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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
THE ROCHESTER GENERAL HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1425 PORTLAND AVENUE

City or town, state or country, and ZIP + 4
ROCHESTER, NY 14621

D Employer identification number
16-0743134

E Telephone number
(585) 922-4000

G Gross receipts $ 637,436,082

F Name and address of principal officer
Mark Clement
1425 Portland Ave
Rochester, NY 14621

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www rochestergeneral org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1847 | **M** State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To improve the health of the people served by providing high quality care, a comprehensive range of services, convenient and timely access, delivered with exceptional service and compassion

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of employees (Part V, line 2a)	5	6,385
6	Total number of volunteers (estimate if necessary)	6	594
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	25,883,206
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-6,565,847

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	10,830,961	6,044,505
9	Program service revenue (Part VIII, line 2g)	581,687,665	610,302,876
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-20,918,256	7,130,905
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,823,163	13,957,796
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	583,423,533	637,436,082
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	1,150,634
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	328,251,066	354,269,769
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶357,143		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	253,201,382	248,100,559
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	581,452,448	603,520,962
19	Revenue less expenses Subtract line 18 from line 12	1,971,085	33,915,120

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	412,705,062	492,006,353
21	Total liabilities (Part X, line 26)	207,448,441	245,006,632
22	Net assets or fund balances Subtract line 21 from line 20	205,256,621	246,999,721

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2010-11-15

▶ Robert Nesselbush SVP & CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 1500 KEY TOWER 50 FOUNTAIN PLAZA BUFFALO, NY 14202			EIN ▶ Phone no ▶ (716) 843-5000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

To improve the health of the people served by providing high quality care, a comprehensive range of services, convenient and timely access, delivered with exceptional service and compassion

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 498,520,610 including grants of $ 1,081,286) (Revenue $ 594,946,998)

Rochester General Health System comprises several affiliated organizations that have been providing a continuum of high quality health care services to residents of greater Rochester and surrounding regions RGHS serves as the parent of the system The health care affiliates of RGHS include 1) Rochester General Hospital (RGH) - the filing organization and flagship of RGHS and includes Rochester General Medical Group, a network of 41 primary care and specialized physician practices located throughout Monroe and Wayne counties 2) ViaHealth of Wayne, Inc (including DeMay Living Center) 3) Rochester Mental Health Center - a network of mental health and substance abuse programs 4) Rochester General Long Term Care - dba Hill Haven a skilled nursing home 5) Independent Living for Seniors (ILS) RGH IS A 528 BED TERTIARY CARE FACILITY SERVING THE UNY COMMUNITY FOR MORE THAN 150 YEARS WITH NATIONALLY RECOGNIZED PROGRAMS IN CARDIAC, CANCER, ORTHOPEDIC, VASCULAR, SURGICAL AND DIABETES CARE RGH is home to the Rochester Heart Institute (RHI independently recognized eight times as one of the nation's top 100 cardiac centers RHI also is affliated with the Cleveland Clinic, widely recognized as the top Cardiac hospital in the United States, and has access to leading edge training, technology and research The system recently entered into a strategic allaince with Rochester Institute of Technology, allowing for meaningful and productive collaboration on biomedical research education The commitment of the RGHS's physicians and staff is to deliver unmatched, fully integrated care and service to our patients and their families RGH TREATS EMERGENCY ROOM PATIENTS AND PROVIDES OTHER OUTPATIENT CARE IN THE FORM OF AMBULATORY services AND OUTPATIENT CLINIC VISITS RGH PROVIDES CHARITY AND INDIGENT CARE TO THE ROCHESTER AREA COMMUNITY,see Schedule H for additional information with respect to charity care and program services

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 498,520,610

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	263		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	6,385		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 14		
b	Enter the number of voting members that are independent . .	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

RITA SZMIGEL
333 HUMBOLDT STREET
Rochester, NY 14610
(585) 922-1737

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	6,357,542	365,337	493,600

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 434

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
U OF R SCHOOL OF MEDICINE AND DENTI 601 ELMWOOD AVENUE ROCHESTER, NY 14642	PHYSICIAN SERVICES	5,705,374
Ernst Young LLP PO Box 640382 PITTSBURGH, PA 152640382	accounting	1,307,360
Harris Beach LLP 99 Garnsey Road PITTSFORD, NY 14534	LEGAL	1,086,579
DGA Builders 333 West Commercial Street Suite 1 EAST ROCHESTER, NY 14445	Construction	3,226,470
DGA-MSH LLC 333 West Commercial Street Suite 1 EAST ROCHESTER, NY 14445	Construction	14,773,564
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 21		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	3,848,603			
	e	Government grants (contributions)	1e	802,950			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,392,952			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		6,044,505			
Program Service Revenue			Business Code				
	2a	PATIENT SVC REV	621,500	610,158,394	585,573,781	24,584,613	
	b	PERSONAL SERVICES	812,900	144,482		144,482	
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		610,302,876			
	3	Investment income (including dividends, interest and other similar amounts)		2,246,116			2,246,116
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	155,810				
	b	Less rental expenses					
	c	Rental income or (loss)	155,810				
	d	Net rental income or (loss)		155,810	155,810		
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	4,884,789				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	4,884,789				
	d	Net gain or (loss)		4,884,789			4,884,789
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA & CATERING		1,322,969			1,322,969
	b	PARKING		1,242,659			1,242,659
	c	GIFT SHOP		864,840			864,840
	d	All other revenue		10,371,518	9,217,407	1,154,111	
	e	**Total.** Add lines 11a–11d		13,801,986			
	12	**Total revenue.** See Instructions		637,436,082	594,946,998	25,883,206	10,561,373

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,150,634	1,150,634		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,694,608	548,756	1,788,709	357,143
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	288,219,936	238,785,694	49,434,242	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,873,966	13,979,816	2,894,150	
9	Other employee benefits	46,481,259	38,508,994	7,972,265	
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	685,728	568,115	117,613	
c	Accounting	932,580	772,628	159,952	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	0			
g	Other	21,466,010	17,784,252	3,681,758	
12	Advertising and promotion	74,841	61,302	13,539	
13	Office expenses	142,725,232	118,245,615	24,479,617	
14	Information technology	2,081,820	1,724,755	357,065	
15	Royalties	0			
16	Occupancy	16,312,353	13,514,528	2,797,825	
17	Travel	869,475	720,346	149,129	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	3,132,979	2,595,624	537,355	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	23,427,534	19,409,344	4,018,190	
23	Insurance	510,426	422,880	87,546	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	DUES AND SUBSCRIPTIONS	4,124,323	3,416,937	707,386	
b	OTHER EXPENSES	9,370,218	7,763,079	1,607,139	
c	LICENSES & TAXES	2,528,682	2,094,973	433,709	
d	BAD DEBT	19,852,104	16,447,157	3,404,947	
e	BUILDING REPAIRS	6,254	5,181	1,073	
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	603,520,962	498,520,610	104,643,209	357,143
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		25,501,282	1	20,641,542
	2	Savings and temporary cash investments		6,000,644	2	32,370,434
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		40,853,152	4	58,289,198
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		2,456,211	8	2,087,114
	9	Prepaid expenses and deferred charges		15,417,219	9	10,793,975
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 438,507,902			
	b	Less accumulated depreciation	10b 282,481,269	126,299,922	10c	156,026,633
	11	Investments—publicly traded securities		88,392,955	11	77,945,988
	12	Investments—other securities See Part IV, line 11		28,558,209	12	46,661,785
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		79,225,468	15	87,189,684
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		412,705,062	16	492,006,353
Liabilities	17	Accounts payable and accrued expenses		69,374,624	17	73,675,165
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		63,540,000	20	60,710,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		975,989	23	905,028
	24	Unsecured notes and loans payable to unrelated third parties		3,140,058	24	1,674,913
	25	Other liabilities Complete Part X of Schedule D		70,417,770	25	108,041,526
	26	**Total liabilities.** Add lines 17 through 25		207,448,441	26	245,006,632
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		179,306,401	27	216,186,771
	28	Temporarily restricted net assets		17,994,800	28	22,852,334
	29	Permanently restricted net assets		7,955,420	29	7,960,616
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		205,256,621	33	246,999,721
	34	Total liabilities and net assets/fund balances		412,705,062	34	492,006,353

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 16-0743134
Name: THE ROCHESTER GENERAL HOSPITAL

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Linda Becker Chair	1.0	X						0	0	0
Mark C Clement President & CEO	26.0	X		X	X			779,190	171,042	208,771
Richard S Constantino MD Director/EMPLOYED PHYSICIAN	35.0	X						134,835	0	7,240
John L Genier MD Director	1.0	X						0	0	0
Jeanne Grove DO Secretary/Treasurer	1.0	X						0	0	0
Daniel M Meyers Director	1.0	X						0	0	0
Ralph Pennino MD Director/EMPLOYED PHYSICIAN	35.0	X						95,566	0	3,441
Don H Twietmeyer Director	1.0	X						0	0	0
ELAINE SPAULL PHD DIRECTOR	1.0	X						0	0	0
JUAN F VILLANUEVA DIRECTOR	1.0	X						0	0	0
GARY WAHL MD DIRECTOR/EMPLOYED PHYSICIAN	35.0	X			X			300,301	0	6,376
Thomas Penn Director	1.0	X						0	0	0
Diane Salesin Director	1.0	X						0	0	0
Margaret Sanchez Director	1.0	X						0	0	0
Robert Nesselbush SVP & CFO	29.0			X	X			332,728	73,038	75,184
HUGH THOMAS SVP & CORP COUNSEL	29.0			X	X			290,836	63,842	71,456
RICHARD GANGEMI MD SVP ACADEMIC & MED AFFAIRS	34.0			X	X			384,236	57,415	77,501
Ralph Madeb Physician	40.0					X		1,231,930	0	6,680
Vincent Chang Physician	40.0					X		1,143,928	0	11,132
Abdullah Al-Mahayni Physician	40.0					X		558,698	0	5,201
Jeffrey M Rhodes Physician	40.0					X		559,464	0	9,545
Mohamed Saleh Al Salahi Physician	40.0					X		545,830	0	11,073

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
DUES AND SUBSCRIPTIONS	4,124,323	3,416,937	707,386	
OTHER EXPENSES	9,370,218	7,763,079	1,607,139	
LICENSES & TAXES	2,528,682	2,094,973	433,709	
BAD DEBT	19,852,104	16,447,157	3,404,947	
BUILDING REPAIRS	6,254	5,181	1,073	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
THE ROCHESTER GENERAL HOSPITAL	16-0743134

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		32,005
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			32,005
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Grants to other organizations for lobbying	Schedule C, Part II-B, line 1f	THE AMOUNT REFLECTED ON PART II-B, LINE 1F REPRESENTS THE Portion of dueS paid to Health Care Association of NYS attributable to lobbying activities

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,495,006		3,495,006
b Buildings		194,578,507	103,050,879	91,527,628
c Leasehold improvements				
d Equipment		240,434,389	179,430,391	61,003,998
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				156,026,632

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other COMMON COLLECTIVE TRUSTS	8,576,751	F
HEDGE FUNDS	38,085,034	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	46,661,785	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
DUE FROM AFFILIATES	24,793,677
BENEFICIAL INTEREST IN ASSETS	33,036,603
OTHER ASSETS	15,795,930
CONSTRUCTION IN PROGRESS	7,111,039
ESTIMATED THIRD PARTY REC	6,452,435
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	87,189,684

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DEFERRED COMPENSATION	1,366,295
DUE TO AFFILIATE	6,439,155
UNAMORTIZED PREMIUM	2,442,661
ESTIMATED 3RD PARTY PAYABLE	67,252,249
ACCRUED SELF INSURANCE	30,541,166
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	108,041,526

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	637,436,082
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	603,520,962
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	33,915,120
4	Net unrealized gains (losses) on investments	4	9,093,829
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,265,849
9	Total adjustments (net) Add lines 4 - 8	9	7,827,980
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	41,743,100

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	642,334,071
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	9,093,829		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	9,093,829
3	Subtract line **2e** from line **1**			3	633,240,242
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	4,195,840		
c	Add lines **4a** and **4b**			4c	4,195,840
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	637,436,082

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	603,520,962
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	603,520,962
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	603,520,962

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Reconciliation of revenue per AFS with return	Schedule D, Part XII, line 4b	Temporarily restricted contributions and grants 2,363,886 Other transfers from Foundations 677,843 Unrelated Business Income 1,154,111 _____ Total 4,195,111
Reconciliation of Change in Net Assets From Form 990 to AFS	Schedule D, Part XI, Line 8	Capitalization of RGHS (4,203,730) Change in Beneficial Interest in Foundation 4,091,992 Unrealated Business Income from Benchmark (1,154,111) _____ Total (1,265,849)

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			7,201,486	0	7,201,486	1 190 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			24,510,877	23,049,251	1,461,626	0 240 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			31,712,363	23,049,251	8,663,112	1 430 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)						
f Health professions education (from Worksheet 5)			21,022,010	16,985,223	4,036,787	0 670 %
g Subsidized health services (from Worksheet 6)			76,160,617	64,458,465	11,702,152	1 940 %
h Research (from Worksheet 7)	9		759,301	746,040	13,261	0 010 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	33		62,448	0	62,448	0 010 %
j **Total** Other Benefits	42		98,004,376	82,189,728	15,814,648	2 630 %
k **Total.** Add lines 7d and 7j	42		129,716,739	105,238,979	24,477,760	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	19,852,104		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	94,477,049
6	Enter Medicare allowable costs of care relating to payments on line 5	6	101,745,401
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-7,268,352
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)

See Additional Data Table

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Text of the footnote to the organization's financial statements that describes bad debt expense Provision for Bad Debts The provision for bad debts is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in health care coverage, and other collection indicators Periodically throughout the year, management assesses the adequacy of allowance for doubtful accounts based upon historical write-off experience by payor category The results of this review are then used to make any modifications to the provision for bad debts to establish an appropriate allowance for uncollectible receivables After satisfaction of amounts due from insurance, the Hospital follows established guidelines for placing certain past due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the Hospital Bad Debt Costing Methodology Bad Debt Expense is recorded using the valuation method as outlined in Healthcare Financial Management Association Statement 15, which requires bad debt expense to be recorded at the amount that the payer is expected to pay The provision for bad debts represents estimated uncollectible charges of patients unwilling to pay In 2009, the organization enhanced its process for obtaining additional financial information for uninsured and underinsured patients who have not supplied the requisite information to determine if they qualify for charity care The application of this additional information in 2009 resulted in additional patients qualifying for charity care and a reduction to bad debt expense

Any shortfall reported on Schedule H, Part III, line 7 can be related back to the organization's mission of providing health care services to the residents of Monroe County and as a result, the entire amount on line 7 should be treated as community benefit Medicare Costing Methodology used to determine amount reported on line 6 The organization used the filed 2009 CMS Cost Report to determine the Medicare allowable costs of care relating to payments received from Medicare

Collection practices to be followed for patients who are known to quality for charity care or financial assistance At such time that a patient expresses a financial concern, the patient will be offered the opportunity to apply for charity care Once the patient submits the completed charity care application, the account is placed on hold and all collection activities are suspended until an eligibility determination is made If the patient is eligible for charity care, then the patient is notified of the level of charity care awarded If 100% charity care awarded, than no bill is sent to the patient If less than 100% charity care is awarded, than the patient will receive a bill pursuant to the private pay collection policy Only after patient's liability has been determined following processing of applications for government assistance, charity care, and/or insurance carrier remittance will the patient statement be mailed for payment recovery

in 2009, the organization enhanced its process for obtaining additional financial information for uninsured and under-insured patients who have not supplied the requisite information to determine if they qualify for charity care The additional information obtained was used by the organization to determine whether to qualify patients for charity care in accordance with the organizations policy The application of this additional information in 2009 resulted in additional patients qualifying for charity care and thus re-classifying this amount from bad debt expense Bad debt expense now represents estimated uncollectible charges for those patients unwilling not unable to pay

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

Through an eleven year collaborative effort with Monroe County Department of Public Health, Rochester General Health System (the parent of Rochester General Hospital (RGH)) and the following other hospitals of Monroe County are partners in helping to identify unmet and emerging health care needs in the Monroe County community 1) Lakeside Health System 2) Unity Health System 3) Strong Memorial Hospital 4) Highland Hospital Public participation and assessment of public health priorities and needs of Monroe County are accomplished using a process known as HEALTH ACTION HEALTH ACTION is a community-wide health improvement initiative coordinated by the Monroe County Department of Public Health The vision for HEALTH ACTION is continuous, measurable improvement in health status in Monroe County This is implemented by selecting priorities for action from health goals identified in community health report cards in each of the following focus areas " Maternal and Child Health " Adolescent Health " Adult/Older Adult Health " Environmental Health The process used by HEALTH ACTION for each focus are above is " Assess health status " Choose priority goals " Define leadership " Develop improvement plans " Perform interventions " Measure the impact To accomplish a community engaged health status assessment, the Steering Committee of HEALTH ACTION established five subcommittees to develop the initial community health report cards Maternal/Child Health, Adolescent Health, Adult Health, Older Adult Health and Environmental Health These committees were charged with compiling and analyzing data to identify measures of health status for each of the report cards, identifying five to ten goal areas, preparing report cards for publication, and making recommendations about priorities for action Publication dates of the most recent report cards are as follows " Maternal Child Health Report Card -2003 " Adolescent Health Report Card - 2006 " Adult/Older Adult Health Report Card - 2008 After the publication of each report card, the respective report card committee hosts a series of community forums with health professionals, community organizations and Monroe County residents in order to obtain input on which health goals should be priorities for action During the forums there is a brief presentation of the goals and measures contained in the report card Forum participants are then asked to rank the goals based on the following criteria importance, sensitivity to intervention, control, and timeliness In addition, participants are asked which goal they think should be a priority for action In 2004, the Maternal/Child Health Report Card Committee conducted 15 health forums with 142 people Based on feedback from the forums, the following goals were selected as priorities for action " Increase Physical Activity and Improve Nutrition " Improve Social and Emotional Well Being and Reduce Child Abuse/Neglect and Violence Against Children In 2006, the Adolescent Health Report Card Committee conducted 22 forums with 284 participants including youth, parents, and professionals that work with youth Based on the feedback received during the forums, the Board of Health, in 2007, selected the following goals as priorities for action " Increase Physical Activity and Improve Nutrition " Build Youth Assets In 2008, the Adult/Older Adult Health Report Card Committee conducted 29 health forums and obtained feedback about health priorities from 450 adults, older adults, professionals, and representatives from community-based organizations that work with this population Based on the feedback obtained during the forums, the Board of Health, in 2009, selected the following goals as priorities for action for adult and older adult health " Increase Physical Activity and Improve Nutrition " Improve Prevention and Management of Chronic Disease " Improve Mental Health (reduce violence among adults and elder abuse among older adults)

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

RGHS informs individuals of available free or reduced price services at the time of registration into the inpatient, outpatient, emergency department, and long-term care facility Posters informing the patient/family of assistance are available throughout the RGHS locations Brochures and pamphlets informing the community are widely distributed in the community at health fairs, churches, schools and other public locations Information regarding the availability of financial assistance is also available through RGHS's website RGHS offers several initiatives to help individuals in our community access affordable health care, including " Facilitated Enrollment To assist eligible individuals with health insurance enrollment by offering education and application assistance for Medicaid, Child Health Plus, Family Health Plus, Prenatal Care Assistance Program, and State Aid for Children with Special Needs A dedicated telephone number is available and information is published in pamphlets at RGHS sites and at various locations throughout the community " Financial Assistance Program The RGHS Financial Assistance Program offers free or reduced-prices for patients treated at a RGHS hospital, outpatient, emergency room, or long-term care facility Discounts are awarded based upon income and asset verification Individuals who do not quality for Medicaid, Child Health Plus, Family Health Plus, Prenatal Care Assistance Program, and/or State Aid for Children with Special Needs are considered for financial assistance (charity care)

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Rochester General Hospital serves more than one million people each year, primarily from the city of Rochester and surrounding areas of Monroe County Last year 87,000 patients visited the Emergency Department, and there were over 32,000 inpatient and 1,050,000 outpatient encounters In Monroe County, our primary service area, the population is 79 1% white, 13 7% African American, and 5 3% Hispanic (2000 U S Census) Thirteen percent are 65 years old and older, and 51 8% are female About 7% are foreign-born, and 12% speak a language other than English at home According to 2000 U S Census Bureau information, approximately 21% of households in Monroe County are living at or below the poverty level In the city of Rochester itself, however, the population is much more diverse 48 3% are white, 38 5% are African American, 12 8% are Hispanic or Latino, and 2 2% are Asian In addition, poverty levels in the city are much higher than in the county as a whole In fact, 86 2% of children in the Rochester City School district qualify for free or reduced lunch, and census data places Rochester at eleventh in the U S in per capita poverty This rate is higher than New York City, Los Angeles, Washington, D C , and Chicago Rochester is also one of only fourteen cities nationwide (and one of two in New York State) that is designated by the Federal Office of Refugee Resettlement for the Unaccompanied Refugee Minors Program, and because of this and other significant programs for refugee resettlement, we have an unusually large number of individuals who are foreign-born and speak a language other than English In addition to providing high-quality services to individuals from throughout the area, because Rochester General Hospital is located in one of the poorest areas within the city, we provide a health care "safety net" for a substantial and diverse population of low income and un- or underinsured individuals in the Rochester area

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Three Year Plan of Action - Prevention Agenda Priorities will focus on two items " Increase Physical Activity and Improve Nutrition " Improve Prevention and Management of Chronic Disease Increase Physical Activity and Improve Nutrition Increase Physical Activity and Improve Nutrition has been a HEALTH ACTION priority for several years Previous Monroe County Hospital Community Service Plans have highlighted some of the work the hospitals have done in this area, including the Physician Prescription Exercise Program, the Survey of Pediatricians related to obesity prevention practices, the development of the Resource Directory of Nutrition and Physical Activity Programs, and work with schools on their wellness plans In June of 2009, the Monroe County Department of Public Health and the University of Rochester's Center for Community Health convened the Adult Obesity Coalition The vision for the coalition is "Monroe County adults will maintain healthy eating and physical activity supported by policies and environments (physical and social) that promote healthy lifestyles at home, work and in the community " The mission is to "Identify and implement sustainable policy and environmental changes that promote increased physical activity and improved nutrition among adults in Monroe County " Throughout the Fall of 2009, the coalition developed a plan to promote increased physical activity and improve nutrition among adults They obtained information about programs/initiatives already underway in the community and reviewed recommendations related to obesity, nutrition, and physical activity in The Guide to Community Preventive Services, the Texas Obesity Policy Portfolio, and the Centers for Disease Control and Prevention Recommended Community Strategies to Prevent Obesity in the United States The Monroe County Department of Public Health has applied for NYSDOH Healthy Communities Capacity Building Initiative funding to support the efforts of the coalition Monroe County hospitals will work with the Adult Obesity Coalition to explore and implement one or two environmental or policy changes within each hospital to promote physical activity and/or healthy eating among staff and/or visitors Possible changes may include " Implementation of food pricing strategies in hospital cafeterias that encourage buying healthy foods " Placement of point-of-decision prompts near elevators to encourage use of stairs " Creation of, or enhanced access to, places to be physically active, combined with informational or outreach activities For example, hospitals may create walking trails on the hospital grounds for use by staff and visitors Members of the Community Service Plan Group for each hospital will be responsible for assuring the implementation of at least one change within their hospital Improve Prevention and Management of Chronic Disease The Monroe County hospitals have chosen three initiatives to support this Prevention Agenda priority " Improve asthma care of children through establishment of an Asthma Van program " Improve diabetes care in primary care offices by increasing the number of primary care physicians who are NCQA-certified in diabetes care " Reduce preventable hospitalizations (PQI admissions) by participating in the Finger Lakes Health Systems Agency 2020 Performance Commission process Asthma Van Program Since 2008 the Department of Pediatrics at the University of Rochester Medical Center has been coordinating an effort to create a program that provides a mobile asthma service in support of primary care practices and other community agencies in their efforts to care for children with asthma and their families The effort has included Monroe County's hospitals, a local community health center, the Rochester City School District, and other community stakeholders Recently a program director was hired and a decision was made to pilot the program in Unity Pediatrics, a pediatrics practice in inner-city Rochester The program recognizes that managing childhood asthma is a difficult and complicated process and requires interventions beyond primary care office visits A van will be staffed by community health nurse educators and will visit children with asthma in a variety of settings, e g , school or home, to help provide the support for patients and families around the intricacies of education, self-management, etc Children and families in need of these services will be identified through data registries that would be developed Monroe County's hospitals will continue to participate in this process The goal is to have a specific implementation program in place by December, 2009 Diabetes Care NCQA is the only national program that provides certification in diabetes care for primary care physicians The program recognizes established standards for the provision of good diabetes care, provides a mechanism for measuring individual physician and practice performance against those standards - both process and outcomes measures - and provides certification to physicians who demonstrate expert adherence to these accepted standards Measurement against standards serves as a prompt for performance improvement The Rochester Regional Quality Improvement Initiative (RRQII), a collaborative effort of local insurers, the American Diabetes Association, the Rochester Business Alliance, the Finger Lakes Health Systems Agency, the Monroe County Department of Public Health, and NYSDOH, developed a program in Monroe County that resulted in thirty-seven local primary care physicians becoming NCQA-certified for diabetes care The group disbanded when the project was completed Most of the physicians who received certification are employed by Monroe County hospitals or closely affiliated practices Using the experience of RRQII as a model, and as part of this three year plan, the Monroe County hospitals propose to develop a program whereby additional primary care physicians will receive NCQA certification in diabetes care The hospitals will develop a plan for expanding this certification process by June, 2010 Specific targets for numbers of additional physicians will be part of that plan Reduce Preventable Hospitalizations The 2020 Commission, formed in 2008 and staffed by the Finger Lakes Health Systems Agency, was a collaborative process to assess and make recommendations about the number of new hospital acute care beds needed in the community The 2020 Commission recommended that the local hospitals in Monroe County reduce the number of new hospital beds they requested from the NYSDOH, and at the same time develop inter-disciplinary community initiatives to reduce hospital use The Commission recommended these goals " Reduce by 25% the annual number of PQI hospitalizations " Reduce by 15% the number of low acuity emergency room visits to Rochester General Hospital, Strong Health Hospitals, and Unity Hospital " Reduce by 20% the number of low acuity admissions of residents in outlying counties to Rochester General Hospital, Strong Health Hospitals, and Unity Hospital The Commission further recommended that goals be set related to improvements in health system effectiveness and efficiency, and improvements in health status, with an emphasis of reducing health disparities The 2020 Performance Commission, staffed by the Finger Lakes Health Systems Agency (FLHSA), evolved from the 2020 Commission Local hospitals, health care providers, the Monroe County Department of Public Health, health insurers, and the business community are represented on the Performance Commission The Commission will develop infrastructure to support a patient-centered health care delivery system that provides quality care for the entire community, aims to reduce health disparities, and manages the demand for acute hospital services The PQI Work Group of the Performance Commission has been reviewing data analyzed by the FLHSA These data show that locally " Patients with PQI admits are generally older and insured " PQI admission rates are significantly higher in the inner city, compared to the rest of the county, among African American and Hispanic residents compared to White residents, and among those with a low socioeconomic status " Circulatory and respiratory diseases account for the largest proportion of PQI admissions " A majority of patients admitted for PQI hospitalizations have co-morbidities As mentioned earlier, local hospitals are represented on the 2020 Performance Commission and are also represented on the PQI Work Group We will work with the Commission to identify and implement changes to improve management of chronic disease with specific goals to reduce PQI admissions Specific goals, objectives, and timetables will come out of the work group's effort Cooperation with and support of this effort will be a major initiative tracked in this three year plan

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

Medical Staff RGH Medical Staff has 1,250 currently active staff members These physicians represent a broad spectrum of Primary Care and Specialty services As an affiliate of Rochester General Health System, our patients have seamless access to additional specialists including the world-class providers at the Rochester Heart Institute and the Lipson Cancer Center both in Penfield and Rochester Volunteers/Auxilians Members of communities from across Monroe and surrounding counties have always played an important role in advocating for, and offering assistance at RGH In 2009, 594 volunteers provided more than 48,436 hours of service at RGH Board of Directors and Community Guidance RGH maintains community control over the corporation through its Board of Directors, comprised of community and faith leaders, and leaders in business and industry, healthcare, and physicians representing the medical staff of the organization The majority of the Directors reside in the Rochester area and each Director serves a three-year term Use of Surplus Funds Surplus funds are used to further the mission and operations of the organization, such as reinvesting in community benefit programs, and making improvements in facilities, patient care, medical, nursing and allied health training, education and research in support of the health needs of the community

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

Rochester General Health System (RGHS) (i e the filing organization and its related affiliates) has provided high quality healthcare services to the Greater Rochester NY area and surrounding regions for more than 150 years RGHS has a nationally recognized heart program and a nationally accredited cancer center RGHS offer patients many of the same leading edge treatment options found at the country's finest medical centers From surgery to orthopedics, women's health to emergency care, people all across Western NY turn to RGHS for their experience, compassion and expertise in helping them get back to living their lives Poverty trends, community health research and needs assessments are reviewed on a regular basis while planning community health programs RGHS representatives are actively engaged in various community health collaboratives with the local health departments, state health department, and local not-for-profit health and human service agencies RGHS is responsive to community priorities and develop programs and services that fill a gap or supplement an existing program Most RGHS community health outreach programs are offered in partnership with other community organizations or governmental agencies, in order to leverage resources to meet community needs Information regarding the availability of community health programs, assistance with health insurance enrollment and financial assistance for medical care received at RGHS hospitals, emergency departments, outpatient departments or long-term care facilities are disseminated to the public in electronic (website) form Rochester General Hospital, the flagship of the Rochester General Health System, is a regional leader in health care This 528-bed acute care, teaching hospital serves the Greater Rochester, NY region and beyond Rochester General Hospital is the fourth largest employer in Rochester and an integral part of the community Rochester General Hospital's nationally recognized programs have consistently demonstrated quality outcomes that positively impact patients, their families and the entire community Rochester General provides care to more Monroe County residents than any other hospital in the region and, as a tertiary care facility, has strong referral relationships with several regional hospitals In 2008, RGH cared for more than 87,000 patients in the emergency department, discharged over 31,500 inpatients, and performed more than 20,100 surgical procedures and over 1,050,000 outpatient encounters Rochester General offers a full array of services to meet the medical needs of upstate New York, including nationally recognized programs in cardiac, cancer, orthopedic, vascular, surgical and diabetes care Distinctions for quality include designation as a Solucient/Thompson Top 100 Cardiac Hospital eight times and designation by New York State and the JCAHO as an accredited Stroke Center High quality clinical care provided at Rochester General is amplified by relationships and affiliations with nationally renowned institutions such as the Cleveland Clinic (for cardiac care) and Roswell Park Cancer Institute Newark-Wayne Community Hospital (NWCH) has served generations of Wayne County residents since 1957, and many have become members of our growing healthcare family With new, leading-edge medical technology, a direct partnership with Rochester General Hospital, and highly trained staff driven by our Excellence Every Day program, NWCH continues to grow in every aspect of its healthcare delivery The Hospital is licensed to operate 120 acute care beds, which includes 82 medical/surgical beds, 16 adult mental health beds, 8 ICU beds and 14 obstetrical beds NWCH also offers a full array of outpatient services including an Emergency Department, Cardiac Rehabilitation, Lab Services, Diagnostic Imaging, Rehabilitation Services, as well as lab draw stations and patient imaging units in other parts of Wayne County In response to community need, NWCH opened the DeMay Living Center in 1994, a 180-bed skilled nursing facility DeMay Living Center offers skilled nursing care, a dementia unit, a neurobehavioral unit, a rehabilitation department and adult day care In 1997, NWCH established the Wayne County Rural Health Network (WCRHN) to encourage greater collaboration among health and social service agencies within Wayne County in order to provide greater access to needed services and to develop innovative programs to better meet identified needs WCRHN is one of 35 such networks in NYS Rochester Mental Health Center (RMHC) has nine locations across the community, including two of the area's best mental health centers, Genesee Mental Health Center and Rochester Mental Health Center, and over 40 years of experience and tradition RMHC has comprehensive services and dedicated mental health and substance abuse professionals, working to help patients achieve their full potential to live and work as productive members of the community They offer " A comprehensive system of clinical mental health services " Readily-accessible, culturally-sensitive services uniquely matched to the individual needs of each patient and their family " Convenient access to mental health outpatient services with locations throughout the greater Rochester area " An unwavering commitment to serve those in the community who have emotional needs Independent Living for Seniors (ILS) offers a program that give the frail elderly an alternative to nursing home placement It is designed to enable seniors to live in their own home served by a network of supportive services The ILS Program of All-Inclusive Care for the Elderly (PACE), has proven that integrating health care services can have a powerful and beneficial impact on individual health and well-being Seniors now have a choice to live out their lives in their community - enjoying family, managing their health, making new friends - simplifying how they choose and pay for needed long-term care ILS offers all of the health, medical and social services needed to help an aging loved one maintain their independence, dignity and quality of life A range of services are available to an ILS participant, including adult day care, primary care, laboratory, x-ray and ambulance services, rehabilitative and support services, medical specialty services, skilled nursing care, acute hospital care, in-home services, interdisciplinary consultation, and nursing home care should the need arise Rochester General Long Term Care (Hill Haven) provides 24-hour skilled nursing care to those in need of " Rehabilitation " Long-term care " Transitional care " Hospice care " Care for Alzheimer's-type dementia The goal is to help residents reach their greatest level of physical functioning and emotional well-being The facility is a park-like setting in Webster, New York with 355 beds, dedicated rooms for mingling and recreation, and beautifully landscaped grounds Residents have access to in-house medical care provided by physicians, nurse practitioners and a range of medical and rehabilitation specialists Hill Haven is committed to helping seniors stay as connected to the community as possible with special programs and an open door for family and friends Rochester General Hospital Foundation and Newark Wayne Community Hospital Foundation The vital services that RGHS provides to the community would not be possible without the Foundation support In the nonprofit organizational structure the Foundations are critical to the ability to make ongoing investments in state-of-the-art medical technology, clinical programs, facilities, research and education that benefit the community as a whole The impacts of the Foundations efforts are visible throughout the hospital, and in their distinguished centers of excellence The Foundations fundraising programs directly benefit the ongoing needs of the community through improved and expanded patient care programs, services, and facilities and help purchase equipment This enhances the high-touch and compassionate care available to all who are served in the community

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

NY

Additional Data

Software ID:
Software Version:
EIN: 16-0743134
Name: THE ROCHESTER GENERAL HOSPITAL

Form 990 Schedule H, Part V - Facility Informaiton

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ROCHESTER GENERAL HOSPITAL 1425 PORTLAND AVENUE ROCHESTER, NY 14621	X	X			X	X	X		
Greece Allergy Family Health Group 3800 Dewey Ave Rochester, NY 14616									Family Med Practices
Clinton Family Health Center 293 Upper Falls Blvd Rochester, NY 14605									Family Med Practices
Gananda Family Practice 1200 Fairway 7 Macedon, NY 14502									Family Med Practices
Williamson Family Practice 4425 Old Ridge Road Williamson, NY 14589									Family Med Practices
Bay Creek Medical Group 2000 Empire Blvd Suite 120 Webster, NY 14580									Internal Med Practic
Linden Medical Group 30 Hagen Drive Suite 300 Rochester, NY 14625									Internal Med Practic
Long Pond Internal Medicine 2350 Ridgeway Suite B Rochester, NY 14626									Internal Med Practic
Medical Associates at the Genesee 222 Alexander Street Suite 300 Rochester, NY 14607									Internal Med Practic
Northridge Medical Group 1338 Ridge Rd E Suite 101 Rochester, NY 14621									Internal Med Practic
Genesee Internal Medical Group 222 Alexander Street Suite 5500 Rochester, NY 14607									Internal Med Practic
Genesee Internal Medicine 1299 Portland Ave Suite 17 Rochester, NY 14621									Internal Med Practic
Lyons Health Center 12 Leach Road Lyons, NY 14489									Internal Med Practic
Newark Internal Medicine 1208 Driving Park Ave Newark, NY 14513									Internal Med Practic
Rochester General Medical Associates 1425 Portland Avenue Rochester, NY 14621									Internal Med Practic
Sodus Internal Medicine 6692 Middle Road Sodus, NY 14551									Internal Med Practic
White Pines Medical Group 370 Ridge Road East Suite 400 Rochester, NY 14621									Internal Med Practic
Wolcott Internal Medicine 6254 Lawville Road Wolcott, NY 14590									Internal Med Practic
Rochester General Medical Group 224 Alexander Park Suite 180 Rochester, NY 14607									Internal Med Practic
Bay Creek Pediatric Group 2000 Empire Blvd Suite 150 Webster, NY 14580									Pediatric Practices
Genesee Pediatrics 222 Alexander Street Suites 4100 Rochester, NY 14607									Pediatric Practices
Penn-Fair Pediatrics 2067 Fairport Nine Mile Point RdSt Penfield, NY 14526									Pediatric Practices
Rochester General Pediatrics 1425 Portland Ave Rochester, NY 14621									Pediatric Practices
Newark Pediatrics 1200-1208 Driving Park Ave Newark, NY 14513									Pediatric Practices
Sodus Pediatrics 6692 Middle Road Sodus, NY 14551									Pediatric Practices
Williamson Pediatrics 4425 Old Ridge RoAD WILLIAMSON, NY 14589									Pediatric Practices
Wolcott Pediatrics 6254 Lawville Road Wolcott, NY 14590									Pediatric Practices
The Women's Center at Portland Avenue 1415 Portland Ave MOB SUITE 400 Rochester, NY 14607									Women's Health (OB/GYN SERVICES)
The Women's Center at Alexander Park 222 Alexander Street SUITE 1100 Rochester, NY 14607									Women's Health (OB/GYN SERVICES)
The Women's Center at Clinton Family 309 Upper Falls Blvd Rochester, NY 14605									Women's Health (OB/GYN SERVICES)
The Women's Center at Newark 1250 Driving PArk Ave Newark, NY 14513									Women's Health (OB/GYN SERVICES)
Ridgeway Family Medicine 2350 Ridgeway Ave Suite A Rochester, NY 14626									family medical practice
Rochester General Breast Center 1415 Portland Ave Suite 245 Rochester, NY 14621									Women's Health OB/GYN services

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rochester General Hospital Foundation1425 Portland Avenue Rochester, NY 14621	222229425	501(c)(3)	1,081,286				Capital Project
Rochester Institute of Technology7 Lomb Memorial Drive Rochester, NY 146235608		501(c)(3)	40,998				sub-recipient of NIH ACC award
Benches on Parade1595 Mosely Road Victor, NY 14564		501(c)(3)	5,850				sponsorship
American Diabetes Association160 Allens Creek Road Rochester, NY 14618		501(c)(3)	7,500				sponsorship
American Heart Association 125 East Bethpage Road Suite 1 Plainview, NY 11803		501(c)(3)	15,000				sponsorship

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 5

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

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

Identifier	Return Reference	Explanation
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	Check requests and purchase orders are reviewed for appropriate authorYzation and use of funds prior to issuance of payment

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Mark C Clement	(i)	520,266	229,934	28,990	167,651	3,541	950,382	0
	(ii)	114,205	50,473	6,364	36,802	777	208,621	0
Robert Nesselbush	(i)	240,739	73,288	18,701	55,855	5,796	394,379	0
	(ii)	52,845	16,088	4,105	12,261	1,272	86,571	0
GARY WAHL MD	(i)	170,197	116,562	13,542	0	6,376	306,677	0
	(ii)	0	0	0	0	0	0	0
HUGH THOMAS	(i)	207,652	64,472	18,712	51,500	7,094	349,430	0
	(ii)	45,582	14,152	4,108	11,305	1,557	76,704	0
RICHARD GANGEMI MD	(i)	275,306	82,214	26,716	64,147	3,279	451,662	0
	(ii)	41,138	12,285	3,992	9,585	490	67,490	0
Ralph Madeb	(i)	304,998	926,932	0	0	6,680	1,238,610	0
	(ii)	0	0	0	0	0	0	0
Vincent Chang	(i)	922,089	205,339	16,500	0	11,132	1,155,060	0
	(ii)	0	0	0	0	0	0	0
Abdullah Al-Mahayri	(i)	510,394	31,804	16,500	0	5,201	563,899	0
	(ii)	0	0	0	0	0	0	0
Jeffrey M Rhodes	(i)	543,012	0	16,452	0	9,545	569,009	0
	(ii)	0	0	0	0	0	0	0
Mohamed Saleh Al Salahi	(i)	402,931	142,899	0	0	11,073	556,903	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental non-qualified retirement plan	Schedule J, Part I, line 4b	The organization maintains a section 457(f) plan which would be considered a supplemental non-qualified retirement plan This plan has been frozen to new contributions from the employer or the employee since 2001 However, the following officers and key employees listed on Form 990, Part VII, Section A would be eligible participants in the plan since they would be entitled to a distributions upon separation from service Hugh Thomas Robert Nesselbush Richard Gangemi, MD Ralph Pennino, MD
Charter travel and Health & Social Club benefits	Schedule J, Part I, line 1	As part of their compensation package the CEO and several Senior Vice President level individuals listed on Part VII are eligible to utilize specific charter travel arrangements to conduct business of the organization As part of their compensation package the CEO and other key employees, officers or trustees listed on Part VII (with the approval of the CEO) are eligible to receive reimbursement for the initiation or monthly fees related to a specific social or recreational club These benefits have been included in the employees Form W-2 as taxable compensation as required
Non-Fixed payments	Schedule J, Part I, line 7	The organization sponsors an executive compensation philosophy that is based on market and pay-for-performance principles The Compensation Committee implements this philosophy by using an annual incentive plan that makes incentive payments based on the achievement of annual performance goals

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	dormitory authority of the State of New York	14-6000293	649883QGM	06-09-2005	75,349,964	CONST & EQUIP FAC-DEFEASE 1993		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	75,349,964				
2	Gross proceeds in reserve funds	5,217,710				
3	Proceeds in refunding or defeasance escrows	20,031,975				
4	Other unspent proceeds					
5	Issuance costs from proceeds	1,506,999				
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	46,430,549				
8	Year of substantial completion	2009				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?		X								
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

Identifier	Return Reference	Explanation
Conflict of Interest POLICY	Form 990, Part VI, SECTION B, Question 12c	Upon employment, all employees receive the Ethical Standard of Conduct booklet which they sign a receipt of acknowledgement Conflict of Interest is defined as is management of a Conflict of Interest Employees are required to disclose and seek resolution to any actual or potential conflict of interest before taking a potentially improper action and Thereafter, annually, each key employee and officer of the organization is required to complete a conflict of interest and disclosure form, providing management with sufficient information about his/her personal interests and relationships so that management can (1) determine whether any actual or perceived conflict of interest exists, and (2) monitor work assignments to avoid placing the key employee or officer in a position where there may be a question as to his/her objectivity as well as to avoid any appearance of impropriety Throughout the year, key employees and officers of the organization are also required to notify management promptly if any change to their disclosures occurs Each year each member of the Board of Directors must also complete a conflict of interest and disclosure form, which must be submitted to the General Counsel
HOURS DEVOTED TO RELATED ORGANIZATIONS	FORM 990, SCHEDULE J-2, PART I	THE FOLLOWING INDIVIDUALS LISTED ON SCHEDULE J-2, PART I, COLUMN A EACH DEVOTED THE BELOW LISTED NUMBER OF HOURS IN TOTAL TO RELATED ORGANIZATIONS MARK C CLEMENT - 14 HOURS Ralph Pennino - 5 hours Robert Nesselbush - 11 hours GARY WAHL, MD - 5 HOURS Hugh Thomas - 11 hours Richard Gangemi - 6 hours Linda Becker - 5 hours Daniel M Meyers - 6 hours Richard Constantino - 5 Hours All uncompensated directors with the exception of Linda Becker and Daniel Meyers - 4 hours
COMPENSATION APPROVAL PROCESS	Form 990, Part VI, Section B, Question 15 a and b	THE ORGANIZATION'S OFFICER AND KEY EMPLOYEE COMPENSATION ARRANGEMENTS ARE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF ROCHESTER GENERAL HOSPITAL, A RELATED NOT-FOR-PROFIT ORGANIZATION INFORMATION REVIEWED FOR THE OFFICER/KEY EMPLOYEE INCLUDES COMPARABLE DATA FROM SIMILAR SIZE TAX EXEMPT ORGANIZATIONS IN THE WESTERN NY COMMUNITY AS WELL AS COMPENSATION FOR THESE POSITIONS (AS DISCLOSED ON FORM 990) WITH OTHER ORGANIZATIONS IN THE HEALTH CARE INDUSTRY THAT ARE OF SIMILAR SIZE, DEMOGRAPHICS AND GEOGRAPHY REVIEW AND APPROVAL OF THE COMPENSATION ARRANGEMENT BY THE COMPENSATION COMMITTEE IS DOCUMENTED
ACCESS TO ORGANIZATIONAL DOCUMENTS	FORM 990, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT ITS ADMINISTRATIVE OFFICES AT 333 HUMBOLDT STREET, ROCHESTER, NY 14610 and administrative office of the filing organization A NOMINAL FEE IS CHARGED IF COPIES ARE REQUESTED
REVIEW PROCESS FOR THE FORM 990	FORM 990, PART VI, SECTION B, QUESTION 11	Prior to filing THE FORM 990 IS REVIEWED BY THE following members of the governing body of ROCHESTER GENERAL HEALTH SYSTEMS, A RELATED NOT FOR PROFIT ORGANIZATION AND THE sole corporate member OF THE FILING ORGANIZATION 1) the CHAIRMAN OF THE BOARD OF DIRECTORS and 2) the governance and nominating committee this review is performed IN CONSULTATION WITH THE ORGANIZATION'S TAX ADVISORS, ERNST & YOUNG, LLP and IS BASED ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS FOR THE RELEVANT TIME PERIOD
Classes of Members and Membership rights	Part VI, Line 6, 7a & 7b	Part VI, question 6 - The Organization is a membership (NOT a stock) corporation under New York State law The Organization's sole corporate member is Rochester General Health System (RGHS), a related not-for-profit organization Part VI, question 7a - In accordance with the terms and requirements of its governing documents (i e bylaws), the organization's Directors are divided into three classes, and the classes serve for staggered three-year terms At each annual meeting, Directors in a class are elected by a majority vote of the Directors then in office Directors are elected from among nominees chosen by the Governance and Nominating Committee of the filing organization's sole corporate member, Rochester General Health System Part VI, question 7b - RGHS, as the sole corporate member, also has the right to approve or ratify significant decisions of the Organization's governing body including the amendment of bylaws and charters, removal of members of the governing body, and the decision to dissolve the organization

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PSYCHIATRIC SERVICES GROUP 1425 Portland Avenue Rochester, NY 14621 16-1464705	Psychiatric	NY	0	0	RGH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

See Additional Data Table

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
GRACO Risk Retention Group 1425 PORTLAND AVENUE Rochester, NY14621 71-0933967	Insurance	NY	NA	C Corp	58,926	7,720,281	100 000 %
Greater Rochester Assurance Company Ltd 1425 Portland Avenue rochester, NY14621	insurance	NY	N/A				
NWA INC driving park avenue newark, NY14513 14-1667339	real est leasing	NY	N/A				

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV				
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**			**No**
b Gift, grant, or capital contribution to other organization(s)	**1b**		**Yes**	
c Gift, grant, or capital contribution from other organization(s)	**1c**		**Yes**	
d Loans or loan guarantees to or for other organization(s)	**1d**		**Yes**	
e Loans or loan guarantees by other organization(s)	**1e**		**Yes**	
f Sale of assets to other organization(s)	**1f**			**No**
g Purchase of assets from other organization(s)	**1g**			**No**
h Exchange of assets	**1h**			**No**
i Lease of facilities, equipment, or other assets to other organization(s)	**1i**			**No**
j Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**Yes**	
k Performance of services or membership or fundraising solicitations for other organization(s)	**1k**			**No**
l Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**Yes**	
m Sharing of facilities, equipment, mailing lists, or other assets	**1m**			**No**
n Sharing of paid employees	**1n**			**No**
o Reimbursement paid to other organization for expenses	**1o**		**Yes**	
p Reimbursement paid by other organization for expenses	**1p**		**Yes**	
q Other transfer of cash or property to other organization(s)	**1q**		**Yes**	
r Other transfer of cash or property from other organization(s)	**1r**			**No**

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 16-0743134
Name: THE ROCHESTER GENERAL HOSPITAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ROCHESTER GENERAL HEALTH SYSTEM 333 Humboldt Street ROCHESTER, NY14610 22-2551509	Parent	NY	501(C)(3)	11	NA
VIA HEALTH WORKERS COMPENSATION TRUST 1425 Portland Avenue Rochester, NY14621 16-6429300	W/C TRUST	NY	501(C)(3)	11	na
CONTINUING CARE NETWORK INC (CCN) 333 Humboldt Street ROCHESTER, NY14610 22-2963016	HOLDING CO	NY	501(C)(3)	11	na
ROCHESTER GENERAL HUDSON HOUSING 2066 HUDSON AVENUE ROCHESTER, NY14617 22-3210351	LOW INC HSING	NY	501(C)(3)	9	na
VIA HEALTH HOME CARE I 333 Humboldt Street ROCHESTER, NY14610 16-1504370	INACTIVE	NY	501(C)(3)	9	na
VIA HEALTH HOMECARE II 333 Humboldt Street ROCHESTER, NY14610 16-1538727	INACTIVE	NY	501(C)(3)	9	na
INDEPENDENT LIVING FOR SENIORS 2066 HUDSON AVENUE ROCHESTER, NY14617 16-1491059	ADULT DAY HC	NY	501(C)(3)	3	na
Rochester General Long Term Care 1550 EMPIRE BLVD Webster, NY14580 22-3187140	NH & REHAB	NY	501(C)(3)	9	na
Rochester Mental Health Center 490 EAST RIDGE ROAD ROCHESTER, NY14621 16-6069131	Psych Service	NY	501(C)(3)	3	na
GRHS FOUNDATION 333 HUMBOLDT STREET ROCHESTER, NY14610 16-6069131	Property MGMT	NY	501(C)(3)	11	na
THE ROCHESTER GENERAL HOSP FOUNDATION 1445 PORTLAND AVENUE ROCHESTER, NY14621 22-2229425	FOUNDATION	NY	501(C)(3)	11	na
THE GENESEE HOSPITAL FOUNDATION 22-2963344	FOUNDATION	NY	501(C)(3)	11	na
Newark Wayne Community Hosp Foundation driving park avenue newark, NY14513 22-2963015	foundation	NY	501(c)(3)	11	na
ViaHealth of Wayne driving park avenue newark, NY14513 15-0584188	hospital	NY	501(c)(3)	3	na

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Rochester General Health System	L	6,034,175
(2)	Rochester General Health System	b	4,203,730
(3)	Rochester General Long Term Care dba Hill Hav	d	2,061,269
(4)	Indepndent Living For Seniors	d	2,177,674
(5)	Greater Rochester Health System Foundation	d	5,379,724
(6)	Rochester General Hospital Foundation	d	292,511
(7)	The Genesee Hospital Foundation	d	195,256
(8)	Workers Compensation Trust	d	6,085,517
(9)	Rochester General Health System	e	2,221,877
(10)	Greater Rochester Health System Foundation	e	4,068,411
(11)	Independent Living for Seniors	o	386,323
(12)	Independent Living for Seniors	p	84,480
(13)	Workers Compensation Trust	q	3,916,000
(14)	The Genesee Hospital Foundation	c	485,463
(15)	Rochester General Hospital Foundation	c	3,848,603
(16)	Greater Rochester Health System Foundation	j	170,283
(17)	ViaHealth of Wayne Inc	e	148,817
(18)	ViaHealth of Wayne Inc	d	294,040
(19)	GRACO Risk Retention Group	d	7,850,871