

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

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

2014

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

For calendar year 2014 or tax year beginning

, and ending

Name of foundation GREATER ROCHESTER HEALTH FOUNDATION INC		A Employer identification number 13-4301222
Number and street (or P.O. box number if mail is not delivered to street address) 150 STATE STREET	Room/suite 100	B Telephone number 585-258-1799
City or town, state or province, country, and ZIP or foreign postal code ROCHESTER, NY 14614		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 238,797,194.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	0.		N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	5,773,691.	6,623,870.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	3,398,751.			
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		7,277,774.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	203,383.	608,659.		STATEMENT 2	
12 Total. Add lines 1 through 11	9,375,825.	14,510,303.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	569,267.	0.		569,267.
	14 Other employee salaries and wages	258,211.	0.		256,898.
	15 Pension plans, employee benefits	123,413.	0.		123,413.
	16a Legal fees STMT 3	12,354.	0.		12,354.
	b Accounting fees STMT 4	19,595.	0.		19,595.
	c Other professional fees STMT 5	280,529.	0.		280,529.
	17 Interest				
	18 Taxes STMT 6	430,600.	19,130.		74,331.
	19 Depreciation and depletion	71,484.	58,412.		
	20 Occupancy	85,814.	0.		85,814.
	21 Travel, conferences, and meetings	65,022.	0.		65,022.
	22 Printing and publications				
	23 Other expenses STMT 7	5,590,689.	2,775,759.		2,211,047.
	24 Total operating and administrative expenses. Add lines 13 through 23	7,506,978.	2,853,301.		3,698,270.
	25 Contributions, gifts, grants paid	7,801,192.			7,801,192.
26 Total expenses and disbursements. Add lines 24 and 25	15,308,170.	2,853,301.		11,499,462.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-5,932,345.				
b Net investment income (if negative, enter -0-)		11,657,002.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	975,157.	2,018,062.	2,018,062.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	98,146.	82,406.	82,406.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 8 205,468,663.	150,142,764.	150,142,764.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 9 38,228,320.	86,421,643.	86,421,643.	
14 Land, buildings, and equipment: basis	872,160.			
Less: accumulated depreciation	739,841.	180,858.	132,319.	
15 Other assets (describe OTHER ASSET)	110,904.	0.	0.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	245,062,048.	238,797,194.	238,797,194.	
Liabilities	17 Accounts payable and accrued expenses	201,405.	211,645.	
	18 Grants payable	491,878.	147,777.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe STATEMENT 10)	75,797.	77,149.	
23 Total liabilities (add lines 17 through 22)	769,080.	436,571.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	244,292,968.	238,360,623.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances	244,292,968.	238,360,623.		
31 Total liabilities and net assets/fund balances	245,062,048.	238,797,194.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	244,292,968.
2 Enter amount from Part I, line 27a	2	-5,932,345.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	238,360,623.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	238,360,623.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b	SEE ATTACHED STATEMENTS		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			7,277,774.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			7,277,774.

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	7,277,774.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2013	10,948,018.	233,514,891.	.046884
2012	9,369,920.	217,713,545.	.043038
2011	8,748,706.	188,182,711.	.046490
2010	8,027,215.	179,740,179.	.044660
2009	9,300,943.	162,181,848.	.057349

2 Total of line 1, column (d)	2	.238421
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.047684
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	243,150,947.
5 Multiply line 4 by line 3	5	11,594,410.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	116,570.
7 Add lines 5 and 6	7	11,710,980.
8 Enter qualifying distributions from Part XII, line 4	8	11,522,407.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	233,140.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	233,140.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	233,140.
6 Credits/Payments:			
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a	340,214.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	50,000.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	390,214.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	19.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	157,055.	
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax <input type="checkbox"/> 157,055. Refunded <input type="checkbox"/>	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> <u>NY</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)			X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address	N/A		
WWW.THEGRHF.ORG				
14	The books are in care of	THOMAS WESLEY, CFO	Telephone no.	585-258-1799
Located at		150 STATE STREET, 100, ROCHESTER, NY	ZIP+4	14614
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year		15	N/A
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country		16	Yes No X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here		N/A
1b			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?		X
1c			
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If "Yes," list the years	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)		N/A
2b			
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.)		N/A
3b			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
4a			
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?		X
4b			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) Yes No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No **N/A**
 Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No **N/A**
 If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No **N/A**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 11		569,267.	98,139.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SHARON LEGETTE-SOBERS - 150 STATE STREE SUITE 100, ROCHESTER, NY 14614	SENIOR PROGRAM OFFICER 40.00	97,079.	28,934.	0.
BARBARA ZAPPIA - 150 STATE STREE SUITE 100, ROCHESTER, NY 14614	SENIOR PROGRAM OFFICER 40.00	98,825.	24,246.	0.
HEIDI BURKE - 150 STATE STREE SUITE 100, ROCHESTER, NY 14614	SENIOR PROGRAM OFFICER 40.00	89,524.	24,702.	0.
REBECCA URTZ - 150 STATE STREE SUITE 100, ROCHESTER, NY 14614	DIRECTOR OF ACCOUNTING 40.00	85,482.	18,333.	0.

Total number of other employees paid over \$50,000 Yes No **0**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Includes entries for NEPC, LLC, EILEEN M. FLANIGAN, TIPPING POINT MEDIA, etc.

Part IX-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activity (number of organizations and other beneficiaries served, etc.), Expenses. Includes entry 1 with N/A.

Part IX-B Summary of Program-Related Investments

Table with 2 columns: Description of investment (Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.), Amount. Includes entry 1 with N/A.

Part X **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	242,936,121.
b	Average of monthly cash balances	1b	3,917,632.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	246,853,753.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	246,853,753.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,702,806.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	243,150,947.
6	Minimum investment return. Enter 5% of line 5	6	12,157,547.

Part XI **Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	12,157,547.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	233,140.
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	233,140.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	11,924,407.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	11,924,407.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	11,924,407.

Part XII **Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	11,499,462.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	22,945.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	11,522,407.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	11,522,407.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				11,924,407.
2 Undistributed income, if any, as of the end of 2014:				
a Enter amount for 2013 only			10,695,915.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from Part XII, line 4: ▶ \$ 11,522,407.				
a Applied to 2013, but not more than line 2a			10,695,915.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2014 distributable amount				826,492.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				11,097,915.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2014, (b) 2013, (c) 2012, (d) 2011, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

SEE STATEMENT 12

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution * *	Amount
Name and address (home or business)				
a Paid during the year				
ACTION FOR A BETTER COMMUNITY 550 E MAIN STREET ROCHESTER, NY 14607	UNRELATED	PC	OTHER GRANT INITIATIVES	18,250.
ALBION RUNNING CLUB 134 S MAIN ST ROCHESTER, NY 14618	UNRELATED	PC	COMMUNITY HEALTH GRANT	17,000.
ALTERNATIVES FOR BATTERED WOMEN PO BOX 39601 ROCHESTER, NY 14605	UNRELATED	PC	COMMUNITY HEALTH GRANT	5,190.
AMERICAN CANCER SOCIETY 1120 S GOODMAN ST ROCHESTER, NY 14610	UNRELATED	PC	OTHER GRANT INITIATIVES	500.
AMERICAN DIABETES ASSOCIATION 160 ALLENS CREEK RD ROCHESTER, NY 14611	UNRELATED	PC	OTHER GRANT INITIATIVES	500.
Total SEE CONTINUATION SHEET(S) ▶ 3a				7,801,192.
b Approved for future payment				
CITY OF ROCHESTER NEIGHBORHOOD AND BUSINESS DEVELOPMENT 30 CHURCH STREET ROCHESTER, NY 14614	UNRELATED	PC	LEAD SAFE HOMES INITIATIVE	344,101.
Total ▶ 3b				344,101.

Part XVI-A Analysis of Income-Producing Activities

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue (a-f), 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments, 4 Dividends and interest from securities (14, 5,773,691), 5 Net rental income or (loss) from real estate (a-b), 6 Net rental income or (loss) from personal property, 7 Other investment income (14), 8 Gain or (loss) from sales of assets other than inventory (18, 3,398,751), 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue (a-e, including RETURN OF UNUSED GRANTS 203,383), 12 Subtotal (0, 9,172,442, 203,383), 13 Total (9,375,825).

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). Rows 3-8 contain text: TO IMPROVE THE HEALTH OF RESIDENTS OF THE ROCHESTER AREA.

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | Yes | No |
|---|--------------------------|-------------------------------------|
| 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a Transfers from the reporting foundation to a noncharitable exempt organization of: | | |
| (1) Cash | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (2) Other assets | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Other transactions: | | |
| (1) Sales of assets to a noncharitable exempt organization | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (2) Purchases of assets from a noncharitable exempt organization | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (3) Rental of facilities, equipment, or other assets | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (4) Reimbursement arrangements | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (5) Loans or loan guarantees | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (6) Performance of services or membership or fundraising solicitations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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

Signature of officer or trustee: _____ Date: _____ Title: **CEO**

May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: **MORGAN N BROOKS** Preparer's signature: **MORGAN N BROOKS** Date: **11/16/15** Check if self-employed PTIN: **P01296717**

Firm's name: **DEJOY, KNAUF & BLOOD, LLP** Firm's EIN: **16-1375790**

Firm's address: **39 STATE STREET, SUITE 600 ROCHESTER, NY 14614** Phone no. **585-546-1840**

423622
11-24-14

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	ABERDEEN EMERGING MARKETS SMALLER COMPANIES FUND			
b	ABERDEEN EMERGING MARKETS SMALLER COMPANIES FUND			
c	AG REALTY FUND VIII LP			
d	AG REALTY FUND VIII LP			
e	AMBERBROOK V LLC			
f	AMBERBROOK V LLC			
g	DWS GLOBAL COMMODITIES QP TRUST			
h	DWS GLOBAL COMMODITIES QP TRUST			
i	GROSVENOR INSTITUTIONAL PARTNERS, LP			
j	GROSVENOR INSTITUTIONAL PARTNERS, LP			
k	MACKAY SHIELDS HIGH YIELD ACTIVE CORE FUND LP			
l	MACKAY SHIELDS HIGH YIELD ACTIVE CORE FUND LP			
m	PINNACLE NATURAL RESOURCES, LP			
n	PINNACLE NATURAL RESOURCES, LP			
o	SECONDARY OPPORTUNITIES FUND III LP			

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				3,350.
b				54,523.
c				-16.
d				140,423.
e				2,246.
f				238,064.
g				-2,646.
h				34,098.
i				-2,926.
j				-114,013.
k				686.
l				123,292.
m				52,167.
n				-172,766.
o				38,333.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a				3,350.
b				54,523.
c				-16.
d				140,423.
e				2,246.
f				238,064.
g				-2,646.
h				34,098.
i				-2,926.
j				-114,013.
k				686.
l				123,292.
m				52,167.
n				-172,766.
o				38,333.

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	

GREATER ROCHESTER HEALTH FOUNDATION INC

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III, L			
b SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III, L			
c SIGULER GUFF DISTRESSED OPPORTUNITIES FUND IV, LP			
d SIGULER GUFF DISTRESSED OPPORTUNITIES FUND IV, LP			
e SIGULER GUFF DISTRESSED REAL ESTATE OPPORTUNITIES			
f STATE STREET BANK AND TRUST COMPANY			
g STATE STREET BANK AND TRUST COMPANY			
h APOLLO EUROPEAN FUND II			
i ARTISAN GLOBAL OPPORTUNITIES			
j ATLANTA CAPITAL (RX-54)			
k DOUBLE LINE TOTAL RETURN (RX-55)			
l DREYFUS STANDISH MELLON EMG MKT DEBT			
m GMO GAAR			
n GRANTHAM (GMO) INT'L EQ ALLOC FUND -III			
o LOOMIS FIXED INCOME FUND			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			2,322.
b			183,865.
c			23,385.
d			61,725.
e			1,089.
f			5,551.
g			537,322.
h			104,922.
i			299,497.
j			287,937.
k			-9,426.
l			-625,509.
m			1,422,167.
n			69,084.
o			59,143.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			2,322.
b			183,865.
c			23,385.
d			61,725.
e			1,089.
f			5,551.
g			537,322.
h			104,922.
i			299,497.
j			287,937.
k			-9,426.
l			-625,509.
m			1,422,167.
n			69,084.
o			59,143.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3

GREATER ROCHESTER HEALTH FOUNDATION INC

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a MONROE CAPITAL			
b PARK SQUARE			
c PIMCO TOTAL RETURN FUND			
d ROBECO PREMIUM EQUITY FUND (RX-52)			
e SILCHESTER INTERNATIONAL VALUE			
f WELLS (RX-53)			
g AETHER REAL ASSETS II LP			
h AETHER REAL ASSETS II LP			
i CARLYLE REALTY PARTNERS VI LP			
j CARLYLE REALTY PARTNERS VI LP			
k FR XII-A BRAVO AIV, LP			
l FR XII-A CHARLIE AIV, LP			
m FR XII-A PARALLEL VEHICLE, LP			
n FR XII-A PBF AIV, LP			
o INDUSTRY VENTURES FUND VI, LP			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			-2,336.
b			-64,564.
c			114,115.
d			1,020,771.
e			1,064,587.
f			1,673,146.
g			-621.
h			93,889.
i			-4,136.
j			348,577.
k			34,898.
l			15,158.
m			-222,268.
n			107,316.
o			9,115.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			-2,336.
b			-64,564.
c			114,115.
d			1,020,771.
e			1,064,587.
f			1,673,146.
g			-621.
h			93,889.
i			-4,136.
j			348,577.
k			34,898.
l			15,158.
m			-222,268.
n			107,316.
o			9,115.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	INDUSTRY VENTURES FUND VI, LP			
b	INDUSTRY VENTURES SECONDARY VII, LP			
c	INDUSTRY VENTURES SECONDARY VII, LP			
d	NEWSTONE CAPITAL PARTNERS II, LP			
e	PRIVATE ADVISORS SMALL COMPANY BUYOUT FUND V, LP			
f	PRIVATE ADVISORS SMALL COMPANY BUYOUT FUND V, LP			
g	WARBURG PINCUS (EUROPA) PRIVATE EQUITY XI CAYMAN			
h	WARBURG PINCUS PRIVATE EQUITY XI, LP			
i	WARBURG PINCUS PRIVATE EQUITY XI, LP			
j				
k				
l				
m				
n				
o				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				70,765.
b				94,041.
c				2,018.
d				32,949.
e				4,859.
f				352.
g				-12.
h				-1,264.
i				68,530.
j				
k				
l				
m				
n				
o				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			70,765.
b			94,041.
c			2,018.
d			32,949.
e			4,859.
f			352.
g			-12.
h			-1,264.
i			68,530.
j			
k			
l			
m			
n			
o			

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	7,277,774.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	N/A

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ANTHONY L. JORDAN FOUNDATION, INC. 82 HOLLAND STREET ROCHESTER, NY 14607	UNRELATED	PC	OTHER GRANT INITIATIVES	2,500.
ANTHONY L. JORDAN HEALTH CENTER 82 HOLLAND STREET NEWARK, NY 14513	UNRELATED	PC	NEIGHBORHOOD HEALTH STATUS INITIATIVE - PHASE I, NEIGHBORHOOD HEALTH STATUS - OPPORTUNITY 2014	131,239.
ASBURY DINING AND CARING CENTER 1050 EAST AVE ROCHESTER, NY 14623	UNRELATED	PC	OTHER GRANT INITIATIVES	2,500.
BADEN STREET SETTLEMENT OF ROCHESTER, INC 13 VIENNA ST ROCHESTER, NY 14616	UNRELATED	PC	COMMUNITY HEALTH GRANT	6,650.
BENINCASA, INC. 3880 RUSH MENDON RD ROCHESTER, NY 14607	UNRELATED	NC	COMMUNITY HEALTH GRANT	14,400.
BISHOP SHEEN ECUMENICAL HOUSING FOUNDATIO 935 EAST AVE ROCHESTER, NY 14604	UNRELATED	PC	COMMUNITY HEALTH GRANT	50,000.
BIVONA CHILD ADVOCACY CENTER 1 MOUNT HOPE AVE CANANDAIGUA, NY 14424	UNRELATED	PC	COMMUNITY HEALTH GRANT	6,891.
BREAST CANCER COALITION OF ROCHESTER, INC 1048 UNIVERSITY AVE ROCHESTER, NY 14607	UNRELATED	PC	COMMUNITY HEALTH GRANT	8,735.
BRIDGES FOR BRAIN INJURY, INC. 5760 DUKE OF GLOUCHESTER WAY ROCHESTER, NY 14642	UNRELATED	PC	COMMUNITY HEALTH GRANT	16,985.
CENTER FOR TEEN EMPOWERMENT, INC. 392 GENESEE ST ROCHESTER, NY 14623	UNRELATED	PC	COMMUNITY HEALTH GRANT	15,059.
Total from continuation sheets				7,759,752.

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CHARLES SETTLEMENT HOUSE 71 PARKWAY NORTH CHILI, NY 14514	UNRELATED	PC	COMMUNITY HEALTH GRANT	12,861.
CHURCH OF LOVE FAITH CENTER 700 EXCHANGE ST ROCHESTER, NY 14605	UNRELATED	PC	COMMUNITY HEALTH GRANT	14,690.
CONKEY CRUISERS C/O GROUP 14621 1171 N CLINTON AVE ROCHESTER, NY 14605	UNRELATED	PC	COMMUNITY HEALTH GRANT	20,000.
CORNELL COOPERATIVE EXT OF SENECA COUNTY 308 MAIN ST SHOP CENTER ROCHESTER, NY 14618	UNRELATED	PC	OTHER GRANT INITIATIVES	50,000.
CORNELL COOPERATIVE EXTENSION OF WAYNE COUNTY 1581 NY-88 ROCHESTER, NY 14618	UNRELATED	PC	NEIGHBORHOOD HEALTH STATUS- NEIGHBORHOOD PHASE II	85,000.
CRESTWOOD CHILDREN'S CENTER 2075 SCOTTSVILLE RD KEUKA PARK, NY 14478	UNRELATED	PC	OTHER GRANT INITIATIVES	37,668.
DAYSTAR FOR MEDICALLY FRAGILE CHILDREN 700 LAC DE VILLE BLVD ROCHESTER, NY 14607	UNRELATED	PC	OTHER GRANT INITIATIVES	75,000.
DAZZLE SCHOOL OF VISUAL & PERFORMING ART 110 WEBSTER AVE ROCHESTER, NY 14618	UNRELATED	PC	COMMUNITY HEALTH GRANT	3,800.
EAST HOUSE CORPORATION 259 MONROE AVE #200 ROCHESTER, NY 14609	UNRELATED	PC	COMMUNITY HEALTH GRANT	5,000.
EPILEPSY-PRALID, INC. 1650 SOUTH AVE ROCHESTER, NY 14620	UNRELATED	PC	COMMUNITY HEALTH GRANT	7,271.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
EUGENIO MARIA DE HOSTOS CHARTER SCHOOL 938 CLIFFORD AVE ROCHESTER, NY 14620	UNRELATED	PC	HEALTHY WEIGHT-SCHOOLS	142,280.
F. F. THOMPSON FOUNDATION, INC. 350 PARRISH ST ROCHESTER, NY 14620	UNRELATED	PC	OTHER GRANT INITIATIVES	10,000.
FAMILY COUNSELING SERVICE OF FINGER LAKES 671 SOUTH EXCHANGE STREET ROCHESTER, NY 14607	UNRELATED	PC	COMMUNITY HEALTH GRANT	34,402.
FAMILY SERVICE OF ROCHESTER 4560 NINE MILE POINT PITTSFORD, NY 14534	UNRELATED	PC	COMMUNITY HEALTH GRANT	24,498.
FINGER LAKES HEALTH SYSTEMS AGENCY 1150 UNIVERSITY AVENUE ROCHESTER, NY 14605	UNRELATED	PC	HEALTHY WEIGHT-ADVOCACY, OTHER GRANT INITIATIVES	513,264.
FLAUM EYE INSTITUTE 728 PREEMPTION ROAD ROCHESTER, NY 14623	UNRELATED	PC	NEIGHBORHOOD HEALTH STATUS- OPPORTUNITY 2012	132,984.
FOODLINK, INC. 1999 MT. READ BLVD ROCHESTER, NY 14604	UNRELATED	PC	OTHER GRANT INITIATIVES	650,500.
FRIENDS OF THE ROCHESTER PUBLIC MARKET 280 N. UNION STREET ROCHESTER, NY 14610	UNRELATED	PC	OTHER GRANT INITIATIVES	110,000.
GENESEE LAND TRUST, INC. 46 PRINCE STREET, SUITE LL0005 ROCHESTER, NY 14614	UNRELATED	PC	COMMUNITY HEALTH GRANT	7,000.
GENESEE ORLEANS MINISTRY OF CONCERN, INC. 121 NORTH MAIN STREET, SUITE 311 ROCHESTER, NY 14614	UNRELATED	PC	COMMUNITY HEALTH GRANT	5,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GENESEE VALLEY NURSES ASSOCIATION PO BOX 2290 ROCHESTER, NY 14621	UNRELATED	PC	OTHER GRANT INITIATIVES	50,000.
GREATER ROCHESTER COMMUNITY OF CHURCHES 2 RIVERSIDE ST ROCHESTER, NY 14621	UNRELATED	PC	COMMUNITY HEALTH GRANTS	5,000.
GREATER ROCHESTER REGIONAL HEALTH INFORMATION 150 STATE STREET SUITE 400 CORNING, NY 14830	UNRELATED	PC	NEIGHBORHOOD HEALTH STATUS - PHASES I AND IV, NEIGHBORHOOD HEALTH STATUS- OPPORTUNITY 2013	183,208.
HOME MEAL SERVICE, INC. 1519 NYE ROAD, SUITE 400 ROCHESTER, NY 14614	UNRELATED	PC	COMMUNITY HEALTH GRANT	4,000.
HONEOYE FALLS-MENDON VOLUNTEER AMBULANCE 210 EAST STREET ROCHESTER, NY 14621	UNRELATED	PC	COMMUNITY HEALTH GRANT	12,000.
HOPE HALL 1612 BUFFALO ROAD ROCHESTER, NY 14620	UNRELATED	PC	COMMUNITY HEALTH GRANT	14,765.
IBERO-AMERICAN ACTION LEAGUE, INC. 817 EAST MAIN STREET ROCHSTER, NY 14614	UNRELATED	PC	NEIGHBORHOOD HEALTH STATUS- OPPORTUNITY 2011 & 2014, OTHER GRANT INITIATIVES	412,125.
IBERO-AMERICAN DEVELOPMENT CORPORATION 818 EAST MAIN STREET NEW YORK, NY 10003	UNRELATED	PC	COMMUNITY HEALTH GRANT, NEIGHBORHOOD HEALTH STATUS- NEIGHBORHOOD PHASE IV	216,269.
JEWISH FAMILY SERVICE OF ROCHESTER, INC. 441 EAST AVENUE ROCHESTER, NY 14607	UNRELATED	PC	COMMUNITY HEALTH GRANT	12,000.
JEWISH SENIOR LIFE 2021 WINTON ROAD ROCHESTER, NY 14626	UNRELATED	PC	NEIGHBORHOOD HEALTH STATUS- OPPORTUNITY 2012	181,994.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
KEUKA COLLEGE 141 CENTRAL AVENUE ROCHESTER, NY 14611	UNRELATED	PC	OTHER GRANT INITIATIVES	3,500.
LEGAL ASSISTANCE OF WESTERN NEW YORK, INC 1 WEST MAIN STREET, 4TH FLOOR ROCHESTER, NY 14642	UNRELATED	PC	OTHER GRANT INITIATIVES	3,750.
LIFESPAN OF GREATER ROCHESTER 1900 SOUTH CLINTON AVENUE ROCHESTER, NY 14642	UNRELATED	PC	NEIGHBORHOOD HEALTH STATUS- OPPORTUNITY 2013	198,515.
MARY'S PLACE OUTREACH 141 LEXINGTON AVENUE ROCHESTER, NY 14642	UNRELATED	PC	COMMUNITY HEALTH GRANT	1,500.
MEDICAL MOTOR SERVICE OF ROCHESTER 608 CLINTON AVENUE ROCHESTER, NY 14642	UNRELATED	PC	OTHER GRANT INITIATIVES	50,000.
MEDICAL SOCIETY OF THE COUNTY OF MONROE 132 ALLENS CREEK ROAD ROCHESTER, NY 14642	UNRELATED	PC	NEIGHBORHOOD HEALTH STATUS- OPPORTUNITY 2014	198,150.
MERCY COMMUNITY SERVICES 142 WEBSTER AVENUE ROCHESTER, NY 14642	UNRELATED	PC	OTHER GRANT INITIATIVES	1,000.
MONROE COMMUNITY COLLEGE FOUNDATION 1000 EAST HENRUETTA ROAD ROCHESTER, NY 14642	UNRELATED	PC	HEALTHY WEIGHT- SCHOOLS	597,328.
MUSCULAR DYSTROPHY ASSOCIATION 1425 W JEFFERSON RD #19 ROCHESTER, NY 14642	UNRELATED	PC	COMMUNITY HEALTH GRANT	7,065.
NATIVITY PREPATORY ACADEMY 15 WHALIN STREET ROCHESTER, NY 14605	UNRELATED	PC	COMMUNITY HEALTH GRANT, OTHER GRANT INITIATIVES	10,976.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
OASIS ADAPTIVE SPORTS, INC. 4 HONEYOYE COMMONS PO BOX 706 WEBSTER, NY 14580	UNRELATED	PC	COMMUNITY HEALTH GRANT	9,500.
PHELPS-CLIFTON SPRINGS CSD 1490 STATE ROUTE 488 WARSAW, NY 14569	UNRELATED	PC	COMMUNITY HEALTH GRANT	15,000.
PLANNED PARENTHOOD OF ROCHESTER 114 UNIVERSITY AVENUE WEBSTER, NY 14580	UNRELATED	PC	NEIGHBORHOOD HEALTH STATUS- OPPORTUNITY 2012	22,172.
PLUTA CANCER CENTER FOUNDATION 125 RED CREEK DRIVE ROCHESTER, NY 14604	UNRELATED	PC	OTHER GRANT INITIATIVES	6,000.
R COMMUNITY BIKES PO BOX 26471 ROCHESTER, NY 14614	UNRELATED	PC	COMMUNITY HEALTH GRANT	8,750.
RHYTHM SOCIETY 758 SOUTH AVE ROCHESTER, NY 14620	UNRELATED	PC	HEALTHY WEIGHT- COMMUNITY	7,653.
RIVER FLOW SOCCER CLUB P.O. BOX 10061 ROCHESTER, NY 14610	UNRELATED	PC	HEALTHY WEIGHT- COMMUNITY	8,654.
ROCHESTER CITY SCHOOL DISTRICT 131 WEST BROAD STREET ROCHESTER, NY 14614	UNRELATED	PC	HEALTHY WEIGHT- SCHOOLS	480,391.
ROCHESTER EDUCATION FOUNDATION 250 MILLS STREET ROCHESTER, NY 14614	UNRELATED	PC	HEALTHY WEIGHT- SCHOOLS	164,008.
ROCHESTER GENERAL FOUNDATION, INC. 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617	UNRELATED	PC	OTHER GRANT INITIATIVES	10,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ROCHESTER GENERAL HOSPITAL FOUNDATION 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617	UNRELATED	PC	NEIGHBORHOOD HEALTH STATUS- OPPORTUNITY 2010 & 2011	59,561.
ROCHESTER HEARING AND SPEECH CENTER 1000 ELMWOOD AVE STE 400 ROCHESTER, NY 14620	UNRELATED	PC	OTHER GRANT INITIATIVES	1,000.
ROCHESTER HISPANIC YOUTH BASEBALL LEAGUE 1816 NORTH CLINTON AVE ROCHESTER, NY 14621	UNRELATED	PC	OTHER GRANT INITIATIVES	500.
ROCHESTER PREPATORY CHARTER SCHOOL 630 BROOKS AVE ROCHESTER, NY 14619	UNRELATED	PC	OTHER GRANT INITIATIVES	2,500.
ROCHESTER'S CHILD 500 EAST AVE ROCHESTER, NY 14607	UNRELATED	PC	COMMUNITY HEALTH GRANT	4,070.
S2AY RURAL HEALTH NETWORK P.O. BOX 97 CORNING, NY 14830	UNRELATED	PC	COMMUNITY HEALTH GRANT, NEIGHBORHOOD HEALTH STATUS- NEIGHBORHOOD PHASE II, OTHER GRANT	145,360.
SPIRITUS CHRISTI MENTAL HEALTH CENTER 121 NORTH FITZHUGH STREET ROCHESTER, NY 14614	UNRELATED	PC	OTHER GRANT INITIATIVES	2,750.
ST. ANN'S FOUNDATION, INC. 1500 PORTLAND AVE ROCHESTER, NY 14621	UNRELATED	PC	NEIGHBORHOOD HEALTH STATUS- OPPORTUNITY 2013	159,707.
ST. JOSEPH'S NEIGHBORHOOD CENTER 417 SOUTH AVE ROCHESTER, NY 14620	UNRELATED	PC	NEIGHBORHOOD HEALTH STATUS- OPPORTUNITY 2012, OTHER GRANT INITIATIVES	187,755.
ST. KATERI 445 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617	UNRELATED	PC	COMMUNITY HEALTH GRANT	10,169.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ST. RITA SCHOOL 1008 MAPLE DRIVE WEBSTER, NY 14580	UNRELATED	PC	COMMUNITY HEALTH GRANT	5,000.
ST. STEPHEN'S EPISCOPAL CHURCH 350 CHILI AVE ROCHESTER, NY 14611	UNRELATED	PC	COMMUNITY HEALTH GRANT	36,195.
TERESA HOUSE INC. 21 HIGHLAND ROAD GENESE0, NY 14454	UNRELATED	PC	COMMUNITY HEALTH GRANT	10,000.
THE CENTER FOR YOUTH SERVICES, INC. 905 MONROE AVE ROCHESTER, NY 14620	UNRELATED	PC	COMMUNITY HEALTH GRANT	5,746.
THE CHILDREN'S AGENDA 1 SOUTH WASHINGTON ST #400 ROCHESTER, NY 14614	UNRELATED	PC	OTHER GRANT INITIATIVES	2,500.
THE GENEVA FAMILY YMCA 399 WILLIAM STREET GENEVA, NY 14456	UNRELATED	PC	COMMUNITY HEALTH GRANT	20,000.
THE SOCIETY FOR THE PREV OF CRUELTY TO CHILDREN 161 WILLIAM ST, NINTH FLOOR NEW YORK, NY 10038	UNRELATED	PC	COMMUNITY HEALTH GRANT	5,200.
TOWN OF CONESUS 6210 S LIVONIA ROAD CONESUS, NY 14435	UNRELATED	PC	COMMUNITY HEALTH GRANT	19,200.
TOWN OF COVERT 8469 SOUTH MAIN STREET INTERLAKEN, NY 14847	UNRELATED	PC	COMMUNITY HEALTH GRANT	17,950.
TOWN OF OVID 2136 BROWN STREET, PO BOX 452 OVID, NY 14521	UNRELATED	PC	COMMUNITY HEALTH GRANT	17,192.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
TRILLIUM HEALTH 259 MONROE AVE #100 ROCHESTER, NY 14607	UNRELATED	PC	NEIGHBORHOOD HEALTH STATUS- OPPORTUNITY 2014	151,675.
UNITED WAY OF GREATER ROCHESTER 75 COLLEGE AVE ROCHESTER, NY 14607	UNRELATED	PC	OTHER GRANT INITIATIVES	10,000.
UNITY HEALTH SYSTEM 89 GENESEE STREET ROCHESTER, NY 14611	UNRELATED	PC	NEIGHBORHOOD HEALTH STATUS- OPPORTUNITY 2010 & 2013	308,380.
UNIVERSITY OF ROCHESTER 252 ELMWOOD AVE ROCHESTER, NY 14611	UNRELATED	PC	NEIGHBORHOOD HEALTH STATUS- OPPORTUNITY 2010, 2011, 2013 & 2014, OTHER GRANT INITIATIVES	895,145.
UNIVERSITY OF ROCHESTER-ACCT & COST STDS 253 ELMWOOD AVE ROCHESTER, NY 14611	UNRELATED	PC	NEIGHBORHOOD HEALTH STATUS- OPPORTUNITY 2011	218,227.
UNIVERSITY OF ROCHESTER-GIFT & DONOR 254 ELMWOOD AVE ROCHESTER, NY 14611	UNRELATED	PC	OTHER GRANT INITIATIVES	10,000.
UNIVERSITY OF ROCHESTER-MEDICAL CENTER 601 ELMWOOD AVE ROCHESTER, NY 14642	UNRELATED	PC	NEIGHBORHOOD HEALTH STATUS- OPPORTUNITY 2011	31,222.
UNIVERSITY OF ROCHESTER-MEDICAL SCHOOL 602 ELMWOOD AVE ROCHESTER, NY 14642	UNRELATED	PC	NEIGHBORHOOD HEALTH STATUS- OPPORTUNITY 2010	3,867.
UPSTATE NY FAMILIES FOR EFFECTIVE AUTISM 180 LINDEN OAKS DR, SUITS 250 ROCHESTER, NY 14625	UNRELATED	PC	COMMUNITY HEALTH GRANT	26,711.
URBAN CHOICE CHARTER SCHOOL 545 HUMBOLDT STREET ROCHESTER, NY 14610	UNRELATED	PC	COMMUNITY HEALTH GRANT	5,251.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
URBAN LEAGUE OF ROCHESTER, N.Y., INC. 265 N CLINTON AVE ROCHESTER, NY 14605	UNRELATED	PC	OTHER GRANT INITIATIVES	25,000.
URMC DEPT OF OBSTETRICS & GYNECOLOGY 601 ELMWOOD AVE ROCHESTER, NY 14642	UNRELATED	PC	COMMUNITY HEALTH GRANT	5,000.
VAL HEALTH, LLC 444 EAST MAIN STREET ROCHESTER, NY 14604	UNRELATED	PC	OTHER GRANT INITIATIVES	30,500.
VETERANS OUTREACH CENTER 459 SOUTH AVENUE ROCHESTER, NY 14620	UNRELATED	PC	COMMUNITY HEALTH GRANT	25,000.
WILSON COMMENCEMENT PARK 251 JOSEPH AVE ROCHESTER, NY 14605	UNRELATED	PC	OTHER GRANT INITIATIVES	11,500.
YMCA OF GREATER ROCHESTER 444 EAST MAIN STREET ROCHESTER, NY 14604	UNRELATED	PC	HEALTHY WEIGHT-COMMUNITY, NEIGHBORHOOD HEALTH STATUS- OPPORTUNITY 2011 & 2012	198,469.
Total from continuation sheets				

Part XV | **Supplementary Information**

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - S2AY RURAL HEALTH NETWORK

COMMUNITY HEALTH GRANT, NEIGHBORHOOD HEALTH STATUS- NEIGHBORHOOD PHASE

II, OTHER GRANT INITIATIVES

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-PF**

2014

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

Name **GREATER ROCHESTER HEALTH FOUNDATION INC** Employer identification number **13-4301222**

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment			
1	Total tax (see instructions)	1	233,140.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	233,140.
4	Enter the tax shown on the corporation's 2013 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	265,779.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	233,140.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

6 The corporation is using the adjusted seasonal installment method.

7 The corporation is using the annualized income installment method.

8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/14	06/15/14	09/15/14	12/15/14
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column.	10	58,285.	58,285.	58,285.	58,285.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11	5,214.	150,000.		75,000.
<i>Complete lines 12 through 18 of one column before going to the next column.</i>					
12 Enter amount, if any, from line 18 of the preceding column	12			38,644.	
13 Add lines 11 and 12	13		150,000.	38,644.	75,000.
14 Add amounts on lines 16 and 17 of the preceding column	14		53,071.		19,641.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	5,214.	96,929.	38,644.	55,359.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	53,071.		19,641.	2,926.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18		38,644.		

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.
LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2014)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2014 and before 7/1/2014	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\%}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2014 and before 10/1/2014	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\%}{365}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2014 and before 1/1/2015	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{365}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2014 and before 4/1/2015	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2015 and before 7/1/2015	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2015 and before 10/01/2015	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2015 and before 1/1/2016	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2015 and before 2/16/2016	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38			\$ 19.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

**FORM 990-PF
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s) GREATER ROCHESTER HEALTH FOUNDATION INC					Identifying Number 13-4301222
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/14	58,285.	58,285.			
05/15/14	-5,214.	53,071.	1	.000082192	4.
05/16/14	-150,000.	-96,929.			
06/15/14	58,285.	-38,644.			
09/15/14	58,285.	19,641.	4	.000082192	6.
09/19/14	-75,000.	-55,359.			
12/15/14	58,285.	2,926.	36	.000082192	9.
01/20/15	-110,000.	-107,074.			
05/13/15	-50,000.	-157,074.			
Penalty Due (Sum of Column F).					19.

* Date of estimated tax payment, withholding credit date or installment due date.

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES			STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
ABERDEEN EMERGING MARKETS SMALLER COMPANIES FUND	191,538.	0.	191,538.	184,396.	
ABERDEEN EMERGING MARKETS SMALLER COMPANIES FUND	0.	0.	0.	20,484.	
AETHER REAL ASSETS II LP	0.	0.	0.	4,352.	
AETHER REAL ASSETS III LP	0.	0.	0.	2,332.	
AG REALTY FUND VIII LP	28,519.	0.	28,519.	8,732.	
AMBERBROOK V LLC	1,118.	0.	1,118.	23,197.	
AMBERBROOK V LLC	0.	0.	0.	1,118.	
APOLLO EUROPEAN FUND II	334,102.	0.	334,102.	334,102.	
ARTISAN GLOBAL OPPORTUNITIES	75,563.	0.	75,563.	75,563.	
ASHMORE EMERGING MARKET DEBT STRATEGY	232,558.	0.	232,558.	232,558.	
ATLANTA CAPITAL (RX-54)	65,379.	0.	65,379.	65,379.	
BLACKROCK TIPS FUNDS	135,686.	0.	135,686.	135,686.	
CARLYLE REALTY PARTNERS VI LP	21,852.	0.	21,852.	119.	
DOUBLE LINE TOTAL RETURN (RX-55)	359,502.	0.	359,502.	359,502.	
DREYFUS STANDISH MELLON EMG MKT DEBT	180,386.	0.	180,386.	180,386.	
DWS GLOBAL COMMODITIES QP TRUST	0.	0.	0.	79,322.	
FR XII-A BRAVO AIV, LP	33,723.	0.	33,723.	14,844.	
FR XII-A CHARLIE AIV, LP	0.	0.	0.	1,648.	
FR XII-A PARALLEL VEHICLE, LP	0.	0.	0.	949.	
FR XII-A PBF AIV, LP	0.	0.	0.	19.	
GMO GAAR	553,168.	0.	553,168.	553,168.	
GRANTHAM (GMO) INT'L EQ ALLOC FUND -III	114,360.	0.	114,360.	114,360.	

GROSVENOR				
INSTITUTIONAL				
PARTNERS, LP	0.	0.	0.	62,658.
INDUSTRY VENTURES				
FUND VI, LP	0.	0.	0.	13,537.
INDUSTRY VENTURES				
SECONDARY VII LP	0.	0.	0.	78.
LOOMIS FIXED				
INCOME FUND	214,185.	0.	214,185.	214,185.
MACKAY SHIELDS				
HIGH YIELD ACTIVE				
CORE FUND LP	0.	0.	0.	416,766.
MMDA	152.	0.	152.	152.
MONROE CAPITAL	191,751.	0.	191,751.	191,751.
NEWSTONE CAPITAL				
PARTNERS II, LP	223,678.	0.	223,678.	224,802.
OTHER	6,513.	0.	6,513.	0.
PARK SQUARE				
CAPITAL CREDIT				
OPPORTUNITIES II	3,931.	0.	3,931.	3,766.
PERELLA WEINBERG				
PARTNERS ABV				
OPPORTUNITY	0.	0.	0.	132,095.
PERMAL FIXED				
INCOME HOLDINGS	229,520.	0.	229,520.	229,520.
PERMAL PRIVATE				
EQUITY III	3,639.	0.	3,639.	229,520.
PIMCO ALL ASSET				
FUND	833,527.	0.	833,527.	833,527.
PIMCO TOTAL RETURN				
FUND	88,471.	0.	88,471.	88,471.
PINNACLE NATURAL				
RESOURCES, LP	397,463.	0.	397,463.	1,013.
PRIVATE ADVISORS				
SMALL COMPANY				
BUYOUT FUND V, LP	0.	0.	0.	24,635.
ROBECO PREMIUM				
EQUITY FUND				
(RX-52)	348,122.	0.	348,122.	348,122.
RX-50 SSGA PRIME				
MONEY MARKET	211.	0.	211.	211.
RX-51 SSGA				
OPERATING MONEY				
MARKET	101.	0.	101.	101.
SECONDARY				
OPPORTUNITIES FUND				
III LP	0.	0.	0.	5,498.
SIGULER GUFF				
DISTRESSED				
OPPORTUNITIES FUND	6,095.	0.	6,095.	63,937.
SIGULER GUFF				
DISTRESSED				
OPPORTUNITIES FUND	0.	0.	0.	6,095.
SIGULER GUFF				
DISTRESSED				
OPPORTUNITIES FUND	0.	0.	0.	64,718.

SIGULER GUFF DISTRESSED REAL ESTATE	42,537.	0.	42,537.	13,521.
SILCHESTER INTERNATIONAL VALUE	781,089.	0.	781,089.	781,089.
STATE STREET BANK AND TRUST COMPANY	0.	0.	0.	192,069.
WARBURG PINCUS (EUROPA) PRIVATE EQUITY XI CAYMAN	13,202.	0.	13,202.	11,629.
WARBURG PINCUS PRIVATE EQUITY (E&P) XI-A, LP	0.	0.	0.	90.
WARBURG PINCUS PRIVATE EQUITY (LEXINGTON) XI-A	0.	0.	0.	28.
WARBURG PINCUS PRIVATE EQUITY XI, LP	0.	0.	0.	16,020.
WELLS (RX-53)	62,050.	0.	62,050.	62,050.
TO PART I, LINE 4	5,773,691.	0.	5,773,691.	6,623,870.

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
RETURN OF UNUSED GRANTS	203,383.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	203,383.	0.	

FORM 990-PF LEGAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	12,354.	0.		12,354.
TO FM 990-PF, PG 1, LN 16A	12,354.	0.		12,354.

FORM 990-PF	ACCOUNTING FEES			STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	19,595.	0.		19,595.
TO FORM 990-PF, PG 1, LN 16B	19,595.	0.		19,595.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING & OUTSIDE SERVICES	280,529.	0.		280,529.
TO FORM 990-PF, PG 1, LN 16C	280,529.	0.		280,529.

FORM 990-PF	TAXES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	74,470.	0.		74,331.
FOREIGN TAXES PAID	19,130.	19,130.		0.
EXCISE TAXES	337,000.	0.		0.
TO FORM 990-PF, PG 1, LN 18	430,600.	19,130.		74,331.

FORM 990-PF	OTHER EXPENSES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DUES & SUBSCRIPTIONS	50,459.	0.		50,459.
REPAIRS & MAINTENANCE	10,027.	0.		10,027.
INSURANCE	22,910.	0.		22,910.
TELEPHONE	18,595.	0.		18,595.
POSTAGE & DELIVERY	4,976.	0.		4,976.
FORMS & SUPPLIES	28,020.	0.		28,020.
INVESTMENT FEES	3,369,402.	2,775,759.		0.
PROGRAM EXPENSES	2,048,659.	0.		2,038,419.
TEMPORARY HELP	21,435.	0.		21,435.
EQUIPMENT RENTAL	854.	0.		854.
LICENSE FEES	15,352.	0.		15,352.
TOTAL TO FORM 990-PF, PG 1, LN 23	5,590,689.	2,775,759.		2,211,047.

FORM 990-PF	CORPORATE STOCK		STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
EQUITY MUTUAL FUNDS	150,142,764.	150,142,764.	
TOTAL TO FORM 990-PF, PART II, LINE 10B	150,142,764.	150,142,764.	

FORM 990-PF	OTHER INVESTMENTS			STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
ALTERNATIVE INVESTMENTS	COST	86,421,643.	86,421,643.	
TOTAL TO FORM 990-PF, PART II, LINE 13		86,421,643.	86,421,643.	

FORM 990-PF	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
OTHER CURRENT LIABILITIES		75,797.	77,149.
TOTAL TO FORM 990-PF, PART II, LINE 22		75,797.	77,149.

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT	11
-------------	---	-----------	----

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN URBAN 150 STATE STREET, SUITE 100 ROCHESTER, NY 14614	PRESIDENT & CEO 40.00	288,422.	41,017.	0.
BRIDGETTE WIEFLING, MD 150 STATE STREET, SUITE 100 ROCHESTER, NY 14614	BOARD MEMBER 1.25	0.	0.	0.
ESSIE CALHOUN-MCDAVID 150 STATE STREET, SUITE 100 ROCHESTER, NY 14614	BOARD MEMBER 1.25	0.	0.	0.
ROBERT OPPENHEIMER 150 STATE STREET, SUITE 100 ROCHESTER, NY 14614	BOARD MEMBER 1.25	0.	0.	0.
WILLIAM G. CLARK 150 STATE STREET, SUITE 100 ROCHESTER, NY 14614	BOARD MEMBER 1.25	0.	0.	0.
JEAN G. HOWARD-CHERUBIM 150 STATE STREET, SUITE 100 ROCHESTER, NY 14614	BOARD MEMBER 1.25	0.	0.	0.
JAMES H. WATTERS 150 STATE STREET, SUITE 100 ROCHESTER, NY 14614	BOARD MEMBER 1.25	0.	0.	0.
CARLOS R. ORTIZ, MD 150 STATE STREET, SUITE 100 ROCHESTER, NY 14614	BOARD MEMBER 1.25	0.	0.	0.

LOUIS J. PAPA, MD 150 STATE STREET, SUITE 100 ROCHESTER, NY 14614	BOARD MEMBER 1.25	0.	0.	0.
CHRIS PULLEYN 150 STATE STREET, SUITE 100 ROCHESTER, NY 14614	BOARD MEMBER 1.25	0.	0.	0.
THOMAS S. RICHARDS 150 STATE STREET, SUITE 100 ROCHESTER, NY 14614	BOARD MEMBER 1.25	0.	0.	0.
DENNIS M. RICHARDSON 150 STATE STREET, SUITE 100 ROCHESTER, NY 14614	BOARD MEMBER 1.25	0.	0.	0.
GEOFFREY ROSENBERGER 150 STATE STREET, SUITE 100 ROCHESTER, NY 14614	BOARD MEMBER 1.25	0.	0.	0.
CONNIE O. WALKER 150 STATE STREET, SUITE 100 ROCHESTER, NY 14614	BOARD MEMBER 1.25	0.	0.	0.
BONNIE C. DEVINNEY 151 STATE STREET, SUITE 100 ROCHESTER, NY 14614	VP & CHIEF PROGRAM OFFICER 40.00	143,731.	28,547.	0.
THOMAS WESLEY 152 STATE STREET, SUITE 100 ROCHESTER, NY 14614	VP & CHIEF FINANCIAL OFFICER 40.00	137,114.	28,575.	0.
JAMES GOULD 155 STATE STREET, SUITE 100 ROCHESTER, NY 14614	BOARD MEMBER 1.25	0.	0.	0.
BOLGEN VARGAS 156 STATE STREET, SUITE 100 ROCHESTER, NY 14614	BOARD MEMBER 1.25	0.	0.	0.
ERIKA AUGUSTINE 157 STATE STREET, SUITE 100 ROCHESTER, NY 14615	BOARD MEMBER 1.25	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>569,267.</u>	<u>98,139.</u>	<u>0.</u>

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 12

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

GREATER ROCHESTER HEALTH FOUNDATION
150 STATE STREET, SUITE 100
ROCHESTER, NY 14614

TELEPHONE NUMBER

585-258-1799

FORM AND CONTENT OF APPLICATIONS

GRANT APPLICATION FORM, PROPOSAL, PROJECT BUDGET, ORGANIZATION OPERATING BUDGET, BOARD OF DIRECTORS LISTING, MOST RECENT FINANCIAL STATEMENT, COPY OF IRS (C) (3) DETERMINATION LETTER.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
December 31, 2014

Prepared for	Greater Rochester Health Foundation Inc 150 State Street No. 100 Rochester, NY 14614
Prepared by	DeJoy, Knauf & Blood, LLP 39 State Street, Suite 600 Rochester, NY 14614
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	November 16, 2015
Special Instructions	The return should be signed and dated.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2014

For calendar year 2014 or other tax year beginning _____, and ending _____

▶ **Information about Form 990-T and its instructions is available at www.irs.gov/form990t.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) GREATER ROCHESTER HEALTH FOUNDATION INC Number, street, and room or suite no. If a P.O. box, see instructions. 150 STATE STREET, NO. 100 City or town, state or province, country, and ZIP or foreign postal code ROCHESTER, NY 14614	D Employer identification number (Employees' trust, see instructions.) 13-4301222 E Unrelated business activity codes (See instructions.)
---	---------------------	--	--

C Book value of all assets at end of year 238,797,194.	F Group exemption number (See instructions.) ▶ _____ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
--	---

H Describe the organization's primary unrelated business activity. ▶ **PASSTHROUGH INVESTMENTS**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶ _____

J The books are in care of ▶ **THOMAS WESLEY, CFO** Telephone number ▶ **585-258-1799**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	(1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$ _____		
(2) Additional 3% tax (not more than \$100,000)	\$ _____		
c Income tax on the amount on line 34		35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:			
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36	
37 Proxy tax. See instructions		37	
38 Alternative minimum tax		38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39	0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		
b Other credits (see instructions)	40b		
c General business credit. Attach Form 3800	40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits. Add lines 40a through 40d		40e	
41 Subtract line 40e from line 39		41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		42	
43 Total tax. Add lines 41 and 42		43	0.
44a Payments: A 2013 overpayment credited to 2014	44a		
b 2014 estimated tax payments	44b		
c Tax deposited with Form 8868	44c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Credit for small employer health insurance premiums (Attach Form 8941)	44f		
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44g		
45 Total payments. Add lines 44a through 44g		45	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		47	0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		48	0.
49 Enter the amount of line 48 you want: Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		49	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year		\$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (att. schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer _____ Date _____		CEO _____ Title _____		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Paid Preparer Use Only	Print/Type preparer's name MORGAN N BROOKS	Preparer's signature MORGAN N BROOKS	Date 11/16/15	
	Firm's name ▶ DEJOY, KNAUF & BLOOD, LLP			Firm's EIN ▶ 16-1375790	
	Firm's address ▶ 39 STATE STREET, SUITE 600 ROCHESTER, NY 14614			Phone no. 585-546-1840	

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

(1)			
(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ...	
		0.	

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I		0.	0.			0.
Totals, Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.			Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.