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EXTENSION GRANTED TO NOVEMBER 15, 2017

Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2016 or other tax year beginning _____, and ending 1612

▶ 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).

OMB No 1545-0687

2016

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

A ☐ Check box if address changed

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year 228,550,611.

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
GREATER ROCHESTER HEALTH FOUNDATION

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.)
900099

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☐ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☒ 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
1a 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			
4a 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	147,182.		147,182.
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	147,182.		147,182.

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	147,182.
31	Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 14	31	147,182.
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.

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Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **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	
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from ☒ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	0.
37	**Proxy tax.** See instructions ▶	37	
38	Alternative minimum tax	38	
39	**Tax on Non-Compliant Facility Income.** See instructions	39	
40	**Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a			
b	Other credits (see instructions)	41b			
c	General business credit. Attach Form 3800	41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
e	**Total credits.** Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40			42	0.
43	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			43	
44	**Total tax.** Add lines 42 and 43			44	0.
45 a	Payments: A 2015 overpayment credited to 2016	45a			
b	2016 estimated tax payments	45b	44,742.		
c	Tax deposited with Form 8868	45c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d			
e	Backup withholding (see instructions)	45e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f			
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	45g			
46	**Total payments.** Add lines 45a through 45g			46	44,742.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			47	
48	**Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ▶			48	
49	**Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶			49	44,742.
50	Enter the amount of line 49 you want: **Credited to 2017 estimated tax** ▶ **Refunded** ▶			50	44,742.

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

		Yes	No
51	At any time during the 2016 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		X
52	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
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

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 10/10/19 Date ▶ CEO Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MORGAN N HOPKINS	MORGAN N HOPKINS	09/30/19		P01296717

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

Firm's address ▶ 280 EAST BROAD STREET, SUITE 300 ROCHESTER, NY 14604 Phone no. 585-546-1840

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SCHEDULE I (Form 1041)

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax - Estates and Trusts

▶ Attach to Form 1041.
▶ Information about Schedule I (Form 1041) and its separate instructions is at *www.irs.gov/form1041* .

OMB No 1545-0092

2016

Name of estate or trust: GREATER ROCHESTER HEALTH FOUNDATION

Employer identification number: 13-4301222

Part II Estate's or Trust's Share of Alternative Minimum Taxable Income

1	Adjusted total income or (loss) (from Form 1041, line 17)		1	
2	Interest		2	
3	Taxes		3	
4	Miscellaneous itemized deductions (from Form 1041, line 15c)		4	
5	Refund of taxes		5	( )
6	Depletion (difference between regular tax and AMT)		6	
7	Net operating loss deduction Enter as a positive amount	SEE STATEMENT 16	7	147,182.
8	Interest from specified private activity bonds exempt from the regular tax		8	
9	Qualified small business stock (see instructions)		9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)		10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)		11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)		12	
13	Disposition of property (difference between AMT and regular tax gain or loss)		13	
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)		14	
15	Passive activities (difference between AMT and regular tax income or loss)		15	
16	Loss limitations (difference between AMT and regular tax income or loss)		16	
17	Circulation costs (difference between regular tax and AMT)		17	
18	Long-term contracts (difference between AMT and regular tax income)		18	
19	Mining costs (difference between regular tax and AMT)		19	
20	Research and experimental costs (difference between regular tax and AMT)		20	
21	Income from certain installment sales before January 1, 1987		21	( )
22	Intangible drilling costs preference		22	
23	Other adjustments, including income-based related adjustments		23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	STATEMENT 17	24	(132,464.)
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24	STATEMENT 18	25	14,718.
	Note: *Complete Part II below before going to line 26.*			
26	Income distribution deduction from Part II, line 44	N/A	26	
27	Estate tax deduction (from Form 1041, line 19)	N/A	27	
28	Add lines 26 and 27		28	
29	Estate's or trust's share of alternative minimum taxable income Subtract line 28 from line 25		29	14,718.

If line 29 is:

- $23,900 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c The estate or trust isn't liable for the alternative minimum tax.
- Over $23,900, but less than $175,450, go to line 45.
- $175,450 or more, enter the amount from line 29 on line 51 and go to line 52.

Part III Income Distribution Deduction on a Minimum Tax Basis N/A

30	Adjusted alternative minimum taxable income (see instructions)	30	
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31	
32	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	32	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)	33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	34	
35	Capital gains computed on a minimum tax basis included on line 25	35	( )
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38	
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39	
40	Total distributions. Add lines 38 and 39	40	
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41	
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	

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Part II Income Distribution Deduction on a Minimum Tax Basis *(continued)* N/A

43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0-			43	
44	**Income distribution deduction on a minimum tax basis.** Enter the smaller of line 42 or line 43. Enter here and on line 26			44	

Part III Alternative Minimum Tax

45	Exemption amount			45	$23,900 00
46	Enter the amount from line 29	46			
47	Phase-out of exemption amount	47	$79,850 00		
48	Subtract line 47 from line 46. If zero or less, enter -0-	48			
49	Multiply line 48 by 25% (0.25)			49	
50	Subtract line 49 from line 45. If zero or less, enter -0-			50	
51	Subtract line 50 from line 46			51	
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is - • $186,300 or less, multiply line 51 by 26% (0.26). • Over $186,300, multiply line 51 by 28% (0.28) and subtract $3,726 from the result			52	
53	Alternative minimum foreign tax credit (see instructions)			53	
54	Tentative minimum tax. Subtract line 53 from line 52			54	
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)			55	
56	**Alternative minimum tax.** Subtract line 55 from line 54. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c			56	

Part IV Line 52 Computation Using Maximum Capital Gains Rates

Caution: *If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing this part*

57	Enter the amount from line 51			57	
58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, if necessary)	58			
59	Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you didn't complete Schedule D for the regular tax or the AMT, enter -0-	59.			
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	60			
61	Enter the **smaller** of line 57 or line 60			61	
62	Subtract line 61 from line 57			62	
63	If line 62 is $186,300 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by 28% (0.28) and subtract $3,726 from the result ▶			63	
64	Maximum amount subject to the 0% rate	64	$2,550 00		
65	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22, if zero or less, enter -0-	65			
66	Subtract line 65 from line 64. If zero or less, enter -0-	66			
67	Enter the **smaller** of line 57 or line 58	67			
68	Enter the **smaller** of line 66 or line 67. This amount is taxed at 0%	68			
69	Subtract line 68 from line 67	69			

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Part IV Line 52 Computation Using Maximum Capital Gains Rates *(continued)*

70	Maximum amount subject to rates below 20%	70	$12,400 00		
71	Enter the amount from line 66	71			
72	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22, if zero or less, enter -0- ▶	72			
73	Add line 71 and line 72	73			
74	Subtract line 73 from line 70. If zero or less, enter -0-	74			
75	Enter the **smaller** of line 69 or 74	75			
76	Multiply line 75 by 15% (0.15)			▶ 76	
77	Add lines 68 and 75	77			
	If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, go to line 78.				
78	Subtract line 77 from line 67	78			
79	Multiply line 78 by 20% (0.20)			▶ 79	
	If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to line 80.				
80	Add lines 62, 77, and 78	80			
81	Subtract line 80 from line 57	81			
82	Multiply line 81 by 25% (0.25)			▶ 82	
83	Add lines 63, 76, 79, and 82			83	
84	If line 57 is $186,300 or less, multiply line 57 by 26% (0.26). Otherwise, multiply line 57 by 28% (0.28) and subtract $3,726 from the result			84	
85	Enter the **smaller** of line 83 or line 84 here and on line 52			85	

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Greater Rochester Health Foundation
EIN: 13-4301222
GRHF 990-T Loss Carryforward Schedule

The purpose for the 2016 amended 990-T is that there was UBTI in 2016 that should have been offset by the carryforward UBTI losses from tax years 2013, 2014, and 2015. The foundation has consistenly had UBTI losses in the past and never reported the losses as it is not required. This caused no NOL to be carried forward in the 2016 tax year and thus the foundation picked up all the income. We are attaching the following schedule outlining the losses that occurred in the preceeding three tax years. This causes a change in line 31 of the 990-T to recognize NOL, 35c the new computation of tax due, and a change in line 50 claim of a refund. Further note that the total tax paid on the foundations account was $44,170. This is the amount of the refund claim.

Tax Year	Gross Income/(Loss)	Deductions	Total Income/(Loss)	ATNOL
2013 NOL Carry Forward	(119,305)	78,755	(198,060)	(198,060)
2014 NOL Carry Forward	(92,663)	282,849	(375,512)	(375,512)
2015 NOL Carry Forward	(167,256)	533,926	(701,182)	(701,182)
Total	(379,224)	895,530	(1,274,754)	(1,274,754)

2016 Income	147,182	
Total NOL to Line 31	**(147,182)**	

2016 AMTI (Form 4626 Line 30	147,182
Form 4626 Line 6 (ATNOLD)	**132,464**

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 14

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13	198,060.	0.	198,060.	198,060.
12/31/14	375,512.	0.	375,512.	375,512.
12/31/15	701,182.	0.	701,182.	701,182.
NOL CARRYOVER AVAILABLE THIS YEAR			1,274,754.	1,274,754.

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 15

PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
AETHER REAL ASSETS II LP	347,486.	99,400.	248,086.
AETHER REAL ASSETS III LP	-48,196.	14,236.	-62,432.
AG REALTY FUND VIII LP	-8,319.	0.	-8,319.
AMBERBROOK V LLC	229.	308.	-79.
CARLYLE REALTY PARTNERS VI LP	55,274.	364.	54,910.
DWS GLOBAL COMMODITIES QP TRUST CO	-770.	0.	-770.
FR XII-A BRAVO AIV, LP	-6,786.	0.	-6,786.
FR XII-A CHARLIE AIV, LP	84,094.	72,423.	11,671.
FR XII-A PBF AIV, LP	-98.	0.	-98.
INDUSTRY VENTURES SECONDARY VII LP	-94.	0.	-94.
PINNACLE NATURAL RESOURCES, LP	-696.	0.	-696.
PRIVATE ADVISORS SMALL COMPANY BUYOUT FUND V, LP	-3,555.	1,540.	-5,095.
SECONDARY OPPORTUNITIES FUND III LP	25,235.	29,883.	-4,648.
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III, LP	250.	0.	250.
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND IV, LP	394.	0.	394.
WARBURG PINCUS PRIVATE EQUITY (E&P) XI-A, LP	-57,937.	0.	-57,937.
WARBURG PINCUS (LEXINGTON) PRIVATE EQUITY XI CAYMAN LP	-15,565.	0.	-15,565.
WARBURG PINCUS (UNIVERSAL) PRIVATE EQUITY XI CAYMAN LP	-5,610.	0.	-5,610.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	365,336.	218,154.	147,182.

SCHEDULE I NET OPERATING LOSS CARRYOVER STATEMENT 16

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	AMOUNT
12/31/13	198,060.	0.	198,060.
12/31/14	375,512.	0.	375,512.
12/31/15	701,182.	0.	701,182.
TOTAL TO SCHEDULE I, LINE 7			1,274,754.

SCHEDULE I ALTERNATIVE MINIMUM TAX NOL CARRYOVER STATEMENT 17

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	AMOUNT
12/31/13	198,060.	0.	198,060.
12/31/14	375,512.	0.	375,512.
12/31/15	701,182.	0.	701,182.
TOTAL TO SCHEDULE I, LINE 24 * SUBJECT TO LIMITATION			1,274,754.

SCHEDULE I ALTERNATIVE TAX NET OPERATING LOSS DEDUCTION LIMITATION AND COMPUTATION OF CARRYFORWARD STATEMENT 18

DESCRIPTION	TOTAL AMT NOL CARRYFORWARD	AMT NOL USED THIS YEAR	UNUSED AMT NOL CARRYFORWARD
AMT NOL CARRYFORWARD	1,274,754.	132,464.	1,142,290.
TOTAL TO SCHEDULE I, LINE 24		132,464.	1,142,290.