UNITED CHURCH OF CHRIST - 2 MOUNTAIN RISE - FAIRPORT, NY 14450	16-0868488	CHURCH	31,100.	0.			GENERAL SUPPORT

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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)

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NA'AMAT ROCHESTER 85 CARVERDALE ROCHESTER, NY 14618	13-5590516	501(C)(3)	15,000.	0.			MUSIC AND MOVEMENT/PLAYGROUNDS
NATURE CONSERVANCY -CENTRAL & WESTERN NY CHAPTER - 1048 UNIVERSITY AVENUE - ROCHESTER, NY 14604-2615	53-0242652	501(C)(3)	8,100.	0.			GENERAL SUPPORT
NAZARETH COLLEGE OF ROCHESTER 4245 EAST AVENUE ROCHESTER, NY 14618-3790	16-0743088	501(C)(3)	15,400.	0.			GENERAL SUPPORT/CAPITAL EXPANSION
NEW HOPE CRISIS PREGNANCY CENTER 540 HIGHWAY 42 WEST P.O. BOX 1768 CLAYTON, NC 27528	30-0076785	501(C)(3)	9,000.	0.			GENERAL SUPPORT
NEW LIFE FELLOWSHIP CHURCH 330 WELLINGTON AVENUE ROCHESTER, NY 14619-1210	16-1252675	501(C)(3)	100,000.	0.			CAPITAL/EXPANSION
NEW YORK PUBLIC LIBRARY FIFTH AVENUE AND 42ND STREET NEW YORK, NY 10018-2788	13-1887440	501(C)(3)	8,500.	0.			GENERAL SUPPORT
NORTH EAST AREA DEVELOPMENT, INC. 360 WEBSTER AVENUE ROCHESTER, NY 14609	16-6091542	501(C)(3)	10,000.	0.			FREEDOM SCHOOL
OBERLIN COLLEGE, BOSWORTH HALL 50 WEST LORAIN STREET OBERLIN, OH 44074-1089	34-0714363	501(C)(3)	25,550.	0.			PERFORMING ARTS SUPPORT
OPEN DOOR MISSION, INC. P.O. BOX 14236 ROCHESTER, NY 14608	16-6050714	501(C)(3)	5,650.	0.			GENERAL SUPPORT

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# ROCHESTER AREA COMMUNITY FOUNDATION

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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)

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OUR LADY OF MERCY HIGH SCHOOL 1437 BLOSSOM ROAD ROCHESTER, NY 14610	16-0823543	501(C)(3)	17,273.	0.			GENERAL SUPPORT/SCHOLARSHIP FUND
PLANNED PARENTHOOD OF THE ROCHESTER/SYRACUSE REGION - 114 UNIVERSITY AVENUE - ROCHESTER, NY 14605	16-0743085	501(C)(3)	9,000.	0.			GENERAL SUPPORT
QUAD A FUND/CURRENT NEEDS OF RACF 500 EAST AVENUE ROCHESTER, NY 14607	80-0024332	501(C)(3)	14,400.	0.			GENERAL SUPPORT
RACF COMMUNITY SPONSORS ANNUAL CAMPAIGN - 500 EAST AVENUE - ROCHESTER, NY 14607	23-7250641	501(C)(3)	18,548.	0.			GENERAL SUPPORT
RHODE ISLAND MEDICAL SOCIETY FOUNDATION - 235 PROMENADE STREET - PROVIDENCE, RI 02908	05-0401176	501(C)(3)	15,728.	0.			GENERAL SUPPORT
ROCHESTER'S CHILD/CURRENT NEEDS FUND OF RACF - 500 EAST AVENUE - ROCHESTER, NY 14607	80-0024332	501(C)(3)	7,200.	0.			GENERAL SUPPORT
ROCHESTER GENERAL HOSPITAL FOUNDATION - 100 KINGS HIGHWAY SOUTH, SUITE 2300 - ROCHESTER, NY 14617-5503	22-2229425	501(C)(3)	6,200.	0.			GENERAL SUPPORT
ROCHESTER INSTITUTE OF TECHNOLOGY - OFFICE OF DEVELOPMENT - 116 LOMB MEMORIAL DRIVE - ROCHESTER, NY 14623-5608	16-0743140	501(C)(3)	27,750.	0.			GENERAL SUPPORT
ROCHESTER MUSEUM & SCIENCE CENTER 657 EAST AVENUE ROCHESTER, NY 14607-2177	16-0794131	501(C)(3)	17,050.	0.			GENERAL SUPPORT/OPERATING SUPPORT

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# ROCHESTER AREA COMMUNITY FOUNDATION

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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)

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ROCHESTER PHILHARMONIC ORCHESTRA 108 EAST AVENUE ROCHESTER, NY 14604	16-0765613	501(C)(3)	85,869.	0.			GENERAL SUPPORT/ANNUAL CAMPAIGN/ENDOWMENT
SALVATION ARMY 10 FRANKLIN STREET ROCHESTER, NY 14604-4310	22-2406433	501(C)(3)	5,950.	0.			GENERAL SUPPORT/ANNUAL CAMPAIGN
SMITH COLLEGE - ADVANCEMENT, SYSTEMS AND OPERATIONS - 33 ELM STREET - NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	6,200.	0.			GENERAL SUPPORT
SPIRITUS CHRISTI 121 N. FITZHUGH STREET ROCHESTER, NY 14614	16-1563341	501(C)(3)	20,350.	0.			GENERAL SUPPORT
ST. ANN'S FOUNDATION 1500 PORTLAND AVENUE ROCHESTER, NY 14621	16-1379536	501(C)(3)	10,400.	0.			GENERAL SUPPORT/CAPITAL EXPANSION
ST. BENEDICT PARISH 95 N. MAIN STREET CANADAIGUA, NY 14424		CHURCH	5,750.	0.			FESTIVAL FOR FREEDOM
ST. CATHERINE UNIVERSITY 2004 RANDOLPH AVENUE ST PAUL, MN 55105			5,250.	0.			ANNUAL CAMPAIGN
ST. FRANCIS XAVIER CABRINI PARISH 124 EVERGREEN STREET ROCHESTER, NY 14605	53-0196617	501(C)(3)	21,818.	0.			GENERAL SUPPORT
ST. JOHN FISHER COLLEGE 3690 EAST AVENUE ROCHESTER, NY 14618	16-0746864	501(C)(3)	25,737.	0.			GENERAL SUPPORT/CAPITAL EXPANSION/SCHOLARSHIP

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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.)**

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ST. JOHN'S HOME FOR THE AGING 150 HIGHLAND AVENUE ROCHESTER, NY 14620	16-0743158	501(C)(3)	5,500.	0.			GREEN HOUSE PROJECT
ST. JOSEPH'S HOUSE OF HOSPITALITY P.O. BOX 31049 ROCHESTER, NY 14603	16-6038688	501(C)(3)	5,124.	0.			GENERAL SUPPORT
ST. JOSEPH'S NEIGHBORHOOD CENTER 417 SOUTH AVENUE ROCHESTER, NY 14620	16-0743089	CHURCH	11,700.	0.			GENERAL SUPPORT/OPERATING SUPPORT/ANNUAL CAMPAIGN
ST. LAWRENCE UNIVERSITY 23 ROMODA DRIVE CANTON, NY 13617-9988	15-0532239	501(C)(3)	7,700.	0.			GENERAL SUPPORT/SPECIFIC PROJECT
ST. LOUIS CHURCH 64 SOUTH MAIN STREET PITTSFORD, NY 14534	16-0755852	CHURCH	10,500.	0.			GENERAL SUPPORT
ST. PAUL'S EPISCOPAL CHURCH 25 WESTMINSTER ROAD ROCHESTER, NY 14607	31-1629166	CHURCH	12,257.	0.			GENERAL SUPPORT
ST. PAUL'S LUTHERAN CHURCH 28 LINCOLN AVENUE PITTSFORD, NY 14534		501(C)(3)	5,500.	0.			GENERAL SUPPORT
ST. THOMAS EPISCOPAL CHURCH 2000 HIGHLAND AVENUE ROCHESTER, NY 14618	16-0743003	501(C)(3)	20,350.	0.			GENERAL SUPPORT/CAPITAL EXPANSION/ANNUAL CAMPAIGN/ENDOWMENT
SUNY BROCKPORT FOUNDATION 350 NEW CAMPUS DRIVE BROCKPORT, NY 14420	22-2143232	501(C)(3)	5,500.	0.			GENERAL SUPPORT/SCHOLARSHIP

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# ROCHESTER AREA COMMUNITY FOUNDATION

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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)

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SUNY GENESEO FOUNDATION - ERWIN 202 - 1 COLLEGE CIRCLE SUNY GENESEO - GENESEO, NY 14454-1485	23-7104179	501(C)(3)	20,250.	0.			ENDOWMENT
BILL & LISA SYKES FAMILY FUND OF RACF - 500 EAST AVENUE - ROCHESTER, NY 14607	23-7250641	501(C)(3)	77,513.	0.			GENERAL SUPPORT
DAVID & MAURA SYKES FAMILY FUND OF RACF - 500 EAST AVENUE - ROCHESTER, NY 14607	23-7250641	501(C)(3)	77,513.	0.			GENERAL SUPPORT
PETER & LISA SYKES FAMILY FUND OF RACF - 500 EAST AVENUE - ROCHESTER, NY 14607	23-7250641	501(C)(3)	77,513.	0.			GENERAL SUPPORT
TEMPLE B'RITH KODESH 2131 ELMWOOD AVENUE ROCHESTER, NY 14618	16-0743199	CHURCH	15,071.	0.			GENERAL SUPPORT/OPERATING SUPPORT
TEMPLE BETH EL 139 S. WINTON ROAD ROCHESTER, NY 14610	16-0773643	CHURCH	5,358.	0.			GENERAL SUPPORT
THE FRIENDLY HOME 3156 EAST AVENUE ROCHESTER, NY 14618	16-0743132	501(C)(3)	6,500.	0.			CAPITAL EXPANSION/GENERAL SUPPORT
THIRD PRESBYTERIAN CHURCH 4 MEIGS STREET ROCHESTER, NY 14607	16-0743201	CHURCH	19,784.	0.			GENERAL SUPPORT/CAPITAL EXPANSION
TUFTS UNIVERSITY SCHOOL OF MEDICINE - 136 HARRISON AVENUE - BOSTON, MA 02111		501(C)(3)	25,000.	0.			GENERAL SUPPORT

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# ROCHESTER AREA COMMUNITY FOUNDATION

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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
UNIRONDACK, INC. 8722 UNIRONDACK ROAD LOWVILLE, NY 13367	16-0917160	501(C)(3)	5,000.	0.			LEGACY FUND
UNITARIAN UNIVERSALIST SERVICE COMMITTEE - 689 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139-3302	04-6186012	501(C)(3)	5,100.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER ROCHESTER 75 COLLEGE AVENUE ROCHESTER, NY 14607-1009	16-1015782	501(C)(3)	132,275.	0.			GENERAL SUPPORT/ANNUAL CAMPAIGN
UNITED WAY OF THE GREATER LEHIGH VALLEY - 1110 AMERICAN PARKWAY NORTHEAST - ALLENTOWN, PA 18109		501(C)(3)	6,000.	0.			GENERAL SUPPORT
UNITED WAY WORLDWIDE 701 N. FAIRFAX STREET ALEXANDRIA, VA 22314	23-7424837	501(C)(3)	5,000.	0.			GHANA-AKROPOND SCHOLARSHIP
UNITY HEALTH FOUNDATION 89 GENESEE STREET ROCHESTER, NY 14611	11-9627400	501(C)(3)	7,250.	0.			GENERAL SUPPORT
UNIVERSITY OF ROCHESTER PO BOX 278705 300 EAST RIVER ROAD ROCHESTER, NY 14627	16-0743209	501(C)(3)	25,100.	0.			SPECIFIC PROJECT
UNIVERSITY OF ROCHESTER GIFTS & DONOR RECORDS - P.O. BOX 270032 300 EAST RIVER ROAD - ROCHESTER, NY 14627-0032	16-0743209	501(C)(3)	39,948.	0.			GENERAL SUPPORT
UNIVERSITY OF ROCHESTER MEDICAL CENTER DEVELOPMENT OFFICE - 300 EAST RIVER RD P.O. BOX 278996 - ROCHESTER, NY 14627-8996	16-0743209	501(C)(3)	8,750.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**ROCHESTER AREA COMMUNITY FOUNDATION**

22-3106737 Page 1

Schedule I (Form 990)

**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
UNIVERSITY OF ROCHESTER, JAMES P. WILMOT CANCER CENTER - 301 EAST RIVER RD P.O. BOX 278996 - ROCHESTER, NY 14627	22-2341413	501(C)(3)	15,450.	0.			GENERAL SUPPORT
UNIVERSITY OF ROCHESTER, WARNER GRADUATE SCHOOL OF EDUCATION - DEWEY HALL UNIVERSITY OF ROCHESTER - ROCHESTER, NY 14627	16-0743209	SCHOOL	10,000.	0.			GEORGE EASTMAN CIRCLE
VASSAR COLLEGE, OPC. OF STUDENT ACCTS. - PO BOX 728 124 RAYMOND AVE - POUGHKEEPSIE, NY 12604-0728	14-1338587	501(C)(3)	25,200.	0.			GENERAL SUPPORT
VISITING NURSE SERVICE OF ROCHESTER & MONROE COUNTY - 2180 EMPIRE BOULEVARD - WEBSTER, NY 14580-2098	16-0743215	501(C)(3)	8,660.	0.			GENERAL SUPPORT/ANNUAL CAMPAIGN/MEALS ON WHEELS
WEBSTER PRESBYTERIAN CHURCH 550 WEBSTER ROAD WEBSTER, NY 14580	16-6085018	501(C)(3)	25,380.	0.			GENERAL SUPPORT
WOOD LIBRARY 134 NORTH MAIN STREET CANANDAIGUA, NY 14424	16-0755896	501(C)(3)	7,000.	0.			GENERAL SUPPORT/CAPITAL EXPANSION
WRITERS & BOOKS 740 UNIVERSITY AVENUE ROCHESTER, NY 14607	16-1154656	501(C)(3)	5,700.	0.			GENERAL SUPPORT/ANNUAL CAMPAIGN/YOUTH SCHOLARSHIPS
WXXI PUBLIC BROADCASTING COUNCIL P.O. BOX 30021 280 STATE STREET ROCHESTER, NY 14603-3021	16-0838086	501(C)(3)	37,845.	0.			GENERAL SUPPORT/OPERATING SUPPORT/ANNUAL CAMPAIGN
YMCA OF GREATER ROCHESTER 444 EAST MAIN STREET ROCHESTER, NY 14604	16-0743242	501(C)(3)	20,617.	0.			GENERAL SUPPORT/CAPITAL EXPANSION

Schedule I (Form 990)

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

22-3106737

Schedule I (Form 990) (2012)

Page 2

**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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

SCHEDULE I, PART I, LINE 2: ALL GRANTEEES 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

**2012**

Open 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.

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2012

1.

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

ROCHESTER AREA COMMUNITY FOUNDATION  
DEPOSITORY, INC.

22-3106737

Page 3

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

ROCHESTER AREA COMMUNITY FOUNDATION, A RELATED  
ORGANIZATION, WAS RESPONSIBLE FOR PAYING THE COMPENSATION FOR RACF  
DEPOSITORY, INC.'S PRESIDENT AND CEO AND VICE PRESIDENT AND THE RESPECTIVE  
HEALTH OR SOCIAL CLUB DUES. THE FOLLOWING WAS USED WHEN DETERMINING THE  
PRESIDENT AND CEO'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

**2012**

**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	122	2,322,511.	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
<b>30a</b>		X
<b>31</b>	X	
<b>32a</b>	X	

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

Schedule M (Form 990) (2012)

ROCHESTER AREA COMMUNITY FOUNDATION

Schedule M (Form 990) (2012)

DEPOSITORY, INC.

22-3106737

Page 2

**Part II**

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

SCHEDULE M, LINE 32B: ROCHESTER AREA COMMUNITY FOUNDATION DEPOSITORY,  
INC. IS AN AFFILIATE OF ROCHESTER AREA COMMUNITY FOUNDATION (RACF).

**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

**2012**  
**Open to Public**  
**Inspection**

Name of the organization	ROCHESTER AREA COMMUNITY FOUNDATION DEPOSITORY, INC.	Employer identification number 22-3106737
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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, 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 AND CEO'S REVIEW FORMS WILL BE COMING BY EMAIL AND SHOULD BE RETURNED TO HIS/HER ATTENTION. THE PRESIDENT AND CEO PROVIDES A MEMO ON PERFORMANCE TO DATE DURING ANNIVERSARY YEAR ENDING APRIL 17. THE CHAIR SECURES UPDATED REVIEW FORM FROM THE PRESIDENT AND CEO. THE CHAIR REVIEWS THE FORM AND EMAILS WITH PRESIDENT AND CEO'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, AS NEEDED) COMPILES PERFORMANCE REVIEWS AND DISSEMINATES SUMMARY TO EXECUTIVE COMMITTEE. THE VICE PRESIDENT, FINANCE PROVIDES COMPENSATION HISTORY FOR PRESIDENT AND CEO TO EXECUTIVE COMMITTEE. THE PRESIDENT AND CEO PROVIDES SALARY/BENEFIT COMPS FROM LOCAL AND NATIONAL PEERS TO EXECUTIVE COMMITTEE. AN EXECUTIVE SESSION OF EXECUTIVE COMMITTEE FOLLOWED BY A MEETING WITH PRESIDENT AND CEO 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 CEO 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](http://WWW.RACF.ORG).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

232212  
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization	ROCHESTER AREA COMMUNITY FOUNDATION DEPOSITORY, INC.	Employer identification number 22-3106737
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INTER/INTRA FUND TRANSFER	1,133.
EXPENDITURE UNREALIZED GAIN	-2,056.
TOTAL TO FORM 990, PART XI, LINE 9	-923.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE SELECTION OF THE AUDITORS AND OVERSEES THE AUDIT PROCESS. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FOOTNOTE 1 - 990, PART VIII LINE 7A-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

232212  
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

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

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

**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

**2012**

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

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" 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 14607-1912	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 14607-1912	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	501(C)(3)	11A	ROCHESTER AREA COMMUNITY FOUNDATION.		X
ROCHESTER AREA COMMUNITY FOUNDATION INITIATIVES, INC. - 80-0024332, 500 EAST AVENUE, ROCHESTER, NY 14607-1912	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) 2012

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

[illegible]

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

[illegible]



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

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

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

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

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

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

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

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

**f** Dividends from related organization(s)

**g** Sale of assets to related organization(s)

**h** Purchase of assets from related organization(s)

**i** Exchange of assets with related organization(s)

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

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

**l** Performance of services or membership or fundraising solicitations for related organization(s)

**m** Performance of services or membership or fundraising solicitations by related organization(s)

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

**o** Sharing of paid employees with related organization(s)

**p** Reimbursement paid to related organization(s) for expenses

**q** Reimbursement paid by related organization(s) for expenses

**r** Other transfer of cash or property to related organization(s)

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ROCHESTER AREA COMMUNITY FOUNDATION	B	449,435.	FAIR VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

**total assets or gross revenue)**

[illegible]

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