



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 private foundations)

OMB No 1545-0047

2014Open to Public
Inspection

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning APR 1, 2014 and ending MAR 31, 2015

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
500 EAST AVENUECity or town, state or province, country, and ZIP or foreign postal code
ROCHESTER, NY 14607F Name and address of principal officer: **JENNIFER LEONARD
SAME AS C ABOVE**

D Employer identification number

22-3106737E Telephone number
585-271-4100G Gross receipts \$ **4,751,848.**H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527J Website: ▶ **WWW.RACF.ORG**K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶L Year of formation: **1991** M State of legal domicile: **NY****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE GRANTS TO 501(C)(3) PUBLIC CHARITIES, EXEMPT UNDER IRC 509(A)(1), (2) AND (3)		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	28	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	28	
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	0	
	6	Total number of volunteers (estimate if necessary)	28	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,720,412.	2,934,855.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<1,519.>	13,825.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	400.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,718,893.	2,949,080.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), line 1a)	3,146,888.	2,600,644.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	38,656.	33,245.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,185,544.	2,633,889.
19	Revenue less expenses. Subtract line 18 from line 12	533,349.	315,191.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	6,958,807.	7,236,357.
	21	Total liabilities (Part X, line 26)	0.	1,350.
	22	Net assets or fund balances Subtract line 21 from line 20	6,958,807.	7,235,007.

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	11-2-15	
	JENNIFER LEONARD, PRESIDENT AND CEO			
Paid Preparer Use Only	Type or print name and title	Signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	JEFFREY PAILLE	Jeffrey Paille	10/28/15	P01378272
	Firm's name ▶ BONADIO & CO., LLP	Firm's EIN ▶ 16-1131146	Phone no. (585) 381-1000	

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

☒ Yes ☐ No

432001 11-07-14

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

Form 990 (2014)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

6532

SCANNED DEC 03 2015

ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

Form 990 (2014)

22-3106737 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 \$ 2,600,644. including grants of \$ 2,600,644.) (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. 818 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 2,600,644.

Form 990 (2014)

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

Form 990 (2014)

22-3106737 Page **3**

Part IV Checklist of Required Schedules

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

Form **990** (2014)

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

Form 990 (2014)

22-3106737 Page **4**

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Form **990** (2014)

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

Form 990 (2014)

22-3106737 Page **5**

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			X
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

Form **990** (2014)

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

Form 990 (2014)

22-3106737 Page 6

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 or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	28	
1b Enter the number of voting members included in line 1a, above, who are independent	28	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **►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, address, and telephone number of the person who possesses the organization's books and records **►**
MS. AMY VARS - 585-271-4100
500 EAST AVENUE, ROCHESTER, NEW YORK 14607

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

Form 990 (2014)

22-3106737 Page 7

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See 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) JUDY VON BUCHER SECRETARY	1.00	X		X				0.	0.	0.
(6) HOFFMAN MOKA LANTUM, MD, PHD MEMBER	1.00	X						0.	0.	0.
(7) SUSAN E. ACKER, CRPC MEMBER	1.00	X						0.	0.	0.
(8) HEIDI N. ZIMMER-MEYER MEMBER	1.00	X						0.	0.	0.
(9) JOSE CORONAS CHAIR ELECT	1.00	X		X				0.	0.	0.
(10) KATHY NIXON CHAIR	1.00	X		X				0.	0.	0.
(11) KIM VANGELDER MEMBER	1.00	X						0.	0.	0.
(12) DAVID A. STILL MEMBER	1.00	X						0.	0.	0.
(13) EDWARD C. RADIN, ESQ. MEMBER	1.00	X						0.	0.	0.
(14) CAROL H. ADAMS MEMBER	1.00	X						0.	0.	0.
(15) MARY WORBOYS-TURNER MEMBER	1.00	X						0.	0.	0.
(16) EDWARD D. BLOOM, ESQ. MEMBER	1.00	X						0.	0.	0.
(17) JEREMY A. COONEY, ESQ MEMBER	1.00	X						0.	0.	0.

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

Form 990 (2014)

22-3106737 Page **8**

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) MICHAEL G. KANE MEMBER	1.00	X						0.	0.	0.
(19) ELIZABETH A. THORLEY, CFP MEMBER	1.00	X						0.	0.	0.
(20) ROBERT D. BADEN MEMBER	1.00	X						0.	0.	0.
(21) REV. MARVIN A. MCMICKLE, PHD MEMBER	1.00	X						0.	0.	0.
(22) RICHARD J. RIEDMAN MEMBER	1.00	X						0.	0.	0.
(23) DAVID P. VENISKEY, CPA TREASURER	1.00	X		X				0.	0.	0.
(24) DAVID R. FERRIS, ESQ. MEMBER	1.00	X						0.	0.	0.
(25) CAROLYN G. NUSSBAUM, ESQ. MEMBER	1.00	X						0.	0.	0.
(26) THOMAS S. RICHARDS MEMBER	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	393,817.	4,716.
d Total (add lines 1b and 1c)								0.	393,817.	4,716.

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <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** (2014)

Form 990

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

432201
05-01-14

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

Form 990 (2014)

22-3106737 Page **9**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	9,250.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,925,605.			
	g	Noncash contributions included in lines 1a-1f \$		1,878,544.			
	h	Total. Add lines 1a-1f		2,934,855.			
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		19,266.			19,266.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	(i) Real					
		(ii) Personal					
	7 a	(i) Securities					
		(ii) Other					
	8 a	(i) Securities					
		(ii) Other					
	9 a	(i) Securities					
		(ii) Other					
	10 a	(i) Securities					
(ii) Other							
11 a	(i) Securities						
	(ii) Other						
Miscellaneous Revenue							
11 a	(i) Securities						
	(ii) Other						
12	(i) Securities						
	(ii) Other						
Total revenue. See instructions.				2,949,080.	0.	0.	14,225.

432009
11-07-14

Form **990** (2014)

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

Form 990 (2014)

22-3106737 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 8b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,600,644.	2,600,644.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	6,262.		6,262.	
b Legal				
c Accounting	2,000.		2,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	24,709.		24,709.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER FEES	274.		274.	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,633,889.	2,600,644.	33,245.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

Form 990 (2014)

22-3106737 Page **11**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,150.	1	159,033.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	6,947,253.	12	7,058,247.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,404.	15	19,077.
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,958,807.	16	7,236,357.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	1,350.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	1,350.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets			27	
28 Temporarily restricted net assets		6,958,807.	28	7,235,007.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		6,958,807.	33	7,235,007.
34 Total liabilities and net assets/fund balances		6,958,807.	34	7,236,357.

Form **990** (2014)

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

Form 990 (2014)

22-3106737 Page **12**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,949,080.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,633,889.
3	Revenue less expenses Subtract line 2 from line 1	3	315,191.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,958,807.
5	Net unrealized gains (losses) on investments	5	<3,833.>
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<35,158.>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,235,007.

Part XII Financial Statements and Reporting

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

		Yes	No
1	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.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

Form **990** (2014)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

ROCHESTER AREA COMMUNITY FOUNDATION

Schedule A (Form 990 or 990-EZ) 2014 **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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,123,320.	2,484,411.	3,230,079.	3,720,412.	2,934,855.	15,493,077.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,123,320.	2,484,411.	3,230,079.	3,720,412.	2,934,855.	15,493,077.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,097,312.
6 Public support. Subtract line 5 from line 4						13,395,765.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	3,123,320.	2,484,411.	3,230,079.	3,720,412.	2,934,855.	15,493,077.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,872.	20,537.	16,261.	16,487.	19,266.	93,423.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	125.				400.	525.
11 Total support. Add lines 7 through 10						15,587,025.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	85.94	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	80.70	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2014

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2014.** 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 - 2013.** 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 ☐

ROCHESTER AREA COMMUNITY FOUNDATION

Schedule A (Form 990 or 990-EZ) 2014 **DEPOSITORY, INC.**

22-3106737 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

ROCHESTER AREA COMMUNITY FOUNDATION

Schedule A (Form 990 or 990-EZ) 2014 **DEPOSITORY, INC.**

22-3106737 Page 5

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

ROCHESTER AREA COMMUNITY FOUNDATION

Schedule A (Form 990 or 990-EZ) 2014 **DEPOSITORY, INC.**

22-3106737 Page **6**

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.35	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2014

ROCHESTER AREA COMMUNITY FOUNDATION

Schedule A (Form 990 or 990-EZ) 2014 **DEPOSITORY, INC.**

22-3106737 Page 7

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 **DEPOSITORY, INC.**

Part VI

Supplemental Information.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information (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.▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014**Open to Public
Inspection****Name 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	239	
2 Aggregate value of contributions to (during year)	2,934,855.	
3 Aggregate value of grants from (during year)	2,600,644.	
4 Aggregate value at end of year	7,235,007.	
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 a 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) Revenue 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 Revenue 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) 2014

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
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

2 Provide the estimated percentage of the 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
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

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

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c) ▶ 0.

Schedule D (Form 990) 2014

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

Schedule D (Form 990) 2014

22-3106737 Page **3**

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CASH AND EQUIVALENTS	7,058,247.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	7,058,247.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2014

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

Schedule D (Form 990) 2014

22-3106737 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,910,089.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	<3,833.>	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	<35,158.>	
e	Add lines 2a through 2d	2e	<38,991.>	
3	Subtract line 2e from line 1		3	2,949,080.
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	2,949,080.

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

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

1	Total expenses and losses per audited financial statements		1	2,633,889.
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	2,633,889.
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	2,633,889.

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INTER/INTRA FUND TRANSFER -35,158.

**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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

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

Employer identification number

22-3106737

OMB No 1545-0047

2014

Open to Public
Inspection

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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
BIVONA CHILD ADVOCACY CENTER 275 LAKE AVENUE ROCHESTER, NY 14608	03-0519569	501(C)(3)	11,500.	0.			FOR GENERAL SUPPORT
BLESSED SACRAMENT CHURCH 259 RUTGERS STREET ROCHESTER, NY 14607	16-0752496	501(C)(3)	5,750.	0.			FOR GENERAL SUPPORT
BOYS & GIRLS CLUBS OF GENEVA P.O. BOX 166 GENEVA, NY 14456-1225	16-1481026	501(C)(3)	5,500.	0.			FOR ANNUAL OPERATING SUPPORT
CAREGIVER RESPITE PROGRAM FUND OF RACF - 500 EAST AVENUE - ROCHESTER, NY 14623	23-7250641	501(C)(3)	170,075.	0.			FOR GENERAL SUPPORT
CATHOLIC DIOCESE OF ROCHESTER 1150 BUFFALO ROAD ROCHESTER, NY 14624	16-0755765	501(C)(3)	27,650.	0.			FOR OUR LEGACY OUR FUTURE OUR HOPE CAMPAIGN, GENERAL SUPPORT, CATHOLIC MINISTRIES APPEAL
CHARLES FINNEY HIGH SCHOOL 2070 FIVE MILE LINE ROAD PENFIELD, NY 14526	16-1422818	501(C)(3)	17,500.	0.			FOR GENERAL SUPPORT

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

100.

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

9.

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

Schedule I (Form 990) (2014)

ROCHESTER AREA COMMUNITY FOUNDATION

DEPOSITORY, INC.

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
CHILDREN AWAITING PARENTS, INC. 274 N. GOODMAN STREET, SUITE D-103 ROCHESTER, NY 14607	16-1047933	501(C)(3)	5,600.	0.			FOR GENERAL SUPPORT
CHRIST EPISCOPAL CHURCH PITTSFORD 36 SOUTH MAIN STREET PITTSFORD, NY 14534	16-0979777	CHURCH	26,261.	0.			FOR GENERAL OPERATIONS, MUSIC IN MINISTRY
CLARKSON UNIVERSITY 8 CLARKSON AVENUE, P.O. BOX 5522 POTSDAM, NY 13699-5547	15-0543659	501(C)(3)	8,500.	0.			FOR REH CENTER FOR ENTREPRENEURSHIP, FOR THE CLARKSON FUND
CLIFTON SPRINGS HOSPITAL & CLINIC 2 COULTOR ROAD CLIFTON SPRINGS, NY 14432	16-0743966	501(C)(3)	10,450.	0.			TO HONOR OUR LEADERSHIP
COLGATE ROCHESTER CROZER DIVINITY SCHOOL - 1100 SOUTH GOODMAN STREET - ROCHESTER, NY 14620	16-0743916	501(C)(3)	7,100.	0.			FOR GENERAL SUPPORT
COLUMBIA UNIVERSITY MAILMAN SCHOOL OF PUBLIC HEALTH, 722 WEST 168TH STREET, 14TH FL. - NEW YORK,	13-5598093	501(C)(3)	5,000.	0.			FOR THE LYNNE LOOMIS-PRICE MEMORIAL SCHOLARSHIP FUND
COMMUNITY SOLUTIONS 125 MAIDEN LANE, SUITE 16C NEW YORK, NY 10038	27-3523909	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
CONGREGATION BETH SHOLOM 1161 MONROE AVENUE ROCHESTER, NY 14620	16-0814112	501(C)(3)	20,825.	0.			FOR SUPPORT OF MACCABEATS SHABBATON, AMBASSADORS OF HIMMANURY PROJECT,
CORN HILL WATERFRONT AND NAVIGATION FOUNDATION - P.O BOX 18417 - ROCHESTER, NY 14618	16-1388214	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION

Schedule I (Form 990) DEPOSITORY, INC.

22-3106737

Page 1

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
CORNELL UNIVERSITY BOX 223623 PITTSBURGH, PA 15251	15-0532082	501(C)(3)	11,050.	0.			AS AN ANNUAL DONATION FOR THE COLLEGE OF HUMAN ECOLOGY, GENERAL FUND
CRACKER BOX PALACE - FARM ANIMAL HAVEN - P.O. BOX 174 - ALTON, NY 14413	16-1600471	501(C)(3)	10,000.	0.			FOR BARN, HAY AND GENERAL HORSE CARE, FOR THE ANIMALS
CRADLE BEACH CAMP 8038 OLD LAKE SHORE ROAD ANGOLA, NY 14006-9635	16-0743025	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
DAYSTAR FOR MEDICALLY FRAGILE CHILDREN - 700 LAC DE VILLE BOULEVARD - ROCHESTER, NY 14618-5608	26-3275794	501(C)(3)	5,100.	0.			FOR GENERAL SUPPORT
DOCTORS WITHOUT BORDERS, USA/NY 333 7TH AVENUE, 2ND FL. NEW YORK, NY 10001-5004	13-3433452	501(C)(3)	12,650.	0.			GENERAL SUPPORT, BUILDING HOSPITALS IN AFRICA, THE TREATMENT OF EBOLA, INT. MEDICAL CARE
DOWNSTAIRS CABARET THEATRE 20 WINDSOR STREET ROCHESTER, NY 14605	16-1206395	501(C)(3)	6,750.	0.			FOR GENERAL SUPPORT
DOWNTOWN UNITED PRESBYTERIAN CHURCH - 121 NORTH FITZHUGH STREET - ROCHESTER, NY 14614							
EAC 50 CLINTON STREET, STE. 107 HEMPSTEAD, NY 11550	23-7175609	501(C)(3)	19,000.	0.			FOR RESPIRE FOR CAREGIVERS OF ALZHEIMER AND DEMENTIA PATIENTS
EASTMAN SCHOOL OF MUSIC 26 GIBBS STREET ROCHESTER, NY 14604	16-0743209	501(C)(3)	7,300.	0.			FOR ENDOWMENT OF THE MARGARET AND STEPHEN WEBER MEMORIAL SCHOLARSHIP FUND

Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION

22-3106737 Page 1

Schedule I (Form 990)

DEPOSITORY, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPILEPSY ASSOCIATION OF GREATER ROCHESTER - 1000 ELMWOOD AVENUE - ROCHESTER, NY 14620-3004	52-0956431	501(C)(3)	5,000.	0.			AS AN ANNUAL GIFT
FINGER LAKES CULTURAL AND NATURAL HISTORY MUSEUM - P.O. BOX 96, 3369 GUYANOGA ROAD - KEUKA PARK, NY 14478-0096	27-0385022	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF ONTARIO CENTER - 1638 RIDGE ROAD - ONTARIO, NY 14519	22-3397390	501(C)(3)	6,250.	0.			FOR 2015 SUPPORT
FIRST UNITARIAN CHURCH OF ROCHESTER - 220 WINTON ROAD SOUTH - ROCHESTER, NY 14610	16-0754663	CHURCH	13,625.	0.			FOR OPERATING SUPPORT, GREATER GOOD PROJECTS, RCSD #22 SCHOOL PROGRAMS, VARIOUS FUNDS
FOODLINK 1999 MT. READ BOULEVARD, BLDG. 1-2 ROCHESTER, NY 14615-3700	22-2428304	501(C)(3)	10,388.	0.			FOR GENERAL SUPPORT
FRACTURED ATLAS 248 W. 35TH STREET, 10TH FLOOR NEW YORK, NY 10001	11-3451703	501(C)(3)	10,000.	0.			FOR FORKS AND HOPE - TAKING SNARK TO THE EDINBURGH PRINCE FESTIVAL
FRIENDS & FOUNDATION OF THE ROCHESTER PUBLIC LIBRARY - 115 SOUTH AVENUE - ROCHESTER, NY 14604-1896	16-1347453	501(C)(3)	7,575.	0.			FOR GENERAL SUPPORT
FRIENDS OF STRONG MEMORIAL HOSPITAL - BOX 643, 601 ELMWOOD AVENUE - ROCHESTER, NY 14642	16-0743209	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
GARTH FAGAN DANCE, INC. 50 CHESTNUT STREET ROCHESTER, NY 14604	23-7276763	501(C)(3)	6,950.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION

22-3106737

Page 1

Schedule I (Form 990)

DEPOSITORY, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESEE LAND TRUST 46 PRINCE STREET, SUITE LL005 ROCHESTER, NY 14607	22-3033712	501(C)(3)	22,400.	0.			FOR ANNUAL SUPPORT, SUMMER PROGRAMS, LANDSCAPER APPRENTICE PROGRAM
GENESEE VALLEY CONSERVANCY P.O. BOX 73 GENESEO, NY 14454	23-3061147	501(C)(3)	6,100.	0.			FOR GENERAL SUPPORT
GEORGE EASTMAN HOUSE 900 EAST AVENUE ROCHESTER, NY 14607	16-0743991	501(C)(3)	15,575.	0.			FOR ANNUAL SUPPORT, GENERAL SUPPORT
GEVA THEATRE CENTER 75 WOODBURY BOULEVARD ROCHESTER, NY 14607	23-7202906	501(C)(3)	39,000.	0.			FOR GENERAL SUPPORT, SUMMER CURTAIN CALL, CAPITAL CAMPAIGN
GOLISANO CHILDREN'S HOSPITAL AT STRONG - 300 EAST RIVER ROAD, P.O. BOX 278996 - ROCHESTER, NY 14627-8996	16-0743209	501(C)(3)	33,550.	0.			FOR GENERAL SUPPORT, NEW GOLISANO CHILDREN'S HOSPITAL, 2014 AUCTION GALA FUND IN NEED
GRACE EPISCOPAL CHURCH/SCOTTSVILLE P.O. BOX 158 SCOTTSVILLE, NY 14546-0158	51-0205421	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
GROTON SCHOOL 282 FARMERS ROW, P.O. BOX 991 GROTON, MA 1450							FOR 2014-15 ANNUAL FUND
HABITAT FOR HUMANITY, NY, INC. 111 JOHN STREET, 23RD FLOOR NEW YORK, NY 10038-3109	11-2857055	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 13323	15-0532200	501(C)(3)	50,400.	0.			FOR GENERAL SUPPORT, GENERAL CAREER CENTER INITIATIVES

Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION

Schedule I (Form 990)

DEPOSITORY, INC.

22-3106737

Page 1

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
HARLEY SCHOOL 1981 CLOVER STREET ROCHESTER, NY 14618	16-0755783	501(C)(3)	16,800.	0.			FOR HORIZONS AT HARLEY, GENERAL SUPPORT
HARVARD COLLEGE UNIVERSITY PLACE, 124 MT. AUBURN ST CAMBRIDGE, MA 02138-5762	04-2103580	501(C)(3)	10,000.	0.			FOR HARVARD COLLEGE FUND /DEAN'S LEADERSHIP FUND, GENERAL SUPPORT
HILLEL SCHOOL 191 FAIRFIELD DRIVE ROCHESTER, NY 14620	16-0743038	501(C)(3)	14,600.	0.			FOR THE SECURITY SYSTEM, ON KEY FUNDRAISER, E-JOURNAL ALUMNI FUNDRAISING, ROC THE DAY
HILLSIDE CHILDREN'S FOUNDATION 1183 MONROE AVENUE ROCHESTER, NY 14620-1699	16-1493404	501(C)(3)	6,750.	0.			FOR THE SAMUEL T. HUBBARD FUND, CHILDREN'S CAMPER FUND, GENERAL SUPPORT
HIMALAYAN HEALTH CARE P.O. BOX 737, PLANETARIUM STATION NEW YORK, NY 10024	13-3675381	501(C)(3)	5,000.	0.			AS SUPPORT FOR LAPA DORMITORY FUND AND SIMILAR BUILDING PURPOSES
HOCHSTEIN SCHOOL OF MUSIC & DANCE 50 NORTH PLYMOUTH AVENUE ROCHESTER, NY 14614	16-0768758	501(C)(3)	29,375.	0.			FOR GENERAL SUPPORT, LIVE FROM HOCHSTEIN, TUITION ASSISTANT PROGRAM, CHILDREN'S CHOIR
HUMANE SOCIETY AT LOLLYPOP FARM 99 VICTOR ROAD FAIRPORT, NY 14450	16-0743047	501(C)(3)	15,200.	0.			FOR VEHICLE FOR THE SOCIETY, GENERAL SUPPORT
INQUIRING MIND PO BOX 9999 BERKELEY, CA 94709	94-3271744	501(C)(3)	5,000.	0.			FOR THE PRISON PROJECT (MINDS INSIDE)
INTOUCH MINISTRIES P.O. BOX 7900 ATLANTA, GA 30357		501(C)(3)	6,000.	0.			TO FURTHER ORGANIZATION'S MISSION

Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION

22-3106737 Page 1

Schedule I (Form 990) **DEPOSITORY, INC.**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IRONDEQUOIT UNITED CHURCH OF CHRIST - 644 TITUS AVENUE - ROCHESTER, NY 14617	16-0782570	501(C)(3)	23,100.	0.			FOR GENERAL SUPPORT, THE BUILDING FUND
JEWISH FEDERATION OF GREATER ROCHESTER - 441 EAST AVENUE - ROCHESTER, NY 14607	16-0868942	501(C)(3)	21,950.	0.			FOR GENERAL SUPPORT, STOP THE SIRENS EMERGENCY CAMPAIGN FOR ISRAEL
JEWISH SENIOR LIFE FOUNDATION 2021 WINTON ROAD SOUTH ROCHESTER, NY 14618	22-3409164	501(C)(3)	8,500.	0.			FOR THE GOLDEN ALLIANCE, GENERAL SUPPORT, POWER OF ONE CAMPAIGN
LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK - DEVELOPMENT DEPT., P.O. BOX 689 - ALLENTOWN, PA 18105-1556	23-1689692	501(C)(3)	101,000.	0.			TO ENDOW THE GREGORY AND LORRAINE HARPER CANCER RISK AND GENETIC ASSESSMENT PROGRAM,
MCQUAID JESUIT HIGH SCHOOL 1800 SOUTH CLINTON AVENUE ROCHESTER, NY 14618	16-0781584	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT, KNIGHT'S COUNCIL FACILITY MAINTENANCE
MEMORIAL ART GALLERY AT THE UNIVERSITY OF ROCHESTER - PO BOX 270032, 300 EAST RIVER ROAD - ROCHESTER, NY 14627-0032	16-0743209	501(C)(3)	17,700.	0.			FOR GENERAL SUPPORT, MAG DIRECTORS CIRCLE, MAG SCULPTURE PARK, GRANT HOLCOMB ENDOWMENT FUND
MIDDLEBURY COLLEGE MUMFORD HOUSE, 5370 MIDDLEBURY COLLEGE - MIDDLEBURY, VT 05753-6229	03-0285938	501(C)(3)	10,000.	0.			FOR ANNUAL SUPPORT 2014 - CLASS OF 1954
MOUNTAIN RISE UNITED CHURCH OF CHRIST - 2 MOUNTAIN RISE - FAIRPORT, NY 14450	16-0868488	CHURCH	43,700.	0.			FOR GENERAL SUPPORT
NA'AMAT USA 21515 VANOWEN STREET, STE. 102 CANOGA PARK, CA 91303	13-5590516	501(C)(3)	12,000.	0.			TO SUPPORT THE MUSIC & MOVEMENT PROG. AND PURCHASE OF EDUCATIONAL MATERIALS & GAMES

Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION

22-3106737

Page 1

Schedule I (Form 990)

DEPOSITORY, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATURE CONSERVANCY -CENTRAL & WESTERN NY CHAPTER - 1048 UNIVERSITY AVENUE - ROCHESTER, NY 14604-2615	53-0242652	501(C)(3)	7,200.	0.			TO PRESERVE AND PROTECT ENVIRONMENT IN CENTRAL/WESTERN NY, GENERAL SUPPORT
NAZARETH COLLEGE OF ROCHESTER 4245 EAST AVENUE ROCHESTER, NY 14618-3790	16-0743088	501(C)(3)	17,800.	0.			FOR THE WELLNESS AND REHABILITATION INSTITUTE, PECKHAM HALL DONATION, CASA ITALIANA
NORTH EAST AREA DEVELOPMENT, INC. 360 WEBSTER AVENUE ROCHESTER, NY 14609							
OPEN DOOR MISSION, INC. P.O. BOX 14236 ROCHESTER, NY 14608	16-6091542	501(C)(3)	5,000.	0.			FOR THE SUMER PROGRAM 2014
PLANNED PARENTHOOD OF CENTRAL AND WESTERN NEW YORK, INC. - 114 UNIVERSITY AVENUE - ROCHESTER, NY 14605	16-6050714	501(C)(3)	6,150.	0.			FOR GENERAL SUPPORT
PROVIDENCE HOUSING DEVELOPMENT CORPORATION - 1150 BUFFALO ROAD - ROCHESTER, NY 14624-1823	16-0743085	501(C)(3)	25,516.	0.			FOR GENERAL SUPPORT, CAPITAL CAMPAIGN
	22-3311544	501(C)(3)	5,000.	0.			FOR 20/20 CELEBRATION
ROBERTS WESLEYAN COLLEGE 2301 WESTSIDE DRIVE ROCHESTER, NY 14624-1997							
ROCHESTER CHAPTER OF HADASSAH HADASSAH MEDICAL ORGANIZATION, 119 DALEY BOULEVARD - ROCHESTER, NY 14617	16-0743126	501(C)(3)	25,250.	0.			FOR GENERAL SUPPORT
ROCHESTER GENERAL HOSPITAL FOUNDATION - 100 KINGS HIGHWAY SOUTH, SUITE 2300 - ROCHESTER, NY 14617-5503	23-7219032	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
	22-2229425	501(C)(3)	20,700.	0.			FOR GENERAL SUPPORT, ROCHESTER MEDICAL MUSEUM & ARCHIVES, HEINING CLINICAL STUDY FUND

Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION

22-3106737

Page 1

Schedule I (Form 990)

DEPOSITORY, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER INSTITUTE OF TECHNOLOGY OFFICE OF DEVELOPMENT, 116 LOMB MEMORIAL DRIVE - ROCHESTER, NY 14623-5608	16-0743140	501(C)(3)	6,450.	0.			FOR GENERAL SUPPORT, ATHLETIC ASSOCIATION, SCHOLARSHIPS
ROCHESTER MUSEUM & SCIENCE CENTER 657 EAST AVENUE ROCHESTER, NY 14607-2177	16-0794131	501(C)(3)	17,350.	0.			FOR GENERAL SUPPORT
ROCHESTER PHILHARMONIC ORCHESTRA 108 EAST AVENUE ROCHESTER, NY 14604	16-0765613	501(C)(3)	66,535.	0.			FOR GENERAL SUPPORT, ROCHESTER PHILHARMONIC YOUTH ORCHESTRA
RONALD MCDONALD HOUSE CHARITIES OF ROCHESTER - 333 WESTMORELAND DRIVE - ROCHESTER, NY 14620	16-1271311	501(C)(3)	25,000.	0.			FOR BATHROOMS, GENERAL SUPPORT
SALVATION ARMY ROCHESTER NY 10 FRANKLIN STREET ROCHESTER, NY 14604-4310	22-2406433	501(C)(3)	7,450.	0.			FOR FUND FOR THE PUBLIC INTEREST, GENERAL SUPPORT, RED KETTLE CAMPAIGN
SENECA PARK ZOO SOCIETY 2222 ST. PAUL STREET ROCHESTER, NY 14621	16-0905390	501(C)(3)	7,450.	0.			FOR GENERAL OPERATING SUPPORT
SPIRITUS CHRISTI 121 N. FITZHUGH STREET ROCHESTER, NY 14614	16-1563341	501(C)(3)	21,000.	0.			FOR PRISON MINISTRY, CHIAPAS MINISTRY, RELIGIOUS EDUC., MENTAL HEALTH, CHIAPAS ORPHANAGE
ST. JOHN FISHER COLLEGE 3690 EAST AVENUE ROCHESTER, NY 14618	16-0746864	501(C)(3)	22,400.	0.			FOR GENERAL SUPPORT, BAIN SCHOLARSHIP FUND, CAPITAL CAMPAIGN, SCH AND BUILDING FUNDS
ST. JOSEPH'S NEIGHBORHOOD CENTER 417 SOUTH AVENUE ROCHESTER, NY 14620	16-0743089	CHURCH	6,550.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION

22-3106737

Page 1

Schedule I (Form 990)

DEPOSITORY, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. LOUIS CHURCH 64 SOUTH MAIN STREET PITTSFORD, NY 14534	16-0755852	CHURCH	7,000.	0.			FOR THE GENERAL FUND
ST. LUKE'S EPISCOPAL CHURCH P.O. BOX 146 FAIRPORT, NY 14450		501(C)(3)	11,588.	0.			FOR GENERAL SUPPORT
ST. PAUL'S EPISCOPAL CHURCH 25 WESTMINSTER ROAD ROCHESTER, NY 14607	31-1629166	CHURCH	7,350.	0.			FOR GENERAL SUPPORT
ST. THOMAS EPISCOPAL CHURCH 2000 HIGHLAND AVENUE ROCHESTER, NY 14618	16-0743003	501(C)(3)	27,500.	0.			FOR GENERAL SUPPORT, CAPITAL CAMPAIGN
SUNY BROCKPORT FOUNDATION 350 NEW CAMPUS DRIVE BROCKPORT, NY 14420	22-2143232	501(C)(3)	8,000.	0.			FOR THE SCHOOL OF BUSINESS ADMINISTRATION AND ECONOMICS, CAPITAL CAMPAIGN
SUNY GENESEO FOUNDATION ERWIN 202 1 COLLEGE CIRCLE, SUNY G ENESEO, NY 14454-1485	23-7104179	501(C)(3)	20,250.	0.			FOR SUNY GENESEO BUSINESS SCHOOL--BUSINESS ADVISORY COUNCIL, ENDOWMENT
TEMPLE B'RITH KODESH 2131 ELMWOOD AVENUE ROCHESTER, NY 14618	16-0743199	CHURCH	14,803.	0.			FOR ONGOING SUPPORT, GENERAL SUPPORT, TEMPRO DEVELOPMENT CORPORATION, RABBI FUNDS
TEMPLE BETH EL 139 S. WINTON ROAD ROCHESTER, NY 14610	16-0773643	CHURCH	5,682.	0.			FOR GENERAL SUPPORT, TEMPLE BETH EL FOUNDATION, TWO TORAH PORTABLE ARK FOR SUKKAT
THE DELTA CHI EDUCATIONAL FOUNDATION - 314 CHURCH STREET, PO BOX 1817 - IOWA CITY, IA 52244-1817	42-6075434	501(C)(3)	10,000.	0.			TO SUPPORT THE GENERAL FUND OF THE FOUNDATION

Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION

22-3106737

Page 1

Schedule I (Form 990)

DEPOSITORY, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GRANT PARK ORCHESTRAL ASSOCIATION - 205 EAST RANDOLPH STREET - CHICAGO, IL 60601	32-0005884	501(C)(3)	5,500.	0.			FOR THE ADVOCATE FOR THE ARTS AWARDS BENEFIT, PADDLE RAISE, ANNUAL FUND
THIRD PRESBYTERIAN CHURCH 4 MEIGS STREET ROCHESTER, NY 14607	16-0743201	CHURCH	12,990.	0.			FOR 2014 GIVING, GENERAL SUPPORT
U OF R ADVANCEMENT U OF R ADVANCEMENT GIFT & DONOR RECORDS, BOX 270032 - ROCHESTER, NY 14627-00	16-0743209	501(C)(3)	28,500.	0.			FOR THE PALLIATIVE CARE PROGRAM, GENERAL SUPPORT, WARNER SCHOOL OF EDUCATION
UNIRONDACK, INC. PO BOX 795 NYACK, NY 10960	16-0917160	501(C)(3)	5,000.	0.			FOR THE LEGACY FUND
UNITARIAN UNIVERSALIST SERVICE COMMITTEE - 689 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139-3302	04-6186012	501(C)(3)	26,250.	0.			FOR GENERAL SUPPORT, THE SPECIAL FUND
UNITED WAY OF GREATER ROCHESTER 75 COLLEGE AVENUE ROCHESTER, NY 14607-1009	16-1015782	501(C)(3)	92,600.	0.			FOR GENERAL SUPPORT, UW COMMUNITY FUND, QUAD A, PLANNED PARENTHOOD OF WESTERN NY
UNITED WAY WORLDWIDE 701 N. FAIRFAX ST. ALEXANDRIA, VA 22314	23-7424837	501(C)(3)	5,000.	0.			FOR THE UNITED WAY GHANA - AKROPONG SCHOLARSHIP
UNIVERSITY OF ROCHESTER P.O. BOX 278705, 300 EAST RIVER ROAD ROCHESTER, NY 14627	16-0743209	501(C)(3)	8,000.	0.			FOR THE ESM SURVIVORSHIP CLINIC, VARIOUS FUNDS, UNRESTRICTED 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)	10,550.	0.			FOR GENERAL SUPPORT, CONVOCATION, EASTMAN CIRCLE, VISITING NURSE SERVICE, SCHOLARSHIPS

Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION

Schedule I (Form 990)

DEPOSITORY, INC.

22-3106737

Page 1

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 - 300 EAST RIVER ROAD, BOX 278996 - ROCHESTER, NY 14627	22-2341413	501(C)(3)	13,600.	0.			FOR THE BREAST CANCER RESEARCH INITIATIVE, GENERAL SUPPORT
VISITING NURSE SERVICE OF ROCHESTER & MONROE COUNTY - 2180 EMPIRE BOULEVARD - WEBSTER, NY 14580-2098	16-0743215	501(C)(3)	6,600.	0.			FOR MEALS ON WHEELS, GENERAL SUPPORT
WEBSTER PRESBYTERIAN CHURCH 550 WEBSTER ROAD WEBSTER, NY 14580	16-6085018	501(C)(3)	47,581.	0.			GENERAL SUPPORT
WOMEN'S FOUNDATION OF GENESEE VALLEY - 277 ALEXANDER STREET, SUITE 305 - ROCHESTER, NY 14607-1941	16-1456794	501(C)(3)	6,000.	0.			FOR ENDOWMENT, GENERAL SUPPORT
WRITERS & BOOKS 740 UNIVERSITY AVENUE ROCHESTER, NY 14607	16-1154656	501(C)(3)	8,220.	0.			FOR SUMMERWRITE SCHOLARSHIP, GENERAL SUPPORT, YOUTH SCHOLARSHIP PROGRAM
WXXI PUBLIC BROADCASTING COUNCIL P.O. BOX 30021, 280 STATE STREET ROCHESTER, NY 14603-3021	16-0838086	501(C)(3)	38,645.	0.			FOR GENERAL SUPPORT, CHALLENGE FUND, GO PUBLIC CAMPAIGN
YMCA OF GREATER ROCHESTER 444 EAST MAIN STREET ROCHESTER, NY 14604	16-0743242	501(C)(3)	28,683.	0.			FOR GENERAL SUPPORT, MAPLEWOOD BRANCH RESTORATION, CAMP CORY, INVEST IN YOUTH
YOUNG LIFE OF MANATEE COUNTY PO BOX 14876 BRADENTON, FL 34280	84-0385924	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION

22-3106737

Page 2

Schedule I (Form 990) (2014)

Part III Grants and Other Assistance to Domestic Individuals. 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 directors, trustees, and officers, including 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), 501(c)(4), and 501(c)(29) 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) 2014

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

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

Note. The sum of columns (B)(i)-(iii) 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

Schedule J (Form 990) 2014

Part III Supplemental Information

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.

FORM 990, SCHEDULE J, PART II

ROCHESTER AREA COMMUNITY FOUNDATION, A RELATED ORGANIZATION, WAS
RESPONSIBLE FOR PAYING THE COMPENSATION FOR RACF DEPOSITORY, INC.'S
PRESIDENT AND CEO 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.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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	143	1,878,544.	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 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) (2014)

ROCHESTER AREA COMMUNITY FOUNDATION

Schedule M (Form 990) (2014)

DEPOSITORY, INC.

22-3106737

Page 2

Part II

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

SCHEDULE M, 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

2014

**Open to Public
Inspection**

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization

ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

Employer identification number
22-3106737

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

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

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

FINANCE COMMITTEE MEMBERS ARE EACH EMAILED A COPY OF THE FORM 990 PRIOR TO
THE 990 BEING FILED. THEY ARE GIVEN APPROXIMATELY TWO WEEKS TO REVIEW THE
DOCUMENT. DURING THAT TIME THEY ASK THE VICE PRESIDENT, FINANCE ANY
QUESTIONS OR CONCERNS THEY HAVE ABOUT THE 990. THE VICE PRESIDENT, 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

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

DIRECTORS AND COMMITTEE MEMBERS SHALL REFRAIN FROM VOTING UPON OR PARTICIPATING IN ANY BOARD OR 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.

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

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

INTER/INTRA FUND TRANSFER -35,158.

FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF THE
AUDITED FINANCIAL STATEMENTS.

FORM 990, OTHER INFORMATION:

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.

FORM 990, SCHEDULE A:

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

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

Employer identification number
22-3106737

**DESCRIBED IN SECTION 501 (C) (3) AND SECTIONS 509 (A) (1), (2), OR (3)
OF THE IRC.**

[illegible][illegible]

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

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

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

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1) ROCHESTER AREA COMMUNITY FOUNDATION	B	160,186.	FAIR VALUE		X
ROCHESTER AREA COMMUNITY FOUNDATION					
(2) INITIATIVES, INC.	B	194,893.	FAIR VALUE		X
(3)					
(4)					
(5)					
(6)					

total assets or gross revenue)

[illegible]

Schedule R (Form 990) 2014

Part VII Supplemental Information

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.