

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning APR 1, 2021 **and ending** MAR 31, 2022

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ROCHESTER AREA COMMUNITY FOUNDATION DEPOSITORY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 500 EAST AVENUE City or town, state or province, country, and ZIP or foreign postal code ROCHESTER, NY 14607 F Name and address of principal officer: SIMEON BANISTER SAME AS C ABOVE	D Employer identification number 22-3106737 E Telephone number 585-271-4100 G Gross receipts \$ 5,795,710. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.RACF.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1991 M State of legal domicile: NY		

Part I Summary

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)	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	26
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	0
6	Total number of volunteers (estimate if necessary)	26
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
8	Revenue	
	8 Contributions and grants (Part VIII, line 1h)	3,350,432.
	9 Program service revenue (Part VIII, line 2g)	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	88,110.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,438,542.
13	Expenses	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,330,050.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	65,418.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,395,468.
	19 Revenue less expenses. Subtract line 18 from line 12	43,074.
20	Net Assets or Fund Balances	
	20 Total assets (Part X, line 16)	4,631,196.
	21 Total liabilities (Part X, line 26)	600.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,630,596.

Part II Signature Block

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

Sign Here	Signature of officer: <i>Simeon Banister</i> SIMEON BANISTER, PRESIDENT AND CEO Type or print name and title	Date: 2/1/2023
Paid Preparer Use Only	Print/Type preparer's name: GRACE GONZALEZ Preparer's signature: GRACE GONZALEZ Date: 01/31/23 Check if self-employed <input type="checkbox"/> PTIN: P01357170 Firm's name: BONADIO & CO., LLP Firm's EIN: 16-1131146 Firm's address: 171 SULLY'S TRAIL, PITTSFORD, NY 14534 Phone no. (585) 381-1000	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2021** calendar year, or tax year beginning **APR 1, 2021** and ending **MAR 31, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ROCHESTER AREA COMMUNITY FOUNDATION DEPOSITORY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 500 EAST AVENUE City or town, state or province, country, and ZIP or foreign postal code ROCHESTER, NY 14607 F Name and address of principal officer: SIMEON BANISTER SAME AS C ABOVE	D Employer identification number 22-3106737 E Telephone number 585-271-4100 G Gross receipts \$ 5,795,710. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.RACF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1991
M State of legal domicile: NY		

Part I Summary

	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.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	26
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	26
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,350,432.
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	88,110.	17,818.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,438,542.	4,355,609.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,330,050.
	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)	65,418.	40,245.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,395,468.	2,876,041.
	19	Revenue less expenses. Subtract line 18 from line 12	43,074.	1,479,568.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 4,631,196.	End of Year 6,110,219.
	21	Total liabilities (Part X, line 26)	600.	533.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,630,596.	6,109,686.

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 SIMEON BANISTER, PRESIDENT AND CEO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name GRACE GONZALEZ	Preparer's signature GRACE GONZALEZ	Date 02/16/23	Check if self-employed <input type="checkbox"/>	PTIN P01357170
	Firm's name ▶ BONADIO & CO., LLP Firm's address ▶ 171 SULLY'S TRAIL PITTSFORD, NY 14534	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

ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

Form 990 (2021)

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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 \$ 2,835,796. including grants of \$ 2,835,796.) (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. 907 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 on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶ 2,835,796.**

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

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>	1	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	<input checked="" type="checkbox"/>	
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>	3		<input checked="" type="checkbox"/>
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>	4		<input checked="" type="checkbox"/>
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		<input checked="" type="checkbox"/>
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>	6	<input checked="" type="checkbox"/>	
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>	7		<input checked="" type="checkbox"/>
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>	8		<input checked="" type="checkbox"/>
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>	9		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		<input checked="" type="checkbox"/>
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>	11a		<input checked="" type="checkbox"/>
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>	11b	<input checked="" type="checkbox"/>	
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>	11c		<input checked="" type="checkbox"/>
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>	11d		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		<input checked="" type="checkbox"/>
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>	11f		<input checked="" type="checkbox"/>
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>	12a		<input checked="" type="checkbox"/>
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>	12b	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<input checked="" type="checkbox"/>
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>	14b		<input checked="" type="checkbox"/>
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>	15		<input checked="" type="checkbox"/>
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>	16		<input checked="" type="checkbox"/>
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> See instructions	17		<input checked="" type="checkbox"/>
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>	18		<input checked="" type="checkbox"/>
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>	19		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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>	21	<input checked="" type="checkbox"/>	

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

Form 990 (2021)

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Part IV Checklist of Required Schedules (continued)

	Yes	No
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>	22	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>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

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

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	1a	0
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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 2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b		
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? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b		
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)? 4a		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? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
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? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
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? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		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? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
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? 8		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		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? 12a		
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? 13a		
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? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17		
If "Yes," complete Form 6069.			

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

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 on 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 on Schedule O.	1a	26		
b Enter the number of voting members included on line 1a, above, who are independent	1b	26		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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 on 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 on Schedule O the process, if any, used by the organization to review this Form 990.				
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 on 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	15b		X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," 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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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, NY 14607

ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JENNIFER LEONARD PRESIDENT AND CEO	2.00 38.00			X				0.	337,737.	72,245.
(2) AMY S. VARS, CPA SENIOR VP AND CFO	2.00 38.00			X				0.	189,011.	10,051.
(3) PATRICK CUNNINGHAM MEMBER	1.00	X						0.	0.	0.
(4) THOMAS C. MITCHELL MEMBER	1.00	X						0.	0.	0.
(5) ELIZABETH A. THORLEY, MS, CFP, MEMBER	1.00	X						0.	0.	0.
(6) ROBERT D. BADEN MEMBER	1.00	X						0.	0.	0.
(7) ANN H. STEVENS MEMBER	1.00	X						0.	0.	0.
(8) RICHARD J. RIEDMAN MEMBER	1.00	X						0.	0.	0.
(9) DAVID P. VENISKEY, CPA MEMBER	1.00	X						0.	0.	0.
(10) DAVID R. FERRIS, ESQ. COUNSEL	1.00	X		X				0.	0.	0.
(11) CAROLYN G. NUSSBAUM, ESQ. SECRETARY	1.00	X		X				0.	0.	0.
(12) THOMAS S. RICHARDS CHAIR	1.00	X		X				0.	0.	0.
(13) MICHELLE A. HUTCHINSON, ESQ. MEMBER	1.00	X						0.	0.	0.
(14) MOLLENE B. BENISON, CPA TREASURER	1.00	X		X				0.	0.	0.
(15) ABIGAIL J. BENNETT MEMBER	1.00	X						0.	0.	0.
(16) R. SCOTT BURDETT MEMBER	1.00	X						0.	0.	0.
(17) FRANCIS J. CLEMENT MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ARLINE L. BAYO SANTIAGO, ESQ. MEMBER	1.00	X						0.	0.	0.
(19) DR. WILLIAM M. VALENTI MEMBER	1.00	X						0.	0.	0.
(20) FLOR M. COLON MEMBER	1.00	X						0.	0.	0.
(21) ANN H. MCMULLEN MEMBER	1.00	X						0.	0.	0.
(22) JAMES H. NORMAN MEMBER	1.00	X						0.	0.	0.
(23) TODD BUTLER MEMBER	1.00	X						0.	0.	0.
(24) DENISHEA ORTIZ MEMBER	1.00	X						0.	0.	0.
(25) GINA CUYLER, MD MEMBER	1.00	X						0.	0.	0.
(26) MARK A. EIDLIN MEMBER	1.00	X						0.	0.	0.
1b Subtotal								0.	526,748.	82,296.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	526,748.	82,296.

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, 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

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DEPOSITORY, INC.

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	214,255.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,123,536.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,592,710.				
	h Total. Add lines 1a-1f			4,337,791.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		23,764.			23,764.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,434,155.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	1,440,101.				
c Gain or (loss)	7c	-5,946.					
d Net gain or (loss)			-5,946.		-5,946.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			4,355,609.	0.	0.	17,818.	

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

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Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,835,796.	2,835,796.		
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 (nonemployees):				
a Management	12,792.		12,792.	
b Legal				
c Accounting	2,000.		2,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	25,177.		25,177.	
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 on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER FEES	276.		276.	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,876,041.	2,835,796.	40,245.	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.**

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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	26,392.	1	13,741.	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges			9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b Less: accumulated depreciation	10b		10c	
	11 Investments - publicly traded securities			11	
	12 Investments - other securities. See Part IV, line 11	4,538,418.	12		6,093,613.
	13 Investments - program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11	66,386.	15		2,865.
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,631,196.	16		6,110,219.	
Liabilities	17 Accounts payable and accrued expenses	600.	17	533.	
	18 Grants payable		18		
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			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	600.	26		533.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions		27		
	28 Net assets with donor restrictions	4,630,596.	28	6,109,686.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	4,630,596.	32	6,109,686.	
	33 Total liabilities and net assets/fund balances	4,631,196.	33	6,110,219.	

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ROCHESTER AREA COMMUNITY FOUNDATION
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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	4,355,609.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,876,041.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,479,568.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,630,596.
5	Net unrealized gains (losses) on investments	5	-17,566.
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 on Schedule O)	9	17,088.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,109,686.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

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

ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3663626.	3557817.	2834176.	3350432.	4337791.	17743842.
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	3663626.	3557817.	2834176.	3350432.	4337791.	17743842.
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)						1709539.
6 Public support. Subtract line 5 from line 4.						16034303.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	3663626.	3557817.	2834176.	3350432.	4337791.	17743842.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	75,894.	162,708.	123,542.	86,037.	23,764.	471,945.
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.)						
11 Total support. Add lines 7 through 10						18215787.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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 2021 (line 6, column (f), divided by line 11, column (f))	14	88.02	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	88.08	%
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
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)? <i>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).</i>		
1		

Section D. All 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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? <i>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.</i>	Yes	No	
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
3b			

ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

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 (*explain in Part VI*). **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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 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).		

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

Schedule A (Form 990) 2021

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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2021 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

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

Employer identification number

22-3106737

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization ROCHESTER AREA COMMUNITY FOUNDATION DEPOSITORY, INC.	Employer identification number 22-3106737
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>183,740.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>90,306.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>97,303.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>103,702.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>135,691.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>539,798.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ROCHESTER AREA COMMUNITY FOUNDATION DEPOSITORY, INC.	Employer identification number 22-3106737
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>139,051.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ <u>230,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ <u>148,821.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ <u>110,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ROCHESTER AREA COMMUNITY FOUNDATION DEPOSITORY, INC.	Employer identification number 22-3106737
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	PUBLICLY TRADED STOCK - \$90,306 12/16/2021 <hr/> <hr/> <hr/>	\$ 90,306.	12/16/21
3	PUBLICLY TRADED STOCK - \$29,150 8/16/2021 \$68,153 6/29/2021 <hr/> <hr/> <hr/>	\$ 97,303.	06/29/21
4	PUBLICLY TRADED STOCK - \$103,702 8/23/2021 <hr/> <hr/> <hr/>	\$ 103,702.	08/23/21
5	PUBLICLY TRADED STOCK - \$135,691 11/2/2021 <hr/> <hr/> <hr/>	\$ 135,691.	11/02/21
6	PUBLICLY TRADED STOCK - \$39,798 8/30/2021 <hr/> <hr/> <hr/>	\$ 39,798.	08/30/21
	<hr/> <hr/> <hr/>	\$	

Name of organization ROCHESTER AREA COMMUNITY FOUNDATION DEPOSITORY, INC.	Employer identification number 22-3106737
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	218	
2 Aggregate value of contributions to (during year)	4,337,791.	
3 Aggregate value of grants from (during year)	2,835,796.	
4 Aggregate value at end of year	6,110,219.	
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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

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	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	

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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

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 make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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" on 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 Term endowment _____%
- The percentages on 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:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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" on 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.

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

Schedule D (Form 990) 2021

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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	6,093,613.	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.) ▶	6,093,613.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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" on 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" on 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	4,355,131.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-17,566.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	17,088.	
e	Add lines 2a through 2d	2e		-478.
3	Subtract line 2e from line 1		3	4,355,609.
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	4,355,609.

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

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

1	Total expenses and losses per audited financial statements		1	2,876,041.
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	2,876,041.
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	2,876,041.

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:

TRANSFER TO AFFILIATE 17,088.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

**Employer identification number
22-3106737**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADIRONDACK EXPLORER 36 CHURCH STREET SARANAC LAKE, NY 12983	14-1781617	501(C)(3)	5,200.	0.			TO SUPPORT GOOD REPORTING ON THE ADIRONDACK MOUNTAINS
AL SIGL COMMUNITY OF AGENCIES 1000 ELMWOOD AVENUE, SUITE 300 ROCHESTER, NY 14620	51-0243019	501(C)(3)	12,750.	0.			FOR GENERAL SUPPORT
ALLENDALE COLUMBIA SCHOOL 519 ALLENS CREEK ROAD ROCHESTER, NY 14618	16-0983166	501(C)(3)	7,860.	0.			FOR GENERAL SUPPORT
AMERICAN CIVIL LIBERTIES UNION 125 BROAD ST., 18TH FLOOR NEW YORK, NY 10004-2400	13-6213516	501(C)(3)	12,100.	0.			FOR GENERAL SUPPORT
AMERICAN RED CROSS/GREATER ROCHESTER CHAPTER - 825 JOHN STREET, SUITE 209 - WEST HENRIETTA, NY 14586	53-0196605	501(C)(3)	6,250.	0.			FOR GENERAL SUPPORT
AMNESTY INTERNATIONAL/DC P.O. BOX 96834 WASHINGTON, DC 20077-7012	52-0851555	501(C)(3)	9,100.	0.			FOR HURRICANE IDA RELIEF

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **118.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **5.**

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

Schedule I (Form 990) 2021

ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AQUINAS INSTITUTE 1127 DEWEY AVENUE ROCHESTER, NY 14613-9989	16-0743904	501(C)(3)	7,850.	0.			FOR GENERAL SUPPORT AND SCHOLARSHIPS
ASBURY FIRST UNITED METHODIST CHURCH - 1050 EAST AVENUE - ROCHESTER, NY 14607	16-0755728	501(C)(3)	8,850.	0.			FOR GENERAL SUPPORT
BLESSED SACRAMENT CHURCH 534 OXFORD STREET ROCHESTER, NY 14607	16-0752496	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT
BUILDING MINDS IN SOUTH SUDAN 175 WILLOWCREST DRIVE ROCHESTER, NY 14618	36-4659286	501(C)(3)	5,500.	0.			FOR GIRLS' SCHOOL NEEDS
CATHOLIC CHARITIES FAMILY AND COMMUNITY SERVICES - 87 N. CLINTON AVENUE - ROCHESTER, NY 14604-1407	16-0743945	501(C)(3)	17,050.	0.			FOR GENERAL SUPPORT AND "MOVED BY THE SPIRIT" PROGRAM
CENTER FOR KASHMIR 8100 FLOSS LANE EAST EAST AMHERST, NY 14051	85-0588827	501(C)(3)	10,000.	0.			FOR THE MUSEUM FOUNDER CONTRIBUTION
CENTER FOR TEEN EMPOWERMENT 392 GENESEE STREET ROCHESTER, NY 14611	04-3091002	501(C)(3)	12,200.	0.			FOR GENERAL SUPPORT
CHAMPLAIN AREA TRAILS PO BOX 193 6482 MAIN STREET WESTPORT, NY 12993	26-4004845	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT
CHILDREN AWAITING PARENTS, INC. 176 ANDERSON AVENUE, SUITE F202 ROCHESTER, NY 14607-1197	16-1047933	501(C)(3)	5,100.	0.			FOR GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST CLARION PRESBYTERIAN CHURCH 415 THORNELL ROAD PITTSFORD, NY 14534	16-1189636	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
CHURCH OF THE TRANSFIGURATION 50 WEST BLOOMFIELD ROAD PITTSFORD, NY 14534	16-0755765	CHURCH	8,320.	0.			FOR GENERAL SUPPORT
CLIMATE SOLUTIONS ACCELERATOR OF THE GENESEE-FINGER LAKES REGION - 758 SOUTH AVE. SUITE 4 - ROCHESTER, NY 14620	47-5562806	501(C)(3)	150,350.	0.			FOR GENERAL SUPPORT
COLGATE ROCHESTER CROZER DIVINITY SCHOOL - 320 SOUTH GOODMAN STREET, SUITE 207 - ROCHESTER, NY 14607	16-0743916	501(C)(3)	11,100.	0.			FOR GENERAL SUPPORT
COMMUNITY SCHOLARSHIP FUND OF RACF 500 EAST AVENUE ROCHESTER, NY 14607	23-7250641	501(C)(3)	35,000.	0.			FOR GENERAL SUPPORT
CREATIVE ABILITY DEVELOPMENT 2077 S. CLINTON AVE. ROCHESTER, NY 14618	47-1611231	501(C)(3)	8,500.	0.			FOR GENERAL SUPPORT
DAYSTAR KIDS 700 LAC DE VILLE BOULEVARD ROCHESTER, NY 14618-5608	26-3275794	501(C)(3)	10,600.	0.			FOR GENERAL SUPPORT
DOCTORS WITHOUT BORDERS, USA/NY PO BOX 5022 HAGERSTOWN, MD 21741-5022	13-3433452	501(C)(3)	18,400.	0.			FOR GENERAL SUPPORT AND TO SUPPORT THE DERBY
EPISCOPAL DIOCESE OF ROCHESTER 3825 E HENRIETTA ROAD HENRIETTA, NY 14467-9147	16-0743003	501(C)(3)	6,300.	0.			FOR THE DEAF MINISTRY DISCRETIONARY FUND AND ANNUAL BISHOP'S APPEAL

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF GREATER ROCHESTER - 142 WEBSTER AVE - ROCHESTER, NY 14609	41-2064888	501(C)(3)	5,210.	0.			FOR GENERAL SUPPORT AND EVICTION SECURITY
FINGER LAKES LAND TRUST 202 EAST COURT STREET ITHACA, NY 14850	22-2983688	501(C)(3)	30,050.	0.			FOR GENERAL SUPPORT
FIRST GENERATION PHARMACY SCHOLARSHIP FUND - 500 EAST AVENUE - ROCHESTER, NY 14607	23-7250641	501(C)(3)	13,984.	0.			FOR GENERAL SUPPORT
FIRST BAPTIST CHURCH OF ROCHESTER 175 ALLENS CREEK ROAD ROCHESTER, NY 14618	16-0755770	501(C)(3)	54,000.	0.			FOR GENERAL SUPPORT
FIRST TEE NEW YORK 3545 JEROME AVENUE BRONX, NY 10467	31-1724122	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT OF YOUTH GOLF ACCESS AND EDUCATION
FIRST UNITARIAN CHURCH OF ROCHESTER - 220 WINTON ROAD SOUTH - ROCHESTER, NY 14610	16-0754663	CHURCH	33,300.	0.			FOR GENERAL SUPPORT
FIRST UNITARIAN CHURCH OF SALT LAKE CITY - 569 S. 1300 EAST - SALT LAKE CITY, UT 84102		501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
FLOWER CITY HABITAT FOR HUMANITY 755 CULVER ROAD ROCHESTER, NY 14609	13-3281487	501(C)(3)	7,950.	0.			FOR GENERAL SUPPORT
FOODLINK INC 1999 MT. READ BOULEVARD, BLDG. 1-2 ROCHESTER, NY 14615-3700	22-2428304	501(C)(3)	68,050.	0.			FOR GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREEMAN FAMILY FUND OF RACF 500 EAST AVENUE ROCHESTER, NY 14607	23-7250641	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
FRIENDS & FOUNDATION OF THE ROCHESTER PUBLIC LIBRARY - 115 SOUTH AVENUE - ROCHESTER, NY 14604-1896	16-1347453	501(C)(3)	9,525.	0.			TO SUPPORT LIBRARY PROGRAMS
FUND 17 2533 COLUMBUS STREET, #101 NEW ORLEANS, LA 70119	46-1492881	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
GATES PRESBYTERIAN CHURCH 1049 WEGMAN ROAD ROCHESTER, NY 14624	16-6035808	501(C)(3)	7,500.	0.			FOR "PAVE THE WAY" PROGRAM
GENESEE COUNTRY VILLAGE & MUSEUM 1410 FLINT HILL ROAD PO BOX 310 MUMFORD, NY 14511-0310	16-0918567	501(C)(3)	10,250.	0.			FOR GENERAL SUPPORT
GENESEE LAND TRUST 46 PRINCE STREET SUITE LL005 ROCHESTER, NY 14607	22-3033712	501(C)(3)	9,200.	0.			FOR GENERAL SUPPORT
GENESEE VALLEY CONSERVANCY P.O. BOX 73 ONE MAIN STREET GENESE, NY 14454	23-3061147	501(C)(3)	6,350.	0.			FOR GENERAL SUPPORT
GEORGE EASTMAN MUSEUM 900 EAST AVENUE ROCHESTER, NY 14607	16-0743991	501(C)(3)	13,775.	0.			FOR GENERAL SUPPORT
GEVA THEATRE CENTER 75 WOODBURY BOULEVARD ROCHESTER, NY 14607	23-7202906	501(C)(3)	22,750.	0.			FOR GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBALGIVING FOUNDATION 1 THOMAS CIRCLE NW, SUITE 800 WASHINGTON, DC 20005	30-0108263	501(C)(3)	12,100.	0.			TO SUPPORT RELIEF EFFORTS IN UKRAINE
GOLISANO CHILDREN'S HOSPITAL AT STRONG - 300 EAST RIVER ROAD P.O. BOX 278996 - ROCHESTER, NY 14627-8996	16-0743209	501(C)(3)	50,800.	0.			FOR GENERAL SUPPORT, NICU SUPPORT AND FUND-A-NEED PROGRAM
GOODWILL OF THE FINGER LAKES INC 422 SOUTH CLINTON AVENUE ROCHESTER, NY 14620	27-4212702	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT
HARLEY SCHOOL 1981 CLOVER STREET ROCHESTER, NY 14618	16-0755783	501(C)(3)	12,900.	0.			FOR GENERAL SUPPORT
HAVERFORD COLLEGE DEVELOPMENT OFF. 370 LANCASTER AVE HAVERFORD, PA 19041-1392	23-6002304	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
HEIFER PROJECT INTERNATIONAL P.O. BOX 8058 LITTLE ROCK, AR 72203-8058	35-1019477	501(C)(3)	6,450.	0.			FOR GENERAL SUPPORT
HILLSIDE CHILDREN'S FOUNDATION 1183 MONROE AVENUE ROCHESTER, NY 14620-1699	16-1493404	501(C)(3)	12,200.	0.			FOR GENERAL SUPPORT
HISTORIC PRESERVATION, RESTORATION AND LITERATURE FUND OF RACF - 500 EAST AVENUE - ROCHESTER, NY 14607	23-7250641	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT
HOPE HALL 1612 BUFFALO ROAD ROCHESTER, NY 14624	16-1463706	501(C)(3)	5,100.	0.			FOR GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSE OF MERCY 285 ORMOND STREET ROCHESTER, NY 14605	31-1754068	501(C)(3)	5,050.	0.			FOR GENERAL SUPPORT
HUMANE SOCIETY OF GREATER ROCHESTER - 99 VICTOR ROAD - FAIRPORT, NY 14450	16-0743047	501(C)(3)	21,850.	0.			FOR GENERAL SUPPORT
ITALIAN HERITAGE FOUNDATION OF ROCHESTER - 100 MERIDIAN CENTRE BOULEVARD, SUITE 325 - ROCHESTER, NY 14618	16-1318224	501(C)(3)	6,000.	0.			FOR SCHOLARSHIPS
JEWISH COMMUNITY CENTER OF GREATER ROCHESTER - 1200 EDGEWOOD AVENUE - ROCHESTER, NY 14618	16-0743060	501(C)(3)	14,800.	0.			FOR GENERAL SUPPORT
JEWISH FAMILY SERVICES OF ROCHESTER - 255 EAST AVENUE, SUITE 201 - ROCHESTER, NY 14604	16-0743059	501(C)(3)	5,500.	0.			FOR PENCILS & PAPER PROGRAM, UKRAINE EMERGENCY RELIEF AND GENERAL SUPPORT
JEWISH FEDERATION OF GREATER ROCHESTER - 255 EAST AVENUE, SUITE 201 - ROCHESTER, NY 14604	16-0868942	501(C)(3)	40,105.	0.			FOR ANNUAL COMMITMENT AND GENERAL SUPPORT
JEWISH SENIOR LIFE FOUNDATION 2021 WINTON ROAD SOUTH ROCHESTER, NY 14618	22-3409164	501(C)(3)	7,600.	0.			FOR ANNUAL COMMITMENT AND GENERAL SUPPORT
KEEPING OUR PROMISE 888 PITTSFORD MENDON CENTER ROAD PITTSFORD, NY 14534	85-1918996	501(C)(3)	15,500.	0.			TO SUPPORT REFUGEES AND GENERAL SUPPORT
LITTLE THEATRE FILM SOCIETY INC. PO BOX 20570 ROCHESTER, NY 14602	16-1555371	501(C)(3)	5,425.	0.			FOR GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
M.K. GANDHI INSTITUTE FOR NONVIOLENCE - 929 S. PLYMOUTH AVENUE - ROCHESTER, NY 14608	58-1902609	501(C)(3)	11,600.	0.			FOR THE ANNUAL CAMPAIGN AND GENERAL SUPPORT
MCQUAID JESUIT HIGH SCHOOL 1800 SOUTH CLINTON AVENUE ROCHESTER, NY 14618	16-0781584	501(C)(3)	22,450.	0.			FOR GENERAL SUPPORT AND SCHOLARSHIPS
MEMORIAL ART GALLERY AT THE UNIVERSITY OF ROCHESTER - 500 UNIVERSITY AVE. - ROCHESTER, NY 14607	16-0743209	501(C)(3)	25,300.	0.			FOR GENERAL SUPPORT
MICHAEL STUART MILLER CHARITABLE CHECKING ACCOUNT OF RACF - 500 EAST AVENUE - ROCHESTER, NY 14607	23-7250641	501(C)(3)	10,200.	0.			FOR GENERAL SUPPORT
MOHAWK VALLEY COLLECTIVE PO BOX 53 FORT PLAIN, NY 13339-0053	45-2692487	501(C)(3)	10,800.	0.			FOR GENERAL SUPPORT
MONROE COMMUNITY COLLEGE FOUNDATION - 1000 EAST HENRIETTA ROAD - ROCHESTER, NY 14623	16-1204210	501(C)(3)	40,510.	0.			FOR THE ANNUAL FUND, SCHOLARSHIPS AND GENERAL SUPPORT
MOUNTAIN RISE UNITED CHURCH OF CHRIST - 2 MOUNTAIN RISE - FAIRPORT, NY 14450	16-0868488	CHURCH	30,100.	0.			FOR GENERAL SUPPORT
NAACP LEGAL DEFENSE & EDUCATION FUND - 40 RECTOR ST #5 - NEW YORK, NY 10006	13-1655255	501(C)(3)	6,500.	0.			FOR GENERAL SUPPORT
NATURE CONSERVANCY -CENTRAL & WESTERN NY CHAPTER - 274 NORTH GOODMAN STREET SUITE B261 - ROCHESTER, NY 14607	53-0242652	501(C)(3)	5,400.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

Schedule I (Form 990)

22-3106737

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAZARETH COLLEGE OF ROCHESTER 4245 EAST AVENUE ROCHESTER, NY 14618-3790	16-0743088	501(C)(3)	17,000.	0.			FOR GENERAL SUPPORT AND SCHOLARSHIPS
NEW YORK PUBLIC LIBRARY 476 5TH AVENUE NEW YORK, NY 10018-2788	13-1887440	501(C)(3)	9,000.	0.			FOR SUPPORT OF EFFORTS TO RESTORE LIBRARY SERVICE FOLLOWING COVID
NORTHFIELD MT. HERMON SCHOOL GIFT RECORDING OFFICE, NORTON HOUSE 1 LAMPLIGHTER WAY - NORTHFIELD, MA 01354	04-2109865	501(C)(3)	6,000.	0.			FOR CLASS OF 1968 LEADERSHIP REMEMBRANCE SCHOLARSHIP FUND
OPEN DOOR MISSION, INC. P.O. BOX 14236 ROCHESTER, NY 14608	16-6050714	501(C)(3)	10,450.	0.			FOR GENERAL SUPPORT
PERINTON FOOD SHELF P.O. BOX 381 FAIRPORT, NY 14450	22-2527233	501(C)(3)	11,500.	0.			FOR GENERAL SUPPORT AND PINES OF PERINTON FIRE SUPPORT
PLANNED PARENTHOOD OF CENTRAL & WESTERN NEW YORK - 114 UNIVERSITY AVENUE - ROCHESTER, NY 14605	16-0746860	501(C)(3)	17,992.	0.			FOR GENERAL SUPPORT
RACIAL EQUITY AND SOCIAL JUSTICE FUND OF RACF - 500 EAST AVENUE - ROCHESTER, NY 14607	23-7250641	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT
REACHING OUT & BUILDING UP FUND OF RACF - 500 EAST AVENUE - ROCHESTER, NY 14607	23-7250641	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
REFUGEES HELPING REFUGEES 259 RUTGERS STREET ROCHESTER, NY 14607	47-0848029	501(C)(3)	10,700.	0.			TO SUPPORT REFUGEES AND GENERAL SUPPORT

Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIT DEVELOPMENT AND ALUMNI RELATIONS - OFFICE OF DEVELOPMENT AND ALUMNI RELATIONS 116 LOMB MEMORIAL DRIVE, - ROCHESTER, NY	16-0743140	501(C)(3)	12,400.	0.			FOR GENERAL SUPPORT
ROB BROWN MEMORIAL FUND 46 ELM DRIVE ROCHESTER, NY 14609	16-6361893	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
ROBERT C. AND JANE K. STEVENS LEGACY FUND OF RACF - 500 EAST AVENUE - ROCHESTER, NY 14607	23-7250641	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
ROBERTS WESLEYAN COLLEGE 2301 WESTSIDE DRIVE ROCHESTER, NY 14624-1997	16-0743126	501(C)(3)	30,000.	0.			FOR THE GUADALUPE CENTER SCHOLARSHIP
ROCHESTER CHILDFIRST NETWORK 941 SOUTH AVENUE ROCHESTER, NY 14620	16-0743129	501(C)(3)	6,750.	0.			FOR GENERAL SUPPORT
ROCHESTER CHRISTIAN REFORMED CHURCH - 2750 ATLANTIC AVENUE - ROCHESTER, NY 14526	16-0755821	501(C)(3)	5,300.	0.			FOR GENERAL SUPPORT
ROCHESTER MUSEUM & SCIENCE CENTER 657 EAST AVENUE ROCHESTER, NY 14607-2177	16-0794131	501(C)(3)	14,428.	0.			FOR GENERAL SUPPORT
ROCHESTER PHILHARMONIC ORCHESTRA 255 EAST AVENUE ROCHESTER, NY 14604	16-0765613	501(C)(3)	56,750.	0.			FOR GENERAL SUPPORT
ROCHESTER REGIONAL HEALTH FOUNDATION - 330 MONROE AVENUE - ROCHESTER, NY 14607	22-2229425	501(C)(3)	8,700.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY ROCHESTER NY 70 LIBERTY POLE WAY ROCHESTER, NY 14604	13-5562351	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
SAVE THE CHILDREN FEDERATION 501 KINGS HIGHWAY EAST, SUITE. 400 WESTPORT, CT 06825	06-0726487	501(C)(3)	9,250.	0.			FOR GENERAL SUPPORT AND UKRAINE AID
SCHOOL OF THE HOLY CHILDHOOD 100 GROTON PARKWAY ROCHESTER, NY 14623-4589	16-0761224	501(C)(3)	6,800.	0.			FOR GENERAL SUPPORT
SELECT FUND OF RACF 500 EAST AVENUE ROCHESTER, NY 14607	23-7250641	501(C)(3)	7,200.	0.			FOR GENERAL SUPPORT
SENECA PARK ZOO SOCIETY 2222 ST. PAUL STREET ROCHESTER, NY 14621	16-0905390	501(C)(3)	15,010.	0.			FOR GENERAL SUPPORT
SEXUAL MINORITY YOUTH ASSISTANCE LEAGUE - 410 7TH STREET, SE - WASHINGTON, DC 20003	52-1394900	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE PO BOX 5632 MONTGOMERY, AL 36177-7459	63-0598743	501(C)(3)	7,700.	0.			FOR GENERAL SUPPORT
ST. CATHERINE OF SIENA CHURCH 26 MENDON-IONIA ROAD MENDON, NY 14506	16-1029995	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
ST. JOHN FISHER UNIVERSITY 3690 EAST AVENUE ROCHESTER, NY 14618	16-0746864	501(C)(3)	15,061.	0.			FOR GENERAL SUPPORT AND SCHOLARSHIPS

Schedule I (Form 990)

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

Schedule I (Form 990)

22-3106737

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. LUKE'S EPISCOPAL CHURCH P.O. BOX 146 FAIRPORT, NY 14450	16-0969051	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT
ST. MARY'S CHURCH 95 N. MAIN STREET CANANDAIGUA, NY 14424	46-1122778	501(C)(3)	10,000.	0.			FOR THE ST. JOSEPH'S SCHOLARSHIP FUND
ST. MICHAEL'S EPISCOPAL CHURCH 23 MAIN ST. GENESE0, NY 14454		501(C)(3)	16,100.	0.			FOR GENERAL SUPPORT
ST. THOMAS EPISCOPAL CHURCH 2000 HIGHLAND AVENUE ROCHESTER, NY 14618	16-0743003	501(C)(3)	12,000.	0.			FOR A CAPITAL CAMPAIGN CONTRIBUTION
ST. THOMAS MORE CHURCH ROCHESTER 2617 EAST AVENUE ROCHESTER, NY 14610	16-0807562	501(C)(3)	10,400.	0.			FOR GENERAL SUPPORT AND MUSIC MINISTRY
SUNY BROCKPORT FOUNDATION 350 NEW CAMPUS DRIVE BROCKPORT, NY 14420	22-2143232	501(C)(3)	13,500.	0.			FOR GENERAL SUPPORT AND SCHOLARSHIPS
SUSAN B. ANTHONY MUSEUM & HOUSE 17 MADISON STREET ROCHESTER, NY 14608	23-7098699	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT
SW FOOD PROGRAM DBA THE PEOPLE'S PANTRY - 620 PARK AVENUE BOX 350 - ROCHESTER, NY 14607	87-1019661	501(C)(3)	9,700.	0.			FOR THE PURCHASE OF COMMERCIAL REFRIGERATORS
TEMPLE B'RITH KODESH 2131 ELMWOOD AVENUE ROCHESTER, NY 14618	16-0743199	CHURCH	13,886.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTER FOR YOUTH SERVICES 905 MONROE AVENUE ROCHESTER, NY 14620	16-0992259	501(C)(3)	7,400.	0.			TO SUPPORT YOUTH SERVICES
THE CHILDREN'S AGENDA, INC. 1 WASHINGTON STREET SOUTH SUITE 120 ROCHESTER, NY 14614-1139	20-1547478	501(C)(3)	5,700.	0.			FOR GENERAL SUPPORT AND RACE EQUITY IMPACT ASSESSMENT
THE FRIENDS OF GANONDAGAN PO BOX 113 VICTOR, NY 14564	16-1353895	501(C)(3)	10,100.	0.			FOR THE HAUDENOSAUNEE CURRICULUM PROJECT-YEAR ONE
THE HOCHSTEIN SCHOOL 50 NORTH PLYMOUTH AVENUE ROCHESTER, NY 14614	16-0768758	501(C)(3)	10,750.	0.			FOR GENERAL SUPPORT AND THE CHILDREN'S CHOIR
THIRD PRESBYTERIAN CHURCH 4 MEIGS STREET ROCHESTER, NY 14607	16-0743201	CHURCH	8,137.	0.			FOR GENERAL SUPPORT
TOWN OF PERINTON 1350 TURK HILL ROAD FAIRPORT, NY 14450	16-6002340	MUNICIPALITY	10,350.	0.			TO HELP DISPLACED FAMILIES FROM PINES OF PERINTON
U.S.-UKRAINE FOUNDATION 6312 SEVEN CORNERS CENTER, #361 FALLS CHURCH, VA 22044	52-1778729	501(C)(3)	6,500.	0.			FOR HUMANITARIAN AID AND MEDICAL SUPPLIES SHIPPED TO UKRAINE
UNITARIAN UNIVERSALIST SERVICE COMMITTEE - 689 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139-3302	04-6186012	501(C)(3)	15,410.	0.			FOR GENERAL SUPPORT
UNITED WAY OF GREATER ROCHESTER AND THE FINGER LAKES - 75 COLLEGE AVENUE - ROCHESTER, NY 14607-1009	16-1015782	501(C)(3)	41,635.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CINCINNATI FOUNDATION - P.O. BOX 19970 - CINCINNATI, OH 45219-0970	31-0896555	501(C)(3)	26,000.	0.			FOR GENERAL SUPPORT
UNIVERSITY OF ROCHESTER GIFTS & DONOR RECORDS - 300 EAST RIVER ROAD PO BOX 270032 - ROCHESTER, NY 14627-0032	16-0743209	501(C)(3)	63,650.	0.			FOR GENERAL SUPPORT AND SCHOLARSHIPS
UNIVERSITY OF ROCHESTER, JAMES P. WILMOT CANCER CENTER - 300 EAST RIVER ROAD BOX 278996 - ROCHESTER, NY 14627	22-2341413	501(C)(3)	13,850.	0.			FOR GENERAL SUPPORT
URBAN LEAGUE OF ROCHESTER NY 265 NORTH CLINTON AVENUE ROCHESTER, NY 14605-1857	16-0906150	501(C)(3)	7,600.	0.			FOR GENERAL SUPPORT
US SKI AND SNOWBOARD FOUNDATION 1 VICTORY LANE PARK CITY, UT 84060	87-0480724	501(C)(3)	23,000.	0.			FOR GENERAL SUPPORT
WORLD WILDLIFE FUND 1250 24TH STREET, N.W. WASHINGTON, DC 20037	52-1693387	501(C)(3)	11,300.	0.			FOR GENERAL SUPPORT
WXXI PUBLIC BROADCASTING COUNCIL P.O. BOX 30021 280 STATE STREET ROCHESTER, NY 14603-3021	16-0838086	501(C)(3)	28,520.	0.			FOR GENERAL SUPPORT
YMCA OF GREATER ROCHESTER 444 EAST MAIN STREET ROCHESTER, NY 14604	16-0743242	501(C)(3)	14,650.	0.			FOR GENERAL SUPPORT
YWCA-ROCHESTER & MONROE COUNTY 175 N. CLINTON AVENUE ROCHESTER, NY 14604	16-0743248	501(C)(3)	21,600.	0.			FOR GENERAL SUPPORT AND SCHOLARSHIPS

Schedule I (Form 990)

ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash 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 GRANTEES ARE CONFIRMED AS ELIGIBLE U.S. BASED PUBLIC CHARITIES PRIOR TO
GRANT DISBURSEMENT. RECIPIENTS OF LARGE GRANTS (OVER \$10,000) MAY BE
REQUIRED TO SUBMIT REPORTS ON THEIR ACCOMPLISHMENTS. AN AFFILIATED
ORGANIZATION, ROCHESTER AREA COMMUNITY FOUNDATION, MAINTAINS INFORMATION
ABOUT GRANTEES AND CONDUCTS DUE DILIGENCE TO ENSURE SOUND USE OF FUNDS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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 on 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 (such as 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 on line 1a?

3 Indicate which, if any, of the following the 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 on 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 on 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" on line 5a or 5b, describe in Part III.

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

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

8 Were any amounts reported on 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" on 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) 2021

ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

22-3106737

Schedule J (Form 990) 2021

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 on 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 aren't 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JENNIFER LEONARD PRESIDENT AND CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	325,273.	0.	12,464.	59,500.	12,745.	409,982.	0.
(2) AMY S. VARS, CPA SENIOR VP AND CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	188,341.	0.	670.	9,301.	750.	199,062.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

ROCHESTER AREA COMMUNITY FOUNDATION
DEPOSITORY, INC.

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, PAGE 3, PART III

ROCHESTER AREA COMMUNITY FOUNDATION (RACF), A RELATED ORGANIZATION, WAS RESPONSIBLE FOR PAYING THE COMPENSATION FOR RACF DEPOSITORY, INC.'S PRESIDENT AND CEO, INCLUDING THE RESPECTIVE HEALTH OR SOCIAL CLUB DUES, AS WELL AS THE COMPENSATION OF THE SENIOR VICE PRESIDENT AND CFO. THE FOLLOWING WAS USED BY RACF 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)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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	121	1,592,710.	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 V, 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 isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't 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	

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

Schedule M (Form 990) 2021

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)**

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 Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization	ROCHESTER AREA COMMUNITY FOUNDATION DEPOSITORY, INC.	Employer identification number	22-3106737
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 WHEREBY DONORS CHOOSE ORGANIZATIONS BASED ON CHARITABLE, EDUCATIONAL,
 OR COMMUNITY PURPOSES IN FURTHERANCE OF THEIR EXEMPT MISSIONS.

FORM 990, PART VI, SECTION B, LINE 11B:
 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 SENIOR VICE PRESIDENT AND CFO ANY
 QUESTIONS OR CONCERNS THEY HAVE ABOUT THE 990. THE SENIOR VICE PRESIDENT
 AND CFO 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
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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, BY LEAVING THE ROOM DURING SUCH VOTE OR ACTION.

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 THE YEAR. 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 DISSEMINATES PERFORMANCE REVIEW SUMMARY TO EXECUTIVE COMMITTEE. THE SENIOR VICE PRESIDENT AND CFO 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 SENIOR VICE PRESIDENT AND CFO.

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.

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

TRANSFER TO AFFILIATE	17,088.
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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

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

Multiple horizontal lines for text entry.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ROCHESTER AREA COMMUNITY FOUNDATION - 23-7250641, 500 EAST AVENUE, ROCHESTER, NY 14607-1912	GRANT-MAKING COMMUNITY FOUNDATION	NEW YORK	501(C)(3)	7	N/A		X
JOAN AND HAROLD FEINBLOOM SUPPORTING FOUNDATION, INC. - 22-2988808, 500 EAST AVENUE, ROCHESTER, NY 14607-1912	TO SUPPORT THE CHARITABLE EFFORTS OF ROCHESTER AREA COMMUNITY FOUNDATION	NEW YORK	501(C)(3)	12A	ROCHESTER AREA COMMUNITY FOUNDATION		X
ROCHESTER AREA FOUNDATION - 16-1539889 500 EAST AVENUE ROCHESTER, NY 14607-1912	PROVIDE RENTAL SPACE TO EXEMPT ORGANIZATIONS	NEW YORK	501(C)(3)	12A	ROCHESTER AREA COMMUNITY FOUNDATION.		X
ROCHESTER AREA COMMUNITY FOUNDATION INITIATIVES, INC. - 80-0024332, 500 EAST AVENUE, ROCHESTER, NY 14607-1912	SPONSOR COMMUNITY PROJECTS	NEW YORK	501(C)(3)	7	ROCHESTER AREA COMMUNITY FOUNDATION.		X

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

Schedule R (Form 990) 2021

ROCHESTER AREA COMMUNITY FOUNDATION
 DEPOSITORY, INC.

Schedule R (Form 990)

22-3106737

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SANDS FAMILY SUPPORTING FOUNDATION, INC. - 81-0751295, 500 EAST AVENUE, ROCHESTER, NY 14607-1912	SUPPORTS THE CHARITABLE EFFORTS OF ROCHESTER AREA COMMUNITY FOUNDATION	NEW YORK	501(C)(3)	12A	ROCHESTER AREA COMMUNITY FOUNDATION		X

ROCHESTER AREA COMMUNITY FOUNDATION

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ROCHESTER AREA COMMUNITY FOUNDATION	B	232,313.	FAIR VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

ROCHESTER AREA COMMUNITY FOUNDATION

DEPOSITORY, INC.

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

