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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)	OMB No 1545-0047 2012 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization THE ROCHESTER GENERAL HOSPITAL		D Employer identification number 16-0743134
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 1425 PORTLAND AVENUE	Room/suite	E Telephone number (585) 922-4000
	City or town, state or country, and ZIP + 4 ROCHESTER, NY 14621		G Gross receipts \$ 761,670,914
	F Name and address of principal officer MARK C CLEMENT 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617		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) ☐ 501(c) () ▶ (Insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ WWW.ROCHESTERGENERAL.ORG			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO OPERATE A GENERAL HOSPITAL IN THE COUNTY OF MONROE, NY FOR MEDICAL AND SURGICAL AID, CARE AND TREATMENT OF PERSONS IN NEED		
	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	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	7,115
6 Total number of volunteers (estimate if necessary)	6	566	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	26,522,721	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,523,962	Current Year 4,421,337
	9 Program service revenue (Part VIII, line 2g)	701,564,374	738,999,630
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,624,016	7,529,888
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,315,130	10,567,541
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	727,027,482	761,518,396
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	82,900	114,500
Expenses	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)	397,061,503	422,474,207
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	16b Total fundraising expenses (Part IX, column (D), line 25) ☐ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	291,205,646	312,332,184
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	688,350,049	734,920,891
	19 Revenue less expenses Subtract line 18 from line 12	38,677,433	26,597,505
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 674,600,243
21 Total liabilities (Part X, line 26)		371,640,427	352,154,587
22 Net assets or fund balances Subtract line 21 from line 20		302,959,816	336,780,607

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			2013-11-11 Date	
	PAULA TINCH SVP FINANCE & CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ANGELA M FRANCO		Preparer's signature		Date
	Check ☐ if self-employed			PTIN P00589741	
	Firm's name ▶ FUST CHARLES CHAMBERS LLP			Firm's EIN ▶ 16-1226221	
	Firm's address ▶ 5784 WIDEWATERS PARKWAY SYRACUSE, NY 13214			Phone no (315) 446-3600	

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐

1

Briefly describe the organization's mission

TO ESTABLISH, ERECT AND MAINTAIN A GENERAL HOSPITAL AND DISPENSARY IN THE COUNTY OF MONROE, NY FOR MEDICAL AND SURGICAL AID, CARE AND TREATMENT OF PERSONS IN NEED THEREOF, TO CARRY ON AND CONDUCT A TRAINING SCHOOL FOR NURSES, TO PROMOTE AND CARRY ON SCIENTFIC RESEARCH RELATED TO THE CARE OF THE SICK AND INJURED, TO PARTICIPATE IN ANY ACTIVITIES DESIGNED AND CARRIED ON TO PROMOTE THE GENERAL HEALTH OF THE COMMUNITY, AND TO ACQUIRE BY PURCHASE, LEASE OR GIFT, OR IN ANY OTHER FASHION, ANY AND ALL REAL AND PERSONAL PROPERTY NECESSARY OR ADVISABLE FOR CARRYING OUT ANY OF THE FOREGOING PURPOSES AND POWERS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 582,066,155 including grants of \$ 114,500) (Revenue \$ 718,234,291)

SEE SCHEDULE OROCHESTER GENERAL HEALTH SYSTEM (RGHS) 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 HEATH 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) NEWARK WAYNE COMMUNITY HOSPITAL (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 AFFILIATED 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 ALLIANCE 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 THE NUMBER OF PATIENTS TREATED, CHARITY CARE PROVIDED AND COMMUNITY SERVICE ACTIVITIES CONDUCTED BY RGH

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

582,066,155

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 (see instructions)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts II and IV	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 United States? If "Yes," complete Schedule F, Parts III and IV	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 (see instructions)	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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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

Check if Schedule O contains a response to any question in this Part V

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

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8	
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, 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	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

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 made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	HUGH CHISHOLM 100 KINGS HIGHWAY SOUTH ROCHESTER, NY (585) 922-1221

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA BECKER CHAIR	1 00 4 00	X						0	0	0
(2) MARK C CLEMENT PRESIDENT & CEO	41 00 14 00	X		X				1,147,878	237,296	712,572
(3) ROBERT DOBIES DIRECTOR	1 00 4 00	X						0	0	0
(4) JEANNE GROVE DO SECRETARY/TREASURER	1 00 4 00	X						0	0	0
(5) ROBERT MAYO MD DIRECTOR/CMO	36 00 4 00	X						331,586	0	62,910
(6) DANIEL MYERS DIRECTOR	1 00 4 00	X						0	0	0
(7) THOMAS PENN MD DIRECTOR	1 00 4 00	X						0	0	0
(8) JOHN REIDMAN DIRECTOR	1 00 4 00	X						0	0	0
(9) MARGARET SANCHEZ DIRECTOR	1 00 4 00	X						0	0	0
(10) ROBERT S SANDS DIRECTOR	1 00 4 00	X						0	0	0
(11) RICHARD GANGEMI SVP ACADEMIC & MEDICAL AFFAIRS	47 00 8 00			X				499,745	77,313	129,455
(12) PAULA TINCH SVP FINANCE & CFO	38 00 17 00			X				216,417	44,690	57,140
(13) HUGH THOMAS SVP & CORPORATE COUNSEL	41 00 14 00				X			482,056	99,653	170,710
(14) ROBERT NESSELBUSH RGH PRESIDENT	55 00 0 00				X			728,233	0	210,306
(15) VINCENT CHANG PHYSICIAN	40 00					X		1,393,060	0	101,939
(16) MOHAMED SALEH ALSALHI PHYSICIAN	40 00					X		593,643	0	54,843
(17) MICHAEL PICHICHERO PHYSICIAN	40 00					X		657,703	0	54,843

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	7,314,845	458,952	1,614,865

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 11

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DGA BUILDERS INC 333 WEST COMMERCIAL STREET SUITE 1 EAST ROCHESTER NY 14445	CONSTRUCTION	7,875,745
UNIVERSITY OF ROCHESTER PO BOX 278894 175 CORP WOODS SUITE ROCHESTER NY 14627	PHYSICIAN SERVICES	4,539,571
DELOITTE AND TOUCHE LLP PO BOX 7247-6447 PHILADELPHIA PA 19170	CONSULTING	1,831,737
UNIVERSITY OF ROCHESTER DEPT OF NEUROLOG 601 ELMWOOD AVENUE BOX 673 ROCHESTER NY 14642	PHYSICIAN SERVICES	1,616,681
DGA-MSHLLC 333 WEST COMMERCIAL STREET SUITE 1 EAST ROCHESTER NY 14445	CONSTRUCTION	1,274,948

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶50

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 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	1,417,915			
	e	Government grants (contributions)	1e	3,002,422			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,000			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		4,421,337			
Program Service Revenue	2a	NET PATIENT REVENUE	Business Code 621110	729,209,676	702,723,000	26,486,676	
	b	RESEARCH	541700	3,715,166	3,715,166		
	c	RENTAL REVENUE FROM RELATED PARTI	531120	935,657	935,657		
	d	PSYCH PROGRAM	621400	806,861	806,861		
	e	SCHOOL OF NURSING	611600	666,191	666,191		
	f	All other program service revenue		3,666,079	3,666,079		
	g	Total. Add lines 2a-2f		738,999,630			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	4,088,888			4,088,888
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)				
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					
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					
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					
Miscellaneous Revenue		Business Code					
11a	CAFETERIA/CAFE & CATERING	722210	1,954,391			1,954,391	
b	PARKING	812930	1,161,291			1,161,291	
c	GIFT SHOP	453220	736,930			736,930	
d	All other revenue		6,714,929	6,678,884	36,045		
e	Total. Add lines 11a-11d		10,567,541				
12	Total revenue. See Instructions		761,518,396	719,191,838	26,522,721	11,382,500	

Part IX

Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

☐

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 United States. See Part IV, line 21.	114,500	114,500		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	4,570,559	3,793,571	776,988	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	344,512,238	270,655,324	73,856,914	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	20,266,161	15,933,256	4,332,905	
9	Other employee benefits.	26,435,226	20,783,375	5,651,851	
10	Payroll taxes.	26,690,023	20,983,696	5,706,327	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	923,315	725,910	197,405	
c	Accounting.	982,864	772,728	210,136	
d	Lobbying.	34,928	34,928		
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	46,970,306	36,928,055	10,042,251	
12	Advertising and promotion.	1,677,268	1,318,668	358,600	
13	Office expenses.	166,065,144	130,560,416	35,504,728	
14	Information technology.	11,045,828	8,684,230	2,361,598	
15	Royalties.				
16	Occupancy.	14,815,966	11,648,312	3,167,654	
17	Travel.	1,669,764	1,312,768	356,996	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	3,927,247	3,087,602	839,645	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	34,169,357	26,863,948	7,305,409	
23	Insurance.	7,105,225	5,586,128	1,519,097	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	BAD DEBT EXPENSE	19,828,827	19,828,827		
b	OTHER EXPENSES	2,028,037	1,594,442	433,595	
c	DUES AND SUBSCRIPTIONS	1,088,108	855,471	232,637	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	734,920,891	582,066,155	152,854,736	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		15,229,483	1	10,913,951
	2	Savings and temporary cash investments		57,246,361	2	35,220,998
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		72,593,065	4	51,325,008
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,145,708	8	3,658,064
	9	Prepaid expenses and deferred charges		17,774,021	9	13,283,049
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a487,879,436			
	b	Less accumulated depreciation	10b244,296,382	230,377,724	10c	243,583,054
	11	Investments—publicly traded securities		84,940,590	11	87,252,369
	12	Investments—other securities See Part IV, line 11		52,807,764	12	77,313,410
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		140,485,527	15	166,385,291
	16	Total assets. Add lines 1 through 15 (must equal line 34)		674,600,243	16	688,935,194
Liabilities	17	Accounts payable and accrued expenses		88,796,446	17	75,745,839
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		108,365,461	20	100,123,223
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		9,566,704	23	3,229,999
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		164,911,816	25	173,055,526
	26	Total liabilities. Add lines 17 through 25		371,640,427	26	352,154,587
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		271,495,287	27	304,607,747
	28	Temporarily restricted net assets		23,358,385	28	24,065,423
	29	Permanently restricted net assets		8,106,144	29	8,107,437
	Organizations that do not follow SFAS 117 (ASC 958), 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		302,959,816	33	336,780,607
	34	Total liabilities and net assets/fund balances		674,600,243	34	688,935,194

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	761,518,396
2	Total expenses (must equal Part IX, column (A), line 25)	2	734,920,891
3	Revenue less expenses Subtract line 2 from line 1	3	26,597,505
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	302,959,816
5	Net unrealized gains (losses) on investments	5	6,357,004
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	866,282
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	336,780,607

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	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	Yes	

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

2012

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 described in **section 170(b)(1)(A)(i).**

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An organization that normally receives (1) more than 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 - Non-functionally integrated

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?

(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 supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2012. 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—2011. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

2012

Open to Public Inspection

If the organization answered “Yes” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35c (Proxy Tax), then

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

Name of the organization THE ROCHESTER GENERAL HOSPITAL	Employer identification number 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 function 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	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- 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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
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-															
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	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		34,928
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?		No	
j	Total. Add lines 1c through 1i.			34,928
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?			

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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1

► \$ _____

b Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

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

3

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

a

☐ Public exhibition

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 XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 XIII. Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	8,106,144	8,043,862	7,960,615	7,955,419	
b Contributions	1,293	62,282	83,247	5,196	
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	8,107,437	8,106,144	8,043,862	7,960,615	

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

100.000 %

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

No

3a(ii)

No

b

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

3b

4

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,735,562		7,735,562
b Buildings		250,081,827	115,656,235	134,425,592
c Leasehold improvements				
d Equipment		220,493,088	128,640,147	91,852,941
e Other		9,568,959		9,568,959
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				243,583,054

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	759,022,546
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	759,022,546
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	2,495,850		
c	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	761,518,396
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	734,322,008
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	734,322,008
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	598,883		
c	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	734,920,891

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS INCLUDE 1) CAPITAL EXPANSION AND IMPROVEMENT, AND 2) ADVANCEMENT OF MEDICAL EDUCATION AND RESEARCH AND HEALTH CARE SERVICES
PART XI, LINE 4B - OTHER ADJUSTMENTS		CONTRIBUTION FOR CAPITAL ACQUISITIONS FROM FOUNDATION 1,417,915 GRANTS 479,052 RECLASSED FROM EXPENSE 598,883
PART XII, LINE 4B - OTHER ADJUSTMENTS		RECLASSED TO REVENUES 598,883

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

2012

Open to Public Inspection

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a	Yes	
		3b	Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance 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 eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did 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

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheet 1)			12,226,667	7,949,913	4,276,754	0 580 %
b Medicaid (from Worksheet 3, column a)			104,041,795	101,846,849	2,194,946	0 300 %
c Costs of other means-tested government programs (from Worksheet 3, column b) .			5,591,798	3,287,983	2,303,815	0 310 %
d Total Financial Assistance and Means-Tested Government Programs .			121,860,260	113,084,745	8,775,515	1 190 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4) . . .						
f Health professions education (from Worksheet 5) . . .			26,836,043	8,566,993	18,269,050	2 490 %
g Subsidized health services (from Worksheet 6)			140,683,583	111,921,866	28,761,717	3 910 %
h Research (from Worksheet 7)			966,284	966,284		
i Cash and in-kind contributions for community benefit (from Worksheet 8)			173,105	0	173,105	0 020 %
j Total. Other Benefits . . .			168,659,015	121,455,143	47,203,872	6 420 %
k Total. Add lines 7d and 7j .			290,519,275	234,539,888	55,979,387	7 610 %

Part II

Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

19,828,827

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

6,237,109

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

99,704,475

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

104,119,821

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-4,415,346

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

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(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 1 LATTIMORE SERVICES ORGANIZATION LLC	MANAGEMENT SERVICES	28.000 %		72.000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, and primary website address

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	ROCHESTER GENERAL HOSPITAL 1425 PORTLAND AVENUE ROCHESTER, NY 14621	X	X			X	X	X			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

ROCHESTER GENERAL HOSPITAL

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1	
a ☐ A definition of the community served by the hospital facility		
b ☐ Demographics of the community		
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☐ How data was obtained		
e ☐ The health needs of the community		
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☐ The process for consulting with persons representing the community's interests		
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j ☐ Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 ____		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	
a ☐ Hospital facility's website		
b ☐ Available upon request from the hospital facility		
c ☐ Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)		
a ☐ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b ☐ Execution of the implementation strategy		
c ☐ Participation in the development of a community-wide plan		
d ☐ Participation in the execution of a community-wide plan		
e ☐ Inclusion of a community benefit section in operational plans		
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA		
g ☐ Prioritization of health needs in its community		
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i ☐ Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$_____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes
a ☒ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?		13	Yes
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes
a ☒ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☒ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☒ The policy was posted in the hospital facility's admissions offices			
e ☒ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☒ The policy was available upon request			
g ☒ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		15	Yes
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		17	No
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☐

Notified individuals of the financial assistance policy on admission
- b

☐

Notified individuals of the financial assistance policy prior to discharge
- c

☐

Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d

☐

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions		
b	☐ The hospital facility's policy was not in writing		
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	☐ Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	☒ Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI		No

Part V

Facility Information (continued)

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?
50

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 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 financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)
- 6
- Affiliated health care system.** 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 communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report
- 8
- Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
		PART I, LINE 6A ROCHESTER GENERAL HOSPITAL'S COMMUNITY BENEFIT REPORT IS INCLUDED IN THE COMMUNITY BENEFIT REPORT FOR ROCHESTER GENERAL HEALTH SYSTEM, A RELATED NOT-FOR-PROFIT ORGANIZATION, AS PART OF THE JOINT COMMUNITY BENEFIT REPORT DISTRIBUTED BY MONROE COUNTY, NY
		PART I, LINE 7 THE COSTING METHODOLOGY USED WAS FROM THE HOSPITAL'S ICR UTILIZING BOTH EXHIBIT 46 AND THE COST TO CHARGE RATIO ON EXHIBIT 49 THE HOSPITALS MEDICARE COST REPORT WAS USED FOR LINE 7F, WHICH UTILIZES WORKSHEET B, PART I

Identifier	ReturnReference	Explanation
		PART I, LINE 7G N/A - NO PHYSICIAN CLINIC COSTS WERE INCLUDED ON LINE 7G
		PART I, L7 COL(F) TOTAL EXPENSES ON FORM 990, PART IX, LINE 25, COLUMN (A) ARE \$734,920,891 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT IS \$19,828,827 AFTER BAD DEBT WAS DEDUCTED FROM TOTAL EXPENSES, THE AMOUNT OF TOTAL EXPENSES USED TO CALCULATE THE PERCENT IN LINE 7, COLUMN (F) WAS \$715,092,064

Identifier	ReturnReference	Explanation
COMMUNITY HEALTH IMPROVEMENT SERVICES & COMMUNITY BENEFIT OPERATIONS	PART I, LINE 7E	DURING 2012 THE FILING ORGANIZATION (RGH) SPONSORED THE FOLLOWING EVENTS AND ACTIVITIES TO PROMOTE COMMUNITY HEALTH IMPROVEMENT THAT MEET THE DEFINITION FOR DISCLOSURE ON SCHEDULE H, PART I, LINE 7E (COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS) HOWEVER, COMMUNITY BENEFIT EXPENSE AND DIRECT OFFSETTING REVENUE WERE NOT SEPARATELY TRACKED IN THE ORGANIZATION'S ACCOUNTING RECORDS AS A RESULT, NO AMOUNTS HAVE BEEN INCLUDED ON SCHEDULE H, PART I, LINE 7E ANNUAL HEALTHY HEART FAIRRGH SPONSORED A "HEALTHY HEART FAIR" IN THE HOSPITAL ATRIUM THIS HEALTH FAIR BROUGHT TOGETHER MORE THAN 20 SERVICE AGENCIES AND VENDORS TO PROVIDE HEALTH SCREENINGS, FREE FOOD SAMPLES OF HEART HEALTHY RECIPES AND AWARENESS OPPORTUNITIES TO THE RESIDENTS OF THE AREA THE EVENT FEATURES EDUCATIONAL PROGRAMS AND DEMONSTRATIONS BY VARIOUS PHYSICIANS AND NUTRITIONISTS AND ALLOWS THE COMMUNITY ACCESS TO THE HOSPITAL CARDIOLOGISTS FOR SPECIFIC QUESTIONS OR CONCERNS OVER THE PAST SEVERAL YEARS, MORE THAN 1,000 PEOPLE BENEFITED FROM THE INFORMATION MADE AVAILABLE AND THE CONNECTIONS MADE POSSIBLE BY THESE EVENTS SPRING INTO SAFETYTHIS EVENT PROVIDES SAFETY EDUCATION INFORMATION TO THE RESIDENTS OF ROCHESTER WITH DISTRIBUTION OF 1,200 BICYCLE HELMETS TO CHILDREN AGE 3-12 (EACH HELMET IS FITTED DIRECTLY TO THE CHILD) THE EVENT ALSO FEATURES A BIKE SAFETY RODEO, CHILD PASSENGER RESTRAINT SEAT INSPECTION (AND REPLACEMENT AS NEEDED), CHILD FINGERPRINTING ID AND OTHER SAFETY INFORMATION FROM LOCAL COMMUNITY AGENCIES MORE THAN 1,000 PEOPLE BENEFITED FROM THE SERVICES OFFERED AT THIS EVENT CAMP BRONCHO POWERTHIS EVENT PROVIDES OVER 60 CHILDREN WITH MODERATE TO SEVERE ASTHMA THE OPPORTUNITY TO PARTICIPATE IN A THREE DAY, TWO NIGHT OVERNIGHT CAMP EXPERIENCE THE PARTICIPANTS RECEIVE EDUCATION WITH RESPECT TO MANAGING THE SYMPTOMS OF THEIR DISEASE ALONG WITH TRADITIONAL CAMP ACTIVITIES THIS EVENT GIVES MEDICAL STAFF AN OPPORTUNITY TO SEE THEIR PATIENT IN ANOTHER SETTING WHILE WORKING TOWARD SELF-MANAGEMENT CHILDREN'S COMMUNITY HEALTH FAIRTHIS EVENT IS HELD WITH A LOCAL SCHOOL AND PARTNERS WITH LOCAL AGENCIES TO PROVIDE CHILDREN WITH EDUCATIONAL SAFETY MATERIAL MORE THAN 300 CHILDREN BENEFITED FROM THE INFORMATION DISTRIBUTED AT THIS EVENT MEDICAL/DENTAL SCREENING CAMPIN COLLABORATION WITH THE SALVATION ARMY AND SRI SATHYA SAI ORGANIZATION, RGH PUT ON A MEDICAL AND DENTAL CAMP WHICH AIDED CITIZENS FROM THE DOWNTOWN ROCHESTER AREA WHO WERE IN NEED OF MEDICAL ASSISTANCE SERVICES PROVIDED AT THE CAMP INCLUDE SCREENING FOR COMMON DISEASES (I E HYPERTENSION, DIABETES, AND OTHER CARDIAC ILLNESSES), BLOOD TESTS FOR CHOLESTEROL AND GLUCOSE, DENTAL SCREENINGS AND EYE CHECK-UPS, AND COUNSELING SESSIONS ON HEART HEALTHY LIFESTYLES, EXERCISE, AND DIET CANCER SERVICES WOMAN'S DAY OF SCREENING (AUGUST) ALEXANDER PARK IMAGING (RGH), IN CONJUNCTION WITH THE CANCER SERVICES PROGRAM, CONDUCTED THIS WOMAN'S DAY OF SCREENING TO PROVIDE IMAGING SERVICES TO WOMEN AGE 40 AND OLDER WHO ARE UNINSURED THE APPOINTMENTS INCLUDED A CLINICAL BREAST EXAM AND A SCREENING MAMMOGRAM REGIONAL HEALTH FAIR PARTICIPATIONASSEMBLYMAN MORELLI HEALTHFAIR (AUGUST)- PROVIDED CHOLESTEROL TESTING AND WOMEN'S HEALTH INFORMATIONFAMILY HEALTH AND FITNESS FAIR (OCTOBER)- CONDUCTED CHOLESTEROL TESTING AND BLOOD PRESSURE SCREENS TWO PRESENTATIONS OPEN TO HEALTH FAIR ATTENDEES 1 HEART HEALTH AND THE IMPACT OF A HEALTHY DIET AND EXERCISE ON RISK OF HEART DISEASE2 BREAST CANCER SCREENING EDUCATIONST ANN'S HEALTHFAIR (SEPTEMBER)- PROVIDED CHOLESTEROL AND GLUCOSE TESTINGWOMEN'S HEALTH & WELLNESS EXPO (JUNE)- PROMOTION OF PREVENTATIVE IMAGING EXAMINATIONSEASTVIEW WOMEN'S HEALTH FAIR(EARLY SUMMER)A CALL TO WOMEN OF COLOR SOCIAL GATHERING (AUGUST)- PROVIDED BROCHURES, COMPACT MIRRORS, AND NAIL FILES TO PARTICIPANTSHOLIDAY EVENTSRGH HOSTED HALLOWEEN AND CHRISTMAS PARTIES FOR UNDERSERVED CHILDREN AT RGH IN THE PUBLIC ATRIUM RGH HELD A HOLIDAY TOY DRIVE IN PARTNERSHIP WITH VISION AUTOMOTIVE, COLLECTING HUNDREDS OF TOYS FOR THE UNDERSERVED PEDIATRIC POPULATION SPONSORSHIPSRGHS /LIPSON CANCER CENTER WAS A MAJOR SPONSOR AND PARTNER OF GILDA'S CLUB AND THE AMERICAN CANCER SOCIETY, TO PROVIDE SUPPORT TO CANCER PATIENTS AND THEIR FAMILIES, LOCALLY AS WELL AS SUPPORT CANCER RESEARCH RGHS SPONSORS AND SUPPORTS THE AMERICAN DIABETES ASSOCIATION, INCLUDING THE TOUR DE CURE EVENT RGHS WORKS WITH THE ADA AS WELL AS THE BROADER HEALTHCARE COMMUNITY COLLABORATIVE TO PROVIDE EDUCATION AND SUPPORT FOR PREVENTION AND MANAGEMENT OF CHRONIC DISEASE AND IN PARTICULAR DIABETES, IN THE COMMUNITY THE SANDS-CONSTELLATION HEART INSTITUTE IS A MAJOR SPONSOR AND PARTNER OF THE AMERICAN HEART ASSOCIATION OTHERTHERE WERE VARIOUS OTHER ACTIVITIES THAT STAFF PARTICIPATED IN THROUGHOUT THE YEAR TO BENEFIT THE COMMUNITY, WHICH INCLUDE (BUT ARE NOT LIMITED TO) RONALD MCDONALD HOUSE AND INTERNAL FUNDRAISERS (HURRICANE RELIEF, SCHOOL SUPPLIES, OPEN DOOR MISSION, ETC)
		PART III, LINE 4 "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 THE 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 DOUBTFUL ACCOUNTS 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 ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE HOSPITAL'S POLICIES "IN 2012, THE ORGANIZATION CONTINUED ITS ENHANCED 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 ORGANIZATION'S POLICY THE APPLICATION OF THIS ADDITIONAL INFORMATION IN 2012 RESULTED IN ADDITIONAL PATIENTS QUALIFYING FOR CHARITY CARE AND THUS RE-CLASSIFYING THIS AMOUNT FROM BAD DEBT EXPENSE BAD DEBT EXPENSE ON PART III, LINE 2 REPRESENTS ESTIMATED UNCOLLECTIBLE CHARGES FOR THOSE PATIENTS UNWILLING NOT UNABLE TO PAY BAD DEBT COSTING METHODOLOGY BAD DEBT EXPENSE IS RECORDED USING THE VALUATION METHOD AS OUTLINED IN HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) 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 2012, THE ORGANIZATION CONTINUED ITS ENHANCED 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 2012 RESULTED IN ADDITIONAL PATIENTS QUALIFYING FOR CHARITY CARE AND A REDUCTION TO BAD DEBT EXPENSE

Identifier	ReturnReference	Explanation
		PART III, LINE 9B 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 IS AWARDED, THEN 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 THE HOSPITAL'S COLLECTION POLICIES APPLY TO ALL PATIENT TYPES OF THE HOSPITAL
MEDICARE COSTING METHODOLOGY USED TO DETERMINE AMOUNT REPORTED ON LINE 6	PART III, LINE 8	THE ORGANIZATION USED THE FILED 2012 CMS COST REPORT TO DETERMINE THE MEDICARE ALLOWABLE COSTS OF CARE RELATING TO PAYMENTS RECEIVED FROM MEDICARE

Identifier	ReturnReference	Explanation
ROCHESTER GENERAL HOSPITAL		PART V, SECTION B, LINE 14G ALSO LOCATED IN OUTPATIENT SETTINGS AND LAB DEPOTS
ROCHESTER GENERAL HOSPITAL		PART V, SECTION B, LINE 20D ACTUAL CHARGES ARE BILLED, LESS 30% DISCOUNT, PLUS 9 63% NYS SURCHARGE

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 THROUGH A TWELVE YEAR COLLABORATIVE EFFORT WITH MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH, ROCHESTER GENERAL HEALTH SYSTEM (THE PARENT OF ROCHESTER GENERAL HOSPITAL) 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 SYSTEM2) UNITY HEALTH SYSTEM3) STRONG MEMORIAL HOSPITAL4) HIGHLAND HOSPITALPUBLIC 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 HEALTHTHE PROCESS USED BY HEALTH ACTION FOR EACH FOCUS AREA ABOVE IS - ASSESS HEALTH STATUS- CHOOSE PRIORITY GOALS- DEFINE LEADERSHIP- DEVELOP IMPROVEMENT PLANS- PERFORM INTERVENTIONS- MEASURE THE IMPACTTO 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 - 2008AFTER 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 TIMELINESSIN ADDITION, PARTICIPANTS ARE ASKED WHICH GOAL THEY THINK SHOULD BE A PRIORITY FOR ACTION 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 ASSETSIN 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) IN 2010, THE THREE YEAR PLAN OF ACTION FOR THE COMMUNITY COLLABORATIVE FOCUSED ON TWO PREVENTION AGENDA PRIORITIES - INCREASE PHYSICAL ACTIVITY AND IMPROVE NUTRITION- IMPROVE PREVENTION AND MANAGEMENT OF CHRONIC DISEASE ALL OF THE PARTICIPATING HEALTHCARE AGENCIES, INCLUDING RGHS, COMMITTED TO DEVELOP AND ENHANCE THEIR PHYSICAL ACTIVITY AND NUTRITION INITIATIVES WITHIN THEIR OWN ORGANIZATION TO POSITIVELY AFFECT THEIR EMPLOYEE AND PATIENT POPULATIONS INCLUDING FREE NUTRITION CLASSES, HEALTH MENUS, FOOD PRICING STRATEGIES TO ENCOURAGE HEALTHY FOODS AND FOCUS ON CREATION OR ENHANCED ACCESS TO PLACES THAT ENCOURAGE PHYSICAL ACTIVITY AS THE THIRD LARGEST EMPLOYER IN THE COUNTY, OTHER INITIATIVES BY RGHS INCLUDE CAMPUS WALKING TRAILS, WALKING WORKS' COLLABORATIVE WITH THE OTHER COUNTY HOSPITALS AND INSURANCE COVERAGE FOR PROGRAMS IN NUTRITION & WEIGHT MANAGEMENT SERVICES TO MANAGE OBESITY THE INITIATIVES TO IMPROVE PREVENTION AND MANAGEMENT OF CHRONIC DISEASE ARE - IMPROVE ASTHMA CARE OF CHILDREN THROUGH ESTABLISHMENT OF THE BREATH OF HOPE ASTHMA PROGRAM - IMPROVE DIABETES CARE IN PRIMARY CARE OFFICES BY CONTINUING TO INCREASE THE NUMBER OF PRIMARY CARE PHYSICIANS WHO ARE NCQA-CERTIFIED IN DIABETES CARE USING THE REGIONAL QUALITY IMPROVEMENT MODEL IMPLEMENTED INITIALLY IN 2009 A NEW ADULT HEALTH SURVEY WAS ADMINISTERED IN SPRING AND SUMMER OF 2012, COLLECTING 1800 RESPONSES, OF WHICH HALF WERE FROM CITY ZIP CODES THE CITY CODES WERE OVERSAMPLED TO ENSURE DATA WAS COLLECTED FROM A BROAD CROSS SECTION OF RESIDENTS TO ENSURE IT INCLUDED LIMITED INCOME, AFRICAN AMERICAN AND LATINO RESIDENTS THOSE RESULTS WILL BE ANALYZED IN 2013 AND ALONG WITH OTHER NYS AND LOCAL DATA INCLUDING MORTALITY, HOSPITALIZATION AND DISEASE AND CONDITION SPECIFIC DATA THE NEXT EVOLUTION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND PLAN WILL INTEGRATE THE LOCAL FINDINGS AND CONSIDER THE NEW YORK STATE PREVENTION AGENDA, WHICH CONTINUES TO FOCUS ON PRIORITY AREAS OF PREVENTING CHRONIC DISEASE, PROMOTING HEALTHY AND SAFE ENVIRONMENTS, HEALTHY WOMEN, INFANTS AND CHILDREN, PROMOTING MENTAL HEALTH AND PREVENTING SUBSTANCE ABUSE AND PREVENTING STD, VACCINE PREVENTABLE DISEASE AND HEALTHCARE ASSOCIATED INFECTIONS
		PART VI, LINE 3 RGHS INFORMS INDIVIDUALS OF AVAILABLE FREE OR REDUCED PRICE SERVICES AT THE TIME OF REGISTRATION INTO INPATIENT, OUTPATIENT, EMERGENCY DEPARTMENT, AND LONG-TERM CARE FACILITIES 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 AND PATIENTS WITH A SELF-PAY BALANCE ARE NOTIFIED OF OUR FINANCIAL ASSISTANCE PROGRAM VIA THE PATIENT'S STATEMENT 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 QUALIFY 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)

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 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 100,000 PATIENTS VISITED THE EMERGENCY DEPARTMENT, AND THERE WERE OVER 32,000 INPATIENT AND 1,180,000 OUTPATIENT ENCOUNTERS IN MONROE COUNTY, OUR PRIMARY SERVICE AREA, THE POPULATION IS 76% WHITE, 14% AFRICAN AMERICAN, AND 6% HISPANIC (AMERICAN COMMUNITY SURVEY 2005-2009) FROM AMERICAN COMMUNITY SURVEY 2005-2009 INFORMATION, APPROXIMATELY 14% 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 42% ARE WHITE, 38% ARE AFRICAN AMERICAN AND 13% ARE HISPANIC OR LATINO THE CITY OF ROCHESTER HAS A POVERTY RATE IS DOUBLE THAT OF THE ENTIRE COUNTY AT 29 1% 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
		PART VI, LINE 5 MEDICAL STAFFRGH MEDICAL STAFF HAS 1,362 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 2012, 566 VOLUNTEERS PROVIDED MORE THAN 57,610 HOURS OF SERVICE AT RGH BOARD OF DIRECTORS AND COMMUNITY GUIDANCERGH ENSURES 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 FUNDSSURPLUS 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 AS WELL AS USED FOR CHARITY CARE

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 ROCHESTER GENERAL HEALTH SYSTEMS (RGHS) (I E THE PARENT 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 2012, RGH CARED FOR MORE THAN 100,000 PATIENTS IN THE EMERGENCY DEPARTMENT, DISCHARGED OVER 32,000 INPATIENTS, AND PERFORMED MORE THAN 26,400 SURGICAL PROCEDURES AND OVER 1,180,000 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 OVER40 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 GIVES 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 DEMENTIATHE 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 HOSPITALFOUNDATION 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
REPORTS FILED WITH STATES	PART VI, LINE 7	NY

Additional Data

Software ID:

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Name: THE ROCHESTER GENERAL HOSPITAL

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

50

Name and address	Type of Facility (describe)
RGMG ASTHMAALLERGY IMMUNOLOGY & RHEUM 222 ALEXANDER ST MONROE COURT ROCHESTER,NY 14607	FAMILY MED PRACTICE
RGMG ASTHMAALLERGY IMMUNOLOGY & RHEUM 10 HAGEN DRIVE SUITE 20 ROCHESTER,NY 14625	FAMILY MED PRACTICE
RGMG ASTHMAALLERGY IMMUNOLOGY & RHEUM 2300 WEST RIDGE RD 5TH FLOOR ROCHESTER,NY 14626	FAMILY MED PRACTICE
RGMG RHEUMATOLOGY INFUSION CENTER 10 HAGEN DRIVE SUITE 330 ROCHESTER,NY 14625	FAMILY MED PRACTICE
RGMG CENTER FOR DERMATOLOGY 20 HAGEN DRIVE SUITE 2200 ROCHESTER,NY 14625	FAMILY MED PRACTICE
RGMG ENDOCRINE-DIABETES CARE & RESOURCE 224 ALEXANDER ST SUITE 200 ROCHESTER,NY 14607	FAMILY MED PRACTICE
RGMG GASTROENTROLOGY 1304 DRIVING PARK AVENUE NEWARK,NY 14513	FAMILY MED PRACTICE
RGMG GERIATRIC CONSULTATIVE SERVICE 1415 PORTLAND AVENUE SUITE 200 ROCHESTER,NY 14621	FAMILY MED PRACTICE
RGMG ORTHOPEDICS 1425 PORTLAND AVENUE ROCHESTER,NY 14621	FAMILY MED PRACTICE
RGMG PHYSICAL MEDICINE & REHABILITATION 10 HAGEN DRIVE SUITE 330 ROCHESTER,NY 14625	FAMILY MED PRACTICE
RGMG PHYSICAL MEDICINE & REHABILITATION 1425 PORTLAND AVENUE ROCHESTER,NY 14621	FAMILY MED PRACTICE
RGMG VASCULAR SURGERY ASSOCIATES 1445 PORTLAND AVENUE SUITE 108 ROCHESTER,NY 14621	FAMILY MED PRACTICE
RGMG VEIN CENTER 20 HAGEN DRIVE SUITE 210 ROCHESTER,NY 14625	FAMILY MED PRACTICE
RGMG BAY CREEK MEDICAL GROUP 2000 EMPIRE BLVD SUITE 120 WEBSTER,NY 14580	FAMILY MED PRACTICE
RGMG CLINTON FAMILY HEALTH CENTER 293 UPPER FALLS BLVD ROCHESTER,NY 14605	FAMILY MED PRACTICE
RGMG GENESEE INTERNAL MEDICINE 222 ALEXANDER PARK STE 5000 ROCHESTER,NY 14607	FAMILY MED PRACTICE
RGMG RIDGEWAY FAMILY MEDICINE 2350 RIDGEWAY AVENUE SUITE A ROCHESTER,NY 14626	FAMILY MED PRACTICE
RGMG GENESEE INTERNAL MEDICINE 1299 PORTLAND AVENUE SUITE 17 ROCHESTER,NY 14621	FAMILY MED PRACTICE
RGMG LINDEN MEDICAL GROUP 30 HAGEN DRIVE SUITE 300 ROCHESTER,NY 14625	FAMILY MED PRACTICE
RGMG LONG POND INTERNAL MEDICINE 2350 RIDGEWAY AVENUE SUITE B ROCHESTER,NY 14626	FAMILY MED PRACTICE
RGMG NORTHRIDGE MEDICAL GROUP 1338 E RIDGE ROAD SUITE 101 ROCHESTER,NY 14621	FAMILY MED PRACTICE
WHITE PINES MEDICAL GROUP 370 RIDGE ROAD STE 400 ROCHESTER,NY 14621	FAMILY MED PRACTICE
RGMG ROCHESTER GENERAL MEDICAL ASSOCIATE 1425 PORTLAND AVENUE ROCHESTER,NY 14621	FAMILY MED PRACTICE
RGMG ROCHESTER GEN MED ASSOC TWIG SITE 1425 PORTLAND AVENUE ROCHESTER,NY 14621	FAMILY MED PRACTICE
RGMG GANANDA FAMILY PRACTICE 1200 FAIRWAY SEVEN MACEDON,NY 14502	FAMILY MED PRACTICE
RGMG LYONS HEALTH CENTER 12 LEACH ROAD LYONS,NY 14489	FAMILY MED PRACTICE
RGMG NEWARK INTERNAL MEDICINCE 1208 DRIVING PARK AVENUE NEWARK,NY 14513	FAMILY MED PRACTICE
RGMG SODUS INTERNAL MEDICINE 6692 MIDDLE ROAD SODUS,NY 14551	FAMILY MED PRACTICE
RGMG WILLIAMSON FAMILY PRACTICE 4425 OLD RIDGE ROAD WILLIAMSON,NY 14589	FAMILY MED PRACTICE
RGMG WOLCOTT INTERNAL MEDICINE 6254 LAWVILLE ROAD WOLCOTT,NY 14590	FAMILY MED PRACTICE

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?
50

Name and address	Type of Facility (describe)
RGMG WOMEN'S CENTER 1415 PORTLAND AVE SUITE 400/490 ROCHESTER, NY 14621	FAMILY MED PRACTICE
RGMG THE WOMEN'S CENTER 222 ALEXANDER ST SUITE 1100 ROCHESTER, NY 14607	FAMILY MED PRACTICE
RGMG THE WOMEN'S CENTER 309 UPPER FALLS BLVD ROCHESTER, NY 14605	FAMILY MED PRACTICE
RGMG THE WOMEN'S CENTER 1250 DRIVING PARK AVENUE NEWARK, NY 14513	FAMILY MED PRACTICE
RGMG BAY CREEK PEDIATRIC GROUP 2000 EMPIRE BLVD SUITE 150 ROCHESTER, NY 14580	FAMILY MED PRACTICE
RGMG GENESEE PEDIATRICS 222 ALEXANDER ST SUITE 4100 ROCHESTER, NY 14607	FAMILY MED PRACTICE
RGMG ROCHESTER GEN PEDIATRIC ASSOCIATES 1425 PORTLAND AVENUE ROCHESTER, NY 14621	FAMILY MED PRACTICE
RGMG PENN FAIR PEDIATRICS 2067 FAIRPORT NINE MILE POINT RD STE 110 PENFIELD, NY 14526	FAMILY MED PRACTICE
RGMG NEWARK PEDIATRICS 1200 DRIVING PARK AVENUE NEWARK, NY 14513	FAMILY MED PRACTICE
RGMG SODUS PEDIATRICS 6692 MIDDLE ROAD SODUS, NY 14551	FAMILY MED PRACTICE
RGMG WILLIAMSON PEDIATRICS 4425 OLD RIDGE ROAD WILLIAMSON, NY 14589	FAMILY MED PRACTICE
RGMG WOLCOTT PEDIATRICS 6254 LAWVILLE ROAD WOLCOTT, NY 14590	FAMILY MED PRACTICE
RGMG ASTHMAALLERGY IMMUNOLOGY & RHEUM 2350 RIDGEWAY AVENUE SUITE B ROCHESTER, NY 14626	FAMILY MED PRACTICE
BRANDON FAMILY MEDICINE RGHS 2550 BAIRD ROAD PENFIELD, NY 14526	FAMILY MED PRACTICE
LINDEN OAKS FAMILY MEDICINE 30 HAGEN DRIVE SUITE 320 ROCHESTER, NY 14625	FAMILY MED PRACTICE
GYNECOLOGIC ONCOLOGY - ALEXANDER PARK 222 ALEXANDER ST SUITE 1100 ROCHESTER, NY 14607	FAMILY MED PRACTICE
RGMG ASTHMAALLERGY IMMUNOLOGY & RHEUM 12 LEACH ROAD LYONS, NY 14489	FAMILY MED PRACTICE
CENTER FOR DERMATOLOGY 1208 DRIVING PARK AVENUE NEWARK, NY 14513	FAMILY MED PRACTICE
ENDOCRINE-DIABETES CARE & RESOURCE CENT 12 LEACH ROAD LYONS, NY 14489	FAMILY MED PRACTICE
RGMG VEIN CARE CENTER 75 SUNSET DR NEWARK, NY 14513	FAMILY MED PRACTICE

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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

DLN: 93493318054653

OMB No 1545-0047

2012

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. Part II can be duplicated 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
(1) AMERICAN CANCER SOCIETY 1120 S GOODMAN STREET ROCHESTER, NY 14620	16-0743902	501(C)(3)	12,000				SPONSORSHIP
(2) AMERICAN DIABETES ASSOCIATION 160 ALLENS CREEK ROCHESTER, NY 14618	13-1623888	501(C)(3)	7,500				SPONSORSHIP
(3) HILLSIDE CHILDREN'S FOUNDATION 1183 MONROE AVENUE ROCHESTER, NY 14620	16-1493404	501(C)(3)	24,500				SPONSORSHIP
(4) GILDA'S CLUB 255 ALEXANDER STREET ROCHESTER, NY 14607	16-0836556	501(C)(3)	25,500				SPONSORSHIP
(5) AMERICAN HEART ASSOCIATION 1 UNION STREET SUITE 301 ROBBINSVILLE, NJ 08691	13-5613797	501(C)(3)	15,000				SPONSORSHIP
(6) ROCHESTER INTERNATIONAL JAZZ FESTIVAL LLC 14 FRANKLIN STREET ROCHESTER, NY 14624	20-2498272	501(C)(3)	20,000				SPONSORSHIP
(7) ROCHESTER PHILHARMONIC ORCHESTRA 108 EAST AVENUE ROCHESTER, NY 14604	16-0765613	501(C)(3)	10,000				SPONSORSHIP

2

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

7

3

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

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.
Part III can be duplicated if additional space is needed.

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

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 CHECK REQUEST AND PURCHASE ORDERS ARE REVIEWED FOR APPROPRIATE AUTHORIZATION AND USE OF FUNDS PRIOR TO ISSUANCE OF PAYMENT RGH ONLY MAKES CONTRIBUTIONS TO OTHER 501(C)(3) ORGANIZATIONS

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

2012

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 appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☒ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ 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 or provision of all of the expenses described above? If "No," complete Part III to explain	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?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
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?		No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
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?		No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III		No
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		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	AS PART OF THEIR COMPENSATION PACKAGE, THE CEO AND OTHER KEY EMPLOYEES, OFFICERS OR TRUSTEES LISTED ON 990, PART VII (WITH APPROVAL OF THE CEO) ARE ELIGIBLE TO RECEIVE REIMBURSEMENT FOR THE INITIATION OR MONTHLY DUES RELATED TO A SPECIFIC SOCIAL OR RECREATIONAL CLUB. THESE BENEFITS HAVE BEEN INCLUDED IN THE EMPLOYEES FORM W-2 AS TAXABLE COMPENSATION AS REQUIRED.
	PART I, LINE 4B	THE ORGANIZATION MAINTAINS A SECTION 457(F) PLAN WHICH WOULD BE CONSIDERED A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. DURING 2012, NO DISTRIBUTIONS WERE PAID OUT. THE FOLLOWING OFFICERS AND KEY EMPLOYEES LISTED 990, PART VII, SECTION A WOULD BE ELIGIBLE PARTICIPANTS IN THE PLAN SINCE, THEY WOULD BE ENTITLED TO A DISTRIBUTION UPON SEPARATION FROM SERVICE: HUGH THOMAS, ROBERT NESSELBUSH, RICHARD GANGEMI, MD, MARK CLEMENT.
SUPPLEMENTAL INFORMATION	PART III	AS PART OF THEIR COMPENSATION PACKAGE, THE OFFICERS AND KEY EMPLOYEES LISTED ON 990, PART VII ARE ELIGIBLE TO UTILIZE SPECIFIC CHARTER TRAVEL ARRANGEMENTS TO CONDUCT BUSINESS OF THE ORGANIZATION. THIS BENEFIT IS UTILIZED TO MAKE THE BEST USE OF THE OFFICER'S TIME WHEN THERE ARE TIME CONSTRAINTS AND/OR LIMITED AVAILABILITY OF NON-STOP FLIGHTS.

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
MARK C CLEMENT	(i)	584,483	525,222	38,173	586,426	4,074	1,738,378	329,404
	(ii)	120,828	108,577	7,891	121,229	843	359,368	68,096
ROBERT MAYO MD	(i)	244,550	59,215	27,821	55,043	7,867	394,496	0
	(ii)	0	0	0	0	0	0	0
RICHARD GANGEMI	(i)	287,590	180,253	31,902	108,403	3,707	611,855	107,092
	(ii)	44,492	27,886	4,935	16,771	574	94,658	16,568
PAULA TINCH	(i)	157,772	35,776	22,869	43,660	3,692	263,769	0
	(ii)	32,566	7,396	4,728	9,025	763	54,478	0
HUGH THOMAS	(i)	272,004	163,609	46,443	135,734	5,732	623,522	83,388
	(ii)	56,230	33,822	9,601	28,059	1,185	128,897	17,239
ROBERT NESSELBUSH	(i)	409,302	268,588	50,343	202,803	7,503	938,539	114,811
	(ii)	0	0	0	0	0	0	0
VINCENT CHANG	(i)	766,724	598,872	27,464	94,237	7,702	1,494,999	0
	(ii)	0	0	0	0	0	0	0
MOHAMED SALEH ALSALHI	(i)	396,165	187,014	10,464	43,566	11,277	648,486	0
	(ii)	0	0	0	0	0	0	0
MICHAEL PICHICHERO	(i)	276,297	355,324	26,082	44,524	10,319	712,546	0
	(ii)	0	0	0	0	0	0	0
SYED MUSTAFA	(i)	407,745	142,936	27,464	22,459	5,052	605,656	0
	(ii)	0	0	0	0	0	0	0
JAMES E SZALADOS	(i)	389,700	296,679	0	32,201	435	719,015	0
	(ii)	0	0	0	0	0	0	0

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64983QGM5	06-09-2005	75,349,964	DEFEASE 1993 BONDS AND FINANCE CERTAIN HOSPITAL RENOVATIONS AND EXPANSION		X		X		X
B	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293		08-26-2004	9,935,713	CAPITAL EQUIPMENT		X		X		X
C	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293		08-18-2011	54,969,282	CAPITAL EQUIPMENT & SOFTWARE FOR ELETRONIC MEDICAL RECORDS		X		X		X

Part II

Proceeds

				A		B		C		D	
1	Amount of bonds retired										
2	Amount of bonds legally defeased			20,051,527							
3	Total proceeds of issue			75,369,516		9,935,713		54,978,990			
4	Gross proceeds in reserve funds			5,217,710							
5	Capitalized interest from proceeds			4,852,607							
6	Proceeds in refunding escrows			20,051,527							
7	Issuance costs from proceeds			1,506,999		50,713		169,282			
8	Credit enhancement from proceeds			2,162,729							
9	Working capital expenditures from proceeds										
10	Capital expenditures from proceeds			41,577,942		9,885,000		54,809,708			
11	Other spent proceeds										
12	Other unspent proceeds										
13	Year of substantial completion			2009		2004		2011			
				Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?			X			X		X		
15	Were the bonds issued as part of an advance refunding issue?				X		X		X		
16	Has the final allocation of proceeds been made?			X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			X		X		X			

Part III

Private Business Use

				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	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		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		X		

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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	0 00000%		0 00000%		0 00000%		%	
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	0 00000%		0 00000%		0 00000%		%	
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		X		X		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI

Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

THE ROCHESTER GENERAL HOSPITAL

Employer identification number

16-0743134

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION IS A MEMBERSHIP (NOT A STOCK) CORPORATION UNDER THE NEW YORK STATE LAW THE ORGANIZATION'S SOLE CORPORATE MEMBER IS ROCHESTER GENERAL HEALTH SYSTEM (RGHS), A RELATED NOT-FOR-PROFIT ORGANIZATION
	FORM 990, PART VI, SECTION A, LINE 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
	FORM 990, PART VI, SECTION A, LINE 7B	ROCHESTER GENERAL HEALTH SYSTEM, 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
	FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO FILING, A COPY OF THE FORM 990 IS PROVIDED TO, AND REVIEWED WITH, ALL MEMBERS OF THE EXECUTIVE COMPENSATION COMMITTEE. THIS REVIEW IS PERFORMED IN CONSULTATION WITH THE ORGANIZATION'S TAX ADVISORS, AND IS BASED ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND OTHER RELEVANT INFORMATION FOR THE APPROPRIATE TIME PERIOD
	FORM 990, PART VI, SECTION B, LINE 12C	UPON EMPLOYMENT, ALL EMPLOYEES RECEIVE THE ETHICAL STANDARD OF CONDUCT BOOKLET FOR 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 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. IN ADDITION, 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. BOARD MEMBERS LEAVE THE ROOM DURING DISCUSSIONS AND ABSTAIN FROM VOTING WHEN THEY HAVE A CONFLICT OF INTEREST. IN ADDITION TO THE BOARD OF DIRECTORS, THE ORGANIZATION'S MANAGERS AND DIRECTORS WHO OVERSEE ITS OPERATIONS COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY AS WELL.
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S OFFICER AND KEY EMPLOYEE COMPENSATION ARRANGEMENTS ARE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF ROCHESTER GENERAL HEALTH SYSTEM, 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 / CENTRAL 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.
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT THE ADMINISTRATIVE OFFICES OF THE AFFILIATED HEALTH SYSTEM AT 100 KINGS HIGHWAY SOUTH, ROCHESTER, NY 14617. A NOMINAL FEE IS CHARGED IF COPIES ARE REQUESTED.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN INTEREST IN NET ASSETS OF ROCHESTER GENERAL HOSPITAL FOUNDATION 866,282

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

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PSYCHIATRIC SERVICES GROUP 1425 PORTLAND AVENUE ROCHESTER, NY 14621 16-1464705	PSYCH SVCS	NY	0	0	RGH

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) LATTIMORE SVCS LLC 125 LATTIMORE ROAD ROCHESTER, NY 14620 16-1533823	MGMT SVCS	NY	RGH	RELATED	250,091	1,758,486		No		Yes		28 000 %

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) GREATER ROCHESTER ASSURANCE COMPANY LTD GEORGE TOWN GRAND CAYMAN CJ	INSURANCE	CJ	N/A	C	7,565,885	66,638,488	100 000 %		No
(2) GRACO RISK RETENTION GROUP 1425 PORTLAND AVENUE ROCHESTER, NY 14621 71-0933967	INSURANCE	NY	RGH	C	1,603,050	11,558,960	100 000 %		No
(3) GREATER ROCHESTER INDEPENDENT PRACTICE ASSOCIATION INC 100 KINGS HIGHWAY SOUTH STE 2500 ROCHESTER, NY 14617 16-1507171	INDEPENDENT PRACTICE ASSOCIATION	NY	RGHS	C	-927,637	948,270	50 000 %		No

Part V

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

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2012

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.

[illegible]

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

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
RELATED TAX-EXEMPT ORGANIZATION - PRIMARY ACTIVITY	SCHEDULE R, PART II, COLUMN B	RGHS WORKERS' COMPENSATION TRUST SUPPORTS THE GENESEE HOSPITAL, ROCHESTER GENERAL HOSPITAL, ROCHESTER GENERAL HOSPITAL FOUNDATION, NEWARK WAYNE COMMUNITY HOSPITAL, NEWARK COMMUNITY HOSPITAL FOUNDATION, INDEPENDENT LIVING FOR SENIORS, ROCHESTER GENERAL LONG TERM CARE, ROCHESTER GENERAL HUDSON HOUSING, GRHS FOUNDATION, BEHAVIORAL HEALTH NETWORK, AND ROCHESTER GENERAL HEALTH SYSTEMS

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BEHAVIORAL HEALTH NETWORK	P	260,549	FMV
GREATER ROCHESTER ASSURANCE COMPANYLTD	O	6,172,477	FMV
GREATER ROCHESTER HEALTH SYSTEM FOUNDATION	O	2,397,281	FMV
INDEPENDENT LIVING FOR SENIORS INC	O	193,469	FMV
NEWARK WAYNE COMMUNITY HOSPITAL	P	4,289,000	FMV
RGHS WORKERS' COMPENSATION TRUST	O	2,685,227	FMV
ROCHESTER GENERAL HEALTH SYSTEM	O	9,615,875	FMV
ROCHESTER GENERAL LONG TERM CARE	P	1,030,547	FMV
WESTERN NEW YORK MEDICAL PRACTICE PC	P	645,616	FMV
GREATER ROCHESTER INDEPENDENT PRACTICE ASSOC INC (GRIPA)	P	4,891,285	FMV
ROCHESTER GENERAL HOSPITAL FOUNDATION	C	2,869,049	FMV

AUDITED CONSOLIDATED FINANCIAL
STATEMENTS AND SUPPLEMENTARY
INFORMATION

Rochester General Hospital and Affiliates
Years Ended December 31, 2012 and 2011
With Report of Independent Auditors

Ernst & Young LLP



Rochester General Hospital and Affiliates

Audited Consolidated Financial Statements
and Supplementary Information

Years Ended December 31, 2012 and 2011

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Report of Independent Auditors

The Board of Directors
Rochester General Hospital

We have audited the accompanying consolidated financial statements of Rochester General Hospital and Affiliates (the Hospital), which comprise the consolidated balance sheets as of December 31, 2012 and 2011, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Rochester General Hospital and Affiliates at December 31, 2012 and 2011, and the consolidated results of their operations and changes in net assets and their cash flows for the years then ended in conformity with U S generally accepted accounting principles

Change in Presentation of the Provision for Bad Debts

As discussed in Note 2 to the consolidated financial statements, in 2012 the Hospital adopted the provisions of Accounting Standards Update No 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, which resulted in a change to the presentation of the provision for bad debts on the consolidated statements of operations and changes in net assets effective January 1, 2011. Our opinion is not modified with respect to this matter.

Ernst + Young LLP

April 30, 2013

Rochester General Hospital and Affiliates

Consolidated Balance Sheets

	December 31	
	2012	2011
Assets		
Current assets		
Cash and cash equivalents	\$ 10,913,951	\$ 15,229,483
Investments	10,157,972	9,097,107
Current portion of assets whose use is limited	593,551	577,315
Patient accounts receivable, net of allowance for doubtful accounts of approximately \$19,545,000 in 2012 and \$18,075,000 in 2011	51,325,008	72,593,065
Estimated third-party payor receivables	7,500,193	4,348,446
Due from affiliates	48,225,986	39,376,247
Inventories	3,658,064	3,145,708
Prepaid expenses and other	13,283,049	9,199,240
Total current assets	145,657,774	153,566,611
Assets whose use is limited		
Funds held by bond trustees	10,106,497	10,114,135
Board designated funds	177,201,166	150,051,103
Tax-exempt financing fund – capital acquisitions	–	23,636,404
Deferred compensation	1,727,591	1,518,651
	189,035,254	185,320,293
Property and equipment – net	243,583,054	230,377,724
Due from affiliates, net of current portion	4,136,413	4,136,413
Other assets		
Interest in net assets of Rochester General Hospital Foundation, Inc	33,808,313	32,942,031
Estimated third-party payor receivables	3,377,820	2,062,196
Insurance recoveries receivable	53,591,684	50,276,892
Other	15,744,882	15,918,083
	106,522,699	101,199,202
Total assets	\$ 688,935,194	\$ 674,600,243

	December 31	
	2012	2011
Liabilities and net assets		
Current liabilities		
Accounts payable	\$ 24,969,271	\$ 27,666,419
Accrued salaries, vacations, and payroll taxes	32,750,253	31,813,568
Accrued expenses	17,682,229	20,370,372
Accrued interest payable	344,086	371,306
Estimated third-party payor payables	22,154,792	23,420,415
Current portion of long-term debt	9,834,662	11,517,807
Due to affiliates	—	3,351,189
Total current liabilities	107,735,293	118,511,076
Long-term liabilities		
Long-term debt, less current portion	95,084,789	108,090,291
Accrued insured and self-insured liabilities	85,754,394	83,048,490
Estimated third-party payor payables	61,852,520	60,471,919
Deferred compensation	1,727,591	1,518,651
Total liabilities	352,154,587	371,640,427
Net assets		
Unrestricted	304,607,747	271,495,287
Temporarily restricted	24,065,423	23,358,385
Permanently restricted	8,107,437	8,106,144
Total net assets	336,780,607	302,959,816
Total liabilities and net assets	\$ 688,935,194	\$ 674,600,243

See accompanying notes.

Rochester General Hospital and Affiliates

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended December 31	
	2012	2011
Unrestricted revenues, gains, and other support		
Patient service revenue, net of contractual allowances and discounts	\$ 729,209,676	\$ 693,335,250
Provision for bad debts	(19,828,827)	(14,866,191)
Net patient service revenue, less provision for bad debts	709,380,849	678,469,059
Other revenue, gains and other support	23,463,529	20,103,911
Total unrestricted revenues, gains, and other support	732,844,378	698,572,970
Expenses		
Salaries and wages	349,082,797	326,821,800
Employee benefits	73,391,410	70,239,703
Professional fees	10,345,773	10,433,053
Purchased services and supplies	243,576,597	234,587,149
Depreciation and amortization	34,169,357	27,302,458
Interest	3,927,247	3,550,097
Total expenses	714,493,181	672,934,260
Income from operations	18,351,197	25,638,710
Gain (loss) on sale of property and equipment	53,482	(454)
Investment income, net	6,295,859	8,837,868
Excess of revenues over expenses	\$ 24,700,538	\$ 34,476,124

Continued on next page.

Rochester General Hospital and Affiliates

Consolidated Statements of Operations and Changes in Net Assets (continued)

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balance at January 1, 2011	\$ 243,882,720	\$ 26,288,582	\$ 8,043,863	\$ 278,215,165
Excess of revenues over expenses	34,476,124	—	—	34,476,124
Net unrealized loss on investments	(9,402,551)	—	—	(9,402,551)
Change in interest in the net assets of Rochester General Hospital Foundation, Inc	(1,456,575)	(3,135,937)	62,281	(4,530,231)
Contributions for capital acquisitions Transfers from Rochester General Hospital Foundation, Inc	— 3,842,042	359,267 —	— —	359,267 3,842,042
Net assets released from restrictions for capital	153,527	(153,527)	—	—
Increase (decrease) in net assets	27,612,567	(2,930,197)	62,281	24,744,651
Balance at December 31, 2011	271,495,287	23,358,385	8,106,144	302,959,816
Excess of revenues over expenses	24,700,538	—	—	24,700,538
Net unrealized gain on investments	6,357,004	—	—	6,357,004
Change in interest in the net assets of Rochester General Hospital Foundation, Inc	106,349	758,640	1,293	866,282
Contributions for capital acquisitions from Foundation	1,417,915	—	—	1,417,915
Grants	479,052	—	—	479,052
Net assets released from restrictions for capital	51,602	(51,602)	—	—
Increase in net assets	33,112,460	707,038	1,293	33,820,791
Balance at December 31, 2012	\$ 304,607,747	\$ 24,065,423	\$ 8,107,437	\$ 336,780,607

See accompanying notes

Rochester General Hospital and Affiliates

Consolidated Statements of Cash Flows

	Year Ended December 31	
	2012	2011
Operating activities		
Increase in net assets	\$ 33,820,791	\$ 24,744,651
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Net unrealized (gain) loss on investments	(6,357,004)	9,402,551
Other-than-temporary decline in investments	1,024,645	299,244
Depreciation and amortization	34,169,357	27,302,458
(Gain) loss on sale of property and equipment	(53,483)	454
Provision for bad debts	19,828,827	14,866,191
Change in interest in the net assets of the Foundation	(866,282)	4,530,231
Restricted contributions	(1,417,915)	(359,267)
Changes in operating assets and liabilities		
Patient accounts receivable	1,439,230	(30,980,537)
Estimated third-party payor receivables/payables, net	(4,352,393)	7,056,883
Other current assets	(4,596,165)	(3,800,521)
Due from/to affiliates, net	(12,200,928)	(14,173,121)
Other non-current assets	(3,141,591)	(42,464,662)
Accounts payable and other current liabilities	72,174	11,446,091
Other non-current liabilities	2,914,843	43,785,188
Net cash provided by operating activities	<u>60,284,107</u>	<u>51,655,834</u>
Investing activities		
Expenditures for property and equipment	(50,064,204)	(60,161,990)
Increase in investments – net	540,297	(34,892,581)
Net cash used in investing activities	<u>(49,523,907)</u>	<u>(95,054,571)</u>
Financing activities		
Restricted contributions	1,417,915	359,267
Proceeds from issuance of long-term debt	–	54,969,281
Principal payments on long-term debt	(16,493,647)	(14,079,159)
Net cash (used in) provided by financing activities	<u>(15,075,732)</u>	<u>41,249,389</u>
Net decrease in cash and cash equivalents	(4,315,532)	(2,149,348)
Cash and cash equivalents at beginning of year	15,229,483	17,378,831
Cash and cash equivalents at end of year	<u>\$ 10,913,951</u>	<u>\$ 15,229,483</u>

See accompanying notes

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements

December 31, 2012 and 2011

1. Organization and Consolidation

Rochester General Hospital and Affiliates (the Hospital) is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The Hospital owns and operates a 528-bed hospital, outpatient clinic, and other related facilities providing medical, surgical, and other health care services in the Rochester, New York area.

The Hospital owns 100% of the Class A stock of the GRACO Risk Retention Group (GRACO RRG). GRACO RRG provides professional liability insurance to physicians in the Rochester, New York area. Additionally, the Hospital controls Western New York Medical Practice, P C, which is a tax exempt captive P C formed to provide health care services to the community. All significant inter-affiliate accounts and transactions have been eliminated in the accompanying consolidated financial statements.

The Hospital owns 28% at December 31, 2012 of the membership interest in Lattimore Services Organization, LLC, which is a limited liability company organized to provide oversight and administrative services to Lattimore Community Surgicenter, Inc. The Hospital owns a 50% interest in Greater Rochester Independent Practice Association, an independent physician practice association.

The sole corporate member of the Hospital is Rochester General Health System (the System), a New York not-for-profit corporation that coordinates and manages the regional health care services of its affiliates, and is also an organization described in Section 501(c)(3) of the Internal Revenue Code, and exempt from federal income tax pursuant to Section 501(a) of the Code. The System is a large, regional integrated health care system covering Rochester, New York and surrounding areas of central upstate New York, and is recognized as a regional leader in the proactive delivery of health care services to the communities it serves.

The Hospital is affiliated with several other health care corporations, including one hospital (Newark Wayne Community Hospital), a nursing home, an elderly housing complex, two fundraising foundations, and other companies engaged in behavioral health and elderly care, all of which operate as part of the System group of providers. Additionally, the Hospital is an insured of the Greater Rochester Assurance Company, Ltd (GRACO), the System's wholly owned offshore captive insurance company established to provide professional and general insurance to the affiliates. The Hospital also participates in the Rochester General Health System Workers' Compensation Trust (the Trust) in order to provide an efficient mechanism for reserving against potential workers' compensation claims.

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies

Use of Estimates

The preparation of financial statements in conformity with U S generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the amounts of revenue and expenses reported during the period. Actual results could differ from those estimates.

Reclassifications

Certain reclassifications were made to 2011 balances previously reported to conform to the current year presentation. These reclassifications had no effect on excess of revenues over expenses or net assets.

Performance Indicator

The performance indicator is excess of revenues over expenses, which includes all changes in unrestricted net assets other than changes in unrealized gain or loss on investments of other-than-trading securities (excluding other-than-temporary declines in investments), changes in interest in the net assets of the Rochester General Hospital Foundation, Inc. (RGH Foundation), transfers of net assets to and from affiliates for capital needs, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction are to be used for the purpose of acquiring such assets) and their release from restrictions for the intended purpose.

Net Patient Service Revenue

The Hospital recognizes revenue associated with services provided to patients and reported at estimated net realizable amounts from patients, third-party payors, and others and includes estimated retroactive revenue adjustments due to ongoing and future audits, reviews, and investigations. The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, and per diem payments. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations. Net retroactive adjustments increased net patient service revenue by approximately \$549,000 in 2012 and \$211,000 in 2011.

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Non-Medicare Reimbursement

In New York State, hospitals and all non-Medicare payors, except Medicaid, workers' compensation, and no-fault insurance programs, negotiate hospitals' payment rates. If negotiated rates are not established, payors are billed at hospitals' established charges. Medicaid, workers' compensation, and no-fault payors pay hospital rates promulgated by the New York State Department of Health. Effective December 1, 2009, the New York State payment methodology was updated such that payments to hospitals for Medicaid, workers' compensation, and no-fault inpatient services are based on a statewide prospective payment system, with retroactive adjustments. Prior to December 1, 2009, the payment system provided for retroactive adjustments to payment rates, using a prospective payment formula. Outpatient services also are paid based on a statewide prospective system that was effective December 1, 2008. Medicaid rate methodologies are subject to approval at the federal level by the Centers for Medicare and Medicaid Services (CMS), which may routinely request information about such methodologies prior to approval. Revenue related to specific rate components that have not been approved by CMS is not recognized until the Hospital is reasonably assured that such amounts are realizable. Adjustments to the current and prior years' payment rates for those payors will continue to be made in future years.

Medicare Reimbursement

Hospitals are paid for most Medicare inpatient and outpatient services under the national prospective payment system and other methodologies of the Medicare program for certain other services. Federal regulations provide for certain adjustments to current and prior years' payment rates, based on industry-wide and hospital-specific data.

The Hospital has established estimates, based on information presently available, of amounts due to or from Medicare and non-Medicare payors for adjustments to current and prior years' payment rates, based on industry-wide and Hospital-specific data. The current Medicaid, Medicare, and other third-party payor programs are based upon extremely complex laws and regulations that are subject to interpretation. Medicare cost reports, which serve as the basis for final settlement with the Medicare program, have been audited by the Medicare fiscal intermediary and settled through 2008. Subsequent years remain open for audit and settlement as well as numerous issues related to the New York State Medicaid program for prior years. As a result, there is at least a reasonable possibility that recorded estimates will change by a material

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

amount when open years are settled and additional information is obtained. Additionally, non-compliance with such laws and regulations could result in fines, penalties, and exclusion from such programs. The Hospital is not aware of any allegations of non-compliance that could have a material adverse effect on the accompanying consolidated financial statements and believes that it is in compliance with all applicable laws and regulations.

There are various proposals at the federal and state levels that could, among other things, significantly reduce payment rates or modify payment methods. The ultimate outcome of these proposals and other market changes, including the potential effects of health care reform that has been enacted by the federal and state governments, cannot presently be determined. Future changes in the Medicare and Medicaid programs and any reduction of funding could have an adverse impact on the Hospital. Additionally, certain payors' payment rates for various years have been appealed by the Hospital. If the appeals are successful, additional income applicable to those years might be realized.

Revenue from the Medicare and Medicaid programs accounted for approximately 43% and 13%, respectively, of the Hospital's net patient revenue for 2012 (44% and 13% in 2011).

Incentive Payments for Using Electronic Health Records

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH). The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology. Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. Initial Medicaid incentive payments are available to providers that adopt, implement or upgrade certified EHR technology. In subsequent years, providers must demonstrate meaningful use of such technology to qualify for additional Medicaid incentive payments. Hospitals that do not successfully demonstrate meaningful use of EHR are subject to payment penalties or downward adjustments to their Medicare payments beginning in Federal fiscal year 2015.

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

The Hospital uses a grant accounting model to recognize revenue for the Medicare and Medicaid EHR incentive payments. Under this accounting policy, EHR incentive payment revenue is recognized when the Hospital is reasonably assured that the EHR meaningful use criteria for the required period of time were met and that the grant revenue will be received. EHR incentive payment revenue from Medicare of approximately \$712,000 and from Medicaid of approximately \$3,017,000 for the year ended December 31, 2012 is included in other operating revenue. Income from Medicare incentive payments is subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated. Additionally, the Hospital's attestation of compliance with the meaningful use criteria is subject to audit by the Federal government and/or the New York State Department of Health.

Provision for Bad Debts

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Hospital analyzes its historical and expected net collections considering historical business and economic conditions, trends in health care coverage, and other collection indicators for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractual amounts due and provides an allowance for doubtful accounts and a provision for bad debts if deemed necessary (for example, for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill, the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. 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. The difference between discounted rates and the amounts actually collected after all reasonable collection efforts have been exhausted is written-off against the allowance for doubtful accounts. Overall,

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

the total of self-pay discounts and write-offs has not changed significantly. The Hospital has not experienced significant changes in write-off trends and has not changed its charity care policy for the year ended December 31, 2012. The Hospital does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors.

Patient service revenue for the year ended December 31, 2012, net of contractual allowances and discounts (but before the provision for bad debts) was approximately \$714,804,000 and \$14,406,000 from third-party payors and self-pay (based on primary insurance designation), respectively.

Deductibles and copayments under third-party payment programs within the third-party payor amounts above are the patient's responsibility and the Hospital considers these amounts in its determination of the provision for bad debts based on collection experience.

Uncompensated Care and Charity Care

Charity care is reported at estimated direct and indirect costs. The Hospital utilized a cost-to-charge ratio methodology for the cost analysis.

The Hospital accepts all patients, regardless of their ability to pay, pursuant to its established policies. Management considers uncompensated care to include three elements: charity care, bad debts, and governmental shortfall.

The established policies define charity services as those medically necessary services for which patients have the obligation and willingness to pay but do not have the ability to pay. Patients that provide the necessary information to qualify for charity are provided services at a reduced fee, or no fee.

During the registration, billing, and collection process, a patient's eligibility for charity care is determined. Care given to patients who are determined to be eligible for charity care under the Hospital's charity care policy, but not paid for, is classified as charity care. Charity care is excluded from patient service revenue, and the cost of providing such care is recognized within operating expenses. Care given to patients who were determined by the Hospital to have the ability to pay but did not, are deemed uncollectible and classified as bad debt expense. Distinguishing between bad debt and charity care is difficult in part because services are often rendered prior to full evaluation of a patient's ability to pay.

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

The Hospital receives certain funds to offset or subsidize charity services provided, which are included in net patient service revenue. These funds are primarily received from uncompensated care programs sponsored by New York State, whereby healthcare providers within the State pay into an uncompensated care fund and the pooled funds are then redistributed based on specific criteria.

Governmental shortfall is management's estimate of the difference between the payments received and the cost of care provided to patients who are covered by the government entitlement program of Medicaid. A summary of the estimates of uncompensated care follows for the years ending December 31.

	2012	2011
Charity care, estimated at cost	\$ 17,694,000	\$ 17,900,000
Funds received to offset or subsidize charity services	10,263,000	10,722,000
Provision for bad debt	19,829,000	14,866,000
Governmental shortfall	18,651,000	17,324,000

Concentration of Patient Accounts Receivable

Patient accounts receivable consist of amounts due from government programs, commercial insurance companies, private pay patients, and other group insurance programs. The Hospital maintains an allowance for doubtful accounts based on the expected collectability of accounts receivable. The significant concentrations of accounts receivable for services to patients include the following at December 31.

	2012	2011
Self pay	21%	18%
Medicare	19	18
Preferred Care/MVP	14	15
Excellus	25	26
Medicaid	4	6
Other third-party payors	17	17
	100%	100%

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Cash Equivalents

The Hospital considers all highly liquid investments with original maturities of three months or less when purchased to be cash equivalents. Cash equivalents are measured at fair value in the consolidated balance sheets and exclude amounts restricted, board designated, or held in trusts.

Inventories

Inventories (primarily supplies) are stated at the lower of cost (first-in, first-out method) or market.

Investments and Assets Whose Use is Limited

Investments and assets whose use is limited consist of financial instruments directly owned by the Hospital and the Hospital's allocated share of a pooled investment fund administered by the System (Pooled Investment Fund). Investments owned directly by the Hospital are recorded at fair value. The Hospital's share of the Pooled Investment Fund is recorded at the Hospital's unitized investment value which is increased or decreased based on allocated investment earnings. Interest, dividends, and realized and unrealized gains and losses related to the Pooled Investment Fund are allocated to participants based upon their pro rata share of the investments.

Assets whose use is limited are amounts that have been designated by the System Board of Directors for future capital improvements and facility use, amounts held in escrow under the 2011 tax-exempt financing agreement (discussed further in Note 5) for capital equipment purchases, amounts deposited with trustees under a mortgage bond indenture agreement, and amounts deposited with trustees for deferred compensation agreements.

Investment income or loss (including realized gains and losses on investments, interest income, other-than-temporary impairment, and dividends) is included in the excess of revenues over expenses. Unrestricted investment income or loss is reported as other revenue, except for investment income or loss on board designated and capital improvement fund investments which is reported as non-operating gains or losses. Unrealized gains and losses on investments are reflected as increases or decreases in unrestricted net assets, except for unrealized losses considered to be other-than-temporary.

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Fair Value Measurement

Fair value measurements are defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date

The framework for measuring fair value is comprised of a three-level hierarchy based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

Level 1 – inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets

Level 2 – inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument

Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurement

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement

The following is a description of the Hospital's valuation methodologies for investments and the System's valuation methodology for the Pooled Investment Fund. Fair value for Level 1 is based upon quoted market prices received from third party pricing services. Fair value for Level 2 is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources, including market participants, dealers, and brokers.

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Financial Instruments

The carrying values of cash and cash equivalents, accounts receivable, and accounts payable are reasonable estimates of fair value due to the short-term nature of these financial instruments. Investments owned directly by the Hospital are recorded at fair value. The Hospital's share of the Pooled Investment Fund is recorded at amounts reported to the Hospital from the System. The System records investments in the Pooled Investment Fund at fair value, except for certain amounts related to limited partnerships that are recorded at either cost or utilizing the equity method of accounting. The valuation of cost basis limited partnerships is evaluated annually for impairment. Investments in a loss position are evaluated on a regular basis to determine if the impairment is other-than-temporary.

The Hospital's 2005 Revenue Bonds are not required to be carried at fair value. The fair value of the 2005 Revenue Bonds is estimated based on current rates offered to the Hospital for debt of the same remaining maturities and other valuation considerations.

Property and Equipment

Property and equipment are recorded at cost, less allowances for depreciation. Depreciation is provided for in amounts sufficient to amortize the cost of the related assets, on a straight-line basis, over their estimated useful lives. Equipment under capital lease obligations is amortized on a straight-line basis over the shorter period of the lease term or the estimated useful life of the equipment, and reported in depreciation and amortization in the accompanying consolidated statements of operations and changes in net assets. Expenditures for routine repairs and maintenance are charged to operations as incurred.

Expenditures for software purchases and software developed for internal use are capitalized and reported within equipment. Depreciation is provided on a straight-line basis over the estimated useful lives, which are generally three to ten years. For software developed for internal use, certain costs are capitalized, including external direct costs of materials and services associated with developing or obtaining the software, and payroll and payroll-related costs for employees who are directly associated with internal use software projects. Capitalization of these costs ceases when the project is substantially complete and ready for its intended use. Costs associated with the preliminary project stage activities, training, maintenance, and other post-implementation stage activities are expensed as incurred. During 2011, the Hospital implemented an electronic medical records system and capitalized approximately \$35,881,000 of internally developed software, which is being depreciated over ten years.

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Gifts of long-lived assets such as land, buildings, or equipment are reported as an addition to unrestricted net assets, and are excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Impairment of Long-Lived Assets

The Hospital evaluates the recoverability of long-lived assets and the related estimated remaining useful lives at each balance sheet date. The Hospital would record an impairment charge or change the useful life if events or changes in circumstances indicated that the carrying amount may not be recoverable or the remaining useful life has changed.

Interest in Net Assets of the Rochester General Hospital Foundation

The Hospital and the Rochester General Hospital Foundation (RGH Foundation) are deemed to be financially interrelated organizations. Accordingly, the Hospital records its interest in the net assets of the RGH Foundation as a non-current asset and as unrestricted, temporarily restricted, and permanently restricted net assets, as appropriate.

Deferred Financing Costs

Deferred financing costs are being amortized using the effective interest method over the term of the related obligation, and are included as a component of other long-term assets in the accompanying consolidated balance sheets. Deferred financing costs approximated \$1,568,000 and \$1,696,000, net of accumulated amortization of approximately \$2,862,000 and \$2,734,000 at December 31, 2012 and 2011, respectively.

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Permanently and Temporarily Restricted Net Assets

Permanently restricted net assets consist of amounts restricted by donors to be maintained by the Hospital in perpetuity. Temporarily restricted net assets are used to differentiate resources, the use of which is restricted by donors or grantors to a specific time period or purpose, from resources on which no restrictions have been placed or that arise from the general operations of the Hospital. Temporarily restricted gifts and bequests are reported as an addition to temporarily restricted net assets in the period received. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reported as other revenue in the consolidated statements of operations and changes in net assets as net assets released from restrictions. The Hospital reports contributions of temporarily restricted net assets for which the restriction was met in the year the contribution was made as increases in unrestricted net assets.

Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the cash or donated asset is received and applicable conditions are satisfied. No amounts have been reflected in the consolidated financial statements for donated services. However, many individuals volunteer time and perform a variety of tasks that assist the Hospital with various programs.

Supplemental Cash Flow Disclosures

Capital leases for equipment of approximately \$1,805,000 and \$8,353,000 were entered into in 2012 and 2011, respectively. They are excluded from the consolidated statements of cash flows and will be reflected through principal payments as financing activities in future periods. Additionally, accounts payable and accrued expenses related to purchases of equipment of approximately \$3,389,000 and \$7,937,000 at December 31, 2012 and 2011, respectively, were excluded from the consolidated statements of cash flows and will be reflected when paid.

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Recent Accounting Pronouncements

In May 2011, the Financial Accounting Standard Board (FASB) issued Accounting Standards Update No (ASU) 2011-04, *Fair Value Measurements (Topic 820 Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS)* (ASU 2011-04), which amends Accounting Standards Codification (ASC) Topic 820. ASU 2011-04 amends the ASC to clarify some existing concepts, eliminates wording differences between U.S. GAAP and International Financial Reporting Standards (IFRS) and changed some principles to achieve consistency between U.S. GAAP and IFRS. ASU 2011-04 also expands the existing disclosures for fair value measurements that are estimated using significant unobservable (Level 3) inputs. The Hospital adopted this guidance in 2012. The adoption of this guidance did not have a significant impact on the Hospital's financial statements.

In July 2011, the FASB issued ASU 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*. The guidance requires certain health care entities to reclassify in the statement of operations the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenues (net of contractual allowances and discounts). In addition, the guidance requires enhanced disclosures about policies for recognizing revenue, assessing bad debts and qualitative and quantitative information about the changes in the allowance for doubtful accounts. The Hospital adopted this guidance in 2012. As a result of the adoption of this standard, the Hospital reclassified the provision for bad debts of approximately \$19,829,000 and \$14,866,000 for the years ended December 31, 2012 and 2011, respectively, from an operating expense to a deduction from net patient service revenues in the statements of operations and changes in net assets.

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

3. Investments and Assets Whose Use is Limited

Investments and assets whose use is limited consisted of the following at December 31

	2012	2011
Investments – current		
Money market funds	\$ 189,606	\$ 61,048
Fixed income investments	6,965,112	6,317,306
Pooled Investment Fund	3,003,254	2,718,753
	<u>\$ 10,157,972</u>	<u>\$ 9,097,107</u>
Current portion of assets whose use is limited		
Funds held by bond trustees		
Fixed income investments	<u>\$ 593,551</u>	<u>\$ 577,315</u>
Assets whose use is limited		
Funds held by bond trustees		
Money market funds	\$ 2,780	\$ 2,382,075
Fixed income investments	10,103,717	7,732,060
	<u>10,106,497</u>	10,114,135
Board designated funds		
Cash and cash equivalents	15,000,000	22,000,000
Money market funds	15,001,500	1,500
Fixed income investments	20,000,000	20,000,000
Pooled Investment Fund	127,199,666	108,049,603
	<u>177,201,166</u>	150,051,103
Tax-exempt financing fund – capital acquisitions		
Cash and cash equivalents	–	23,636,404
Deferred compensation		
Mutual funds	1,727,591	1,518,651
	<u>\$ 189,035,254</u>	<u>\$ 185,320,293</u>

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

3. Investments and Assets Whose Use is Limited (continued)

The following summarizes investment returns and their classification in the consolidated statements of operations and changes in net assets for the years ended December 31

	<u>2012</u>	<u>2011</u>
Dividends and interest, net of investment expenses	\$ 3,988,247	\$ 1,972,948
Net realized gains on investments	4,003,486	9,055,501
Gain (loss) from equity method investments in Pooled Investment Fund	415,585	(327,984)
Losses from Pooled Investment Fund, due to other-than-temporary decline in investments	(1,024,645)	(299,244)
Net unrealized gains (losses) on investments	6,357,004	(9,402,551)
	<u>\$ 13,739,677</u>	<u>\$ 998,670</u>
Reported as follows		
Other revenue	\$ 1,086,814	\$ 1,563,353
Non-operating investment income, net	6,295,859	8,837,868
Net unrealized gain (loss) on investments included in unrestricted net assets	6,357,004	(9,402,551)
	<u>\$ 13,739,677</u>	<u>\$ 998,670</u>

At December 31, 2012, the Hospital owns approximately 79% of the total Pooled Investment Fund. The total Pooled Investment Fund includes a diversified portfolio, comprised of

Money market funds	3%
Cash	1%
Domestic common and preferred stock	9%
Fixed income mutual funds	14%
Equity mutual funds	14%
Common collective trusts	10%
Limited partnerships	49%

The pooled investment fund investments, excluding limited partnerships which are reported at cost, are classified as 79% and 75% Level 1 and 21% and 25% Level 2 at December 31, 2012 and 2011, respectively. Level 1 includes money market funds, cash, domestic common and preferred stock, fixed income mutual funds, and equity mutual funds. Level 2 includes common collective trusts.

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

3. Investments and Assets Whose Use is Limited (continued)

Fair Value Measurements

The fair value of the investments and assets whose use is limited owned directly by the Hospital, are recorded based upon quoted market prices for Level 1 investments and other measures as described in Note 2 for Level 2 investments. The following table presents these financial assets as of December 31, 2012 and 2011 under the fair value hierarchy.

	2012	2011
Level 1		
Money market funds	\$ 15,189,606	\$ 61,048
Cash	15,003,614	24,383,119
Mutual funds	1,727,591	1,518,651
US Treasury securities	12,928,114	10,924,101
Total level 1	44,848,925	36,886,919
Level 2		
Government fixed income investments	7,018,485	5,922,598
Corporate fixed income securities	17,716,447	17,780,438
Total level 2	24,734,932	23,703,036
Total	\$ 69,583,857	\$ 60,589,955

4. Property and Equipment

Property and equipment consist of the following at December 31

	2012	2011
Land	\$ 2,968,355	\$ 68,355
Land improvements	4,767,207	4,306,608
Buildings and improvements	250,081,827	231,282,475
Equipment	207,542,206	304,965,922
Construction-in-progress	9,568,959	10,233,120
Equipment under capital leases	12,950,882	11,321,363
	487,879,436	562,177,843
Less accumulated depreciation and amortization	244,296,382	331,800,119
	\$ 243,583,054	\$ 230,377,724

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

4. Property and Equipment (continued)

In 2012, the Hospital wrote off approximately \$120,000,000 in gross assets that were fully depreciated and no longer in use. This impacted gross property and equipment, which was offset by accumulated depreciation with no impact on the amounts stated on the consolidated balance sheet and the consolidated statement of operations and changes in net assets as of December 31, 2012.

5. Long-Term Obligations

Long-term debt consists of the following at December 31:

	Interest Rate(s)	Due Date	2012	2011
2005 Revenue Bonds	4.00% – 4.48%	Through 2035	\$ 51,345,000	\$ 54,620,000
Capital lease obligations	0.27% – 3.25%	Through 2017	3,229,999	9,566,704
Tax-exempt financing agreement	2.33%	Through 2021	48,778,223	53,745,461
			103,353,222	117,932,165
Unamortized premium			1,566,229	1,675,933
Current portion			(9,834,662)	(11,517,807)
			\$ 95,084,789	\$ 108,090,291

In June 2005, the Dormitory Authority of the State of New York issued \$71,295,000 of its revenue bonds (2005 Revenue Bonds) to defease outstanding Rochester General Hospital FHA-insured revenue bonds issued in 1993 and provide financing for certain Hospital renovations and expansion. The 2005 Revenue Bonds are insured by a financial guaranty insurance policy issued by Radian Asset Assurance, Inc. The insurance policy is non-cancelable during its term and provides for the prompt payment of principal and interest on the bonds.

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

5. Long-Term Obligations (continued)

The 2005 Revenue Bonds are secured by the pledge and assignment of a security interest in the gross receipts of the Hospital. Under the terms of the 2005 Revenue Bonds indenture, the Hospital is required to maintain certain deposits with a trustee, including proceeds available for future construction-in-progress. Such deposits are included with assets whose use is limited in the accompanying consolidated balance sheets, and are comprised of the following funds at December 31:

	2012	2011
Construction fund	\$ 4,884,884	\$ 4,881,592
Debt service fund	593,551	577,315
Debt service reserve fund	5,221,613	5,232,543
	<u>10,700,048</u>	<u>10,691,450</u>
Current portion	(593,551)	(577,315)
	<u><u>\$ 10,106,497</u></u>	<u><u>\$ 10,114,135</u></u>

In addition, the 2005 Revenue Bonds indenture and insurance policy place limits on the incurrence of additional borrowings and require that the Hospital satisfy certain measures of financial performance. The Hospital is in compliance with such requirements for the years ending December 31, 2012 and 2011. The fair value of the 2005 Revenue Bonds is estimated based on the current rates offered to the Hospital for debt of the same remaining maturities and other valuation considerations, and is classified as Level 2. The recorded amounts of other long-term debt and long-term liabilities approximate fair value.

The fair values and carrying values of the 2005 Revenue Bonds approximate the following at December 31:

	2012		2011	
	Fair Value	Carrying Value	Fair Value	Carrying Value
2005 Revenue Bonds	\$ 52,573,000	\$ 51,345,000	\$ 53,048,000	\$ 54,620,000

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

5. Long-Term Obligations (continued)

In February 2013, Monroe County Industrial Development Corporation issued Series 2013 Tax-Exempt Revenue Bonds (2013 Revenue Bonds) in the amount of \$101,520,000 on behalf of the Hospital. The funds received were used to defease the 2005 Revenue Bonds, and will provide financing for certain Hospital renovations and expansions. The 2013 Revenue Bonds will mature from December 2013 to 2042 and were issued at coupon rates ranging from 3.75% to 4.0%. The 2013 Revenue Bonds are secured by the pledge and assignment of a security interest in the gross receipts of the Hospital. Under the terms of the 2013 Revenue Bond indenture, the Hospital is required to maintain certain deposits with a trustee. In addition, the bond indenture places limits on the incurrence of additional borrowings and requires that the Hospital satisfy certain measures of financial performance to be calculated at the end of each fiscal year.

In 2011, the Hospital entered into a tax-exempt financing agreement with the Dormitory Authority of New York and JPMorgan Chase Bank, N.A. for \$54,969,000. The agreement is a tri-party financing agreement that enabled the Hospital to purchase capital equipment on a tax-exempt basis. All equipment purchased under this agreement has been placed in service. The Hospital will continue to make payments on the financing agreement through 2021. As of December 31, 2012, the escrow for future purchases or reimbursement for qualifying purchases made by the Hospital has been depleted.

In 2010, the Hospital entered into a promissory note payable agreement with HUB Properties for approximately \$8,288,000. The Hospital purchased a building for the relocation of support services. The note was fully repaid in August 2011. In 2011, Hospital entered into a medical records licensing agreement with Epic Systems Corporation for approximately \$11,934,000, which is recorded as a capital lease obligation. The remaining payments were subsequently paid in full in February 2012. In 2012, the Hospital entered into a capital lease for a Da Vinci Robot with De Landen for approximately \$1,805,000. The payments will continue through 2017.

Approximate annual principal payments of long-term debt outstanding at December 31, 2012 for the five-year period are as follows: 2013 – \$9,835,000, 2014 – \$9,450,000, 2015 – \$8,999,000, 2016 – \$7,138,000 and 2017 – \$7,079,000.

Interest payments approximated \$4,001,000 in 2012 and \$3,492,000 in 2011.

During 2012 and 2011, the Hospital capitalized interest in the amount of approximately \$205,000 and \$199,000, respectively.

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

6. Operating Leases

Operating lease rental expense, relating primarily to the rental of facilities and equipment was approximately \$13,371,000 and \$12,780,000 for the years ended December 31, 2012 and 2011, respectively

Future minimum rental commitments under non-cancelable operating leases (with an initial or remaining term in excess of one year) at December 31, 2012, are as follows

2013	\$ 7,063,271
2014	6,079,073
2015	5,065,314
2016	3,755,773
2017	2,783,819
Thereafter	9,302,075
	<u>\$ 34,049,325</u>

7. Commitments and Contingencies

The Hospital records reserves and related insurance recoveries receivable for professional and general liability, health care for employees and workers' compensation losses, and loss adjustment expenses. These reserves include estimates for claims incurred but not reported (IBNR) and estimates of future trends in loss severity and frequency and other factors, which could vary as the losses are ultimately settled. Accordingly, the actual amounts incurred and recovered may vary significantly from the estimated amounts included in the accompanying consolidated financial statements.

Professional and General Liability

The Hospital purchases its primary professional and general liability insurance, with limits of \$3,500,000 per claim and \$25,000,000 in the aggregate per policy year, through GRACO under a retrospectively rated claims-made policy based upon the experience of GRACO's insureds. The Hospital has prepaid expenses of approximately \$14,099,000 and \$10,887,000 for 2012 and 2011, respectively, for related premiums on the basis of the group's experience, which is included in due from affiliates on the accompanying consolidated balance sheets.

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

7. Commitments and Contingencies (continued)

The Hospital purchases claims-made excess professional and general liability insurance from an insurance company under a policy that insures the System and its affiliates. This policy provides \$43,500,000 insurance per claim and \$65,000,000 in the aggregate per policy year for the System on a system wide basis, in excess of the primary insurance limits provided by GRACO.

Professional liability and other claims have been filed against the Hospital and subscribing physician and non-physician providers by various claimants. In addition, other claims for which damages are as yet unspecified also exist. Management does not anticipate that any future effects of such claims would have a significant impact on the Hospital's financial condition.

The Hospital's allocation of the actuarially determined estimate for professional liability claims, including outstanding and IBNR claims, at an estimated present value using a discount rate of 2% at December 31 are as follows, and are included in accrued insured and self-insured liabilities in the accompanying consolidated balance sheets.

	<u>2012</u>	<u>2011</u>
Professional liability reserves	\$ 53,284,605	\$ 53,981,113
Reinsurance recoveries receivable	42,760,797	43,683,831
Net exposure for insured and self insured claims	<u>\$ 10,523,808</u>	<u>\$ 10,297,282</u>

Workers' Compensation

The Trust maintains stop-loss insurance coverage for all individual claims with a loss value exceeding \$400,000. The Hospital has a deposit of approximately \$12,755,000 and \$12,122,000 at December 31, 2012 and 2011, respectively, with the Trust, which is classified as other assets in the accompanying consolidated balance sheets. Losses are accrued based upon the trustee's estimate of the aggregate liability for claims incurred by members, based on actuarially determined amounts. Total costs incurred by the Hospital approximated \$2,685,000 and \$4,046,000 in 2012 and 2011, respectively.

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

7. Commitments and Contingencies (continued)

The Hospital's portion of the actuarially determined reserve for workers' compensation at an estimated present value using a discount rate of 2% at December 31 are as follows, and are included in accrued insured and self-insured liabilities in the accompanying consolidated balance sheets

	<u>2012</u>	<u>2011</u>
Workers' Compensation Reserve	\$ 32,469,789	\$ 29,067,377
Insurance recoveries receivable	10,830,887	6,593,062
Net exposure for insured and self insured claims	<u>\$ 21,638,902</u>	<u>\$ 22,474,315</u>

Health

The Hospital is a participant in the System's self-insured Medical Health Plan (the Health Plan). The Plan maintains stop-loss insurance coverage for losses exceeding \$300,000 per insured per year. The Hospital provides for their portion of the cost of IBNR claims which approximated \$3,138,000 and \$2,779,000 as of December 31, 2012 and 2011, respectively, and is included in accrued expenses in the accompanying consolidated balance sheets.

8. Pension and Postretirement Plans

The Hospital provides retirement benefits through participation in the Rochester General Health System Employee Retirement Plan, a defined benefit pension plan (the Pension Plan) sponsored by the System for its affiliates that covers substantially all of the System's affiliate employees. The Pension Plan bases benefits upon both credited years of service and final average earnings. It is the policy of the System to fund at least the minimum amounts required by the Employee Retirement Income Security Act. The funding policy is based on actuarially determined cost methods allowable under IRS regulations. The Hospital's pension expense, which represents allocable contributions to the plan, approximated \$20,238,000 and \$20,730,000 in 2012 and 2011, respectively.

The Hospital also provides certain health care and life insurance benefits for retired employees through its participation in a postretirement plan sponsored by the System for its affiliates. Full-time employees who retire after age 62 with 20 years of service and dependents of employees who retired before January 1, 1993, are eligible for medical benefits. For medical benefits, employees who retired prior to January 1, 1993 receive the full premium, with the System

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

8. Pension and Postretirement Plans (continued)

directly paying the premium cost to a third-party administrator. Employees who retire on or after January 1, 1993, receive an amount which is fixed at the System's share of the 1993 premium level. Dental benefits cover full-time employees and dependents of employees who retired before January 1, 1994, after age 62 with 20 years of service. Life insurance benefits cover employees working at least 30 hours per week who retire at age 55 or older. The System has the right to modify or terminate this plan in the future. Postretirement benefit expense, which represents allocable contributions for the Hospital, for 2012 and 2011 approximated \$547,000 and \$601,000, respectively.

The Hospital also has a non-contributory tax-exempt 403(b) tax sheltered annuity plan covering employees meeting certain eligibility requirements. In addition, the Hospital has a deferred compensation plan which permits certain key employees to defer a portion of their compensation. The deferred compensation, which is funded through investments with third-party financial services companies, is distributable in cash after retirement or termination of employment and is separately recorded in the accompanying consolidated balance sheets as an asset and a liability.

9. Transactions With Affiliates

The Hospital and other affiliates of the System have entered into an agreement for financial support of the System which requires the Hospital to fund a prorated share of corporate management and general operating expenses. The Hospital's allocated costs aggregated approximately \$9,616,000 for 2012 and \$7,536,000 for 2011, which are included in purchased services and supplies in the accompanying consolidated statements of operations and changes in net assets. The Hospital provides centralized accounting, billing and information system services, to other System affiliates and purchases certain goods on their behalf. The Hospital charges the affiliates for the services on a cost basis. Reimbursement for these expenses approximated \$5,429,000 for 2012 and \$5,349,000 for 2011.

The Hospital provides stop-loss insurance coverage to Independent Living for Seniors (ILS), an affiliate, for inpatient expenses that exceed a \$63,000 deductible per participant per year in 2012 and 2011. Under the terms of the agreement, ILS remitted approximately \$96,000 for 2012 and \$93,000 for 2011 in reinsurance premiums to the Hospital. The Hospital reimbursed ILS approximately \$38,000 and \$125,000 in 2012 and 2011, respectively, for claims exceeding the attachment point.

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

9. Transactions With Affiliates (continued)

There are no specific repayment terms related to the amounts due from and to affiliates. Amounts are generally settled on a quarterly basis. Following is a summary of the amounts due to and due from affiliates as of December 31.

	2012	2011
Due from affiliates		
Current portion		
GRACO	\$ 14,098,550	\$ 10,887,435
Newark Wayne Community Hospital	2,119,040	2,085,896
Rochester General Long Term Care, Inc	3,946,151	2,336,727
Independent Living for Seniors, Inc	3,100,629	2,595,581
Rochester General Health System Behavioral Health Network, Inc	313,462	42,799
RGH Foundation	866,439	4,433,704
Lattimore Community Surgicenter, Inc	1,432,710	494,820
Rochester General Health System Workers' Compensation Trust	10,851,609	10,803,738
Rochester General Health System	5,305,782	5,322,301
Greater Rochester Health System Foundation	5,292,321	—
Greater Rochester Independent Practice Association, Inc	899,293	373,246
Total current portion	48,225,986	39,376,247
Non-current portion		
Greater Rochester Health System Foundation	4,136,413	4,136,413
	<u>\$ 52,362,399</u>	<u>\$ 43,512,660</u>
	2012	2011
Due to affiliates		
Current portion		
Greater Rochester Health System Foundation	\$ —	\$ 3,351,189
	<u>\$ —</u>	<u>\$ 3,351,189</u>

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

10. Net Assets

At December 31, 2012 and 2011, temporarily and permanently restricted net assets include the beneficial interest in net assets of the RGH Foundation

Temporarily restricted net assets are available for the following purposes at December 31

	<u>2012</u>	<u>2011</u>
Education and research	\$ 10,059,324	\$ 8,218,462
Equipment and facility improvements	3,835,453	5,023,126
Hospital support and clinical programs	10,170,646	10,116,797
	<u>\$ 24,065,423</u>	<u>\$ 23,358,385</u>

Permanently restricted net assets are available for the following purposes at December 31

	<u>2012</u>	<u>2011</u>
Education and research	\$ 818,695	\$ 818,655
Hospital support and clinical programs	7,288,742	7,287,489
	<u>\$ 8,107,437</u>	<u>\$ 8,106,144</u>

RGH Foundation maintains endowments consisting of numerous individual donor-restricted funds established for a variety of purposes, which are held in perpetuity. Net assets associated with endowment funds are classified and reported based on donor-imposed restrictions.

RGH Foundation has attempted to provide a predictable stream of funding to programs supported by their endowments while seeking to maintain the purchasing power of the endowment assets. RGH Foundation funds are invested with a goal of producing the highest long-term rate of return without materially exceeding an acceptable level of long-term volatility. Endowment assets are invested in the Pooled Investment Fund.

Total return on donor-designated endowment funds is reported in temporarily restricted net assets. The total amounts accumulated are considered available for distribution. Unrestricted funds are distributed in the same year as the investment returns are received. Restricted funds are distributed based on requests received from the Hospital and approved by the RGH Foundation board.

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

10. Net Assets (continued)

Funds With Deficiencies

From time-to-time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the value of the original gift. There were no deficiencies as of December 31, 2012 or 2011.

Interpretation of Relevant Law

Permanently restricted net assets represent endowments that have been restricted by donors to be maintained in perpetuity. The Hospital follows the requirements of the New York Prudent Management of Institutional Funds Act (NYPMIFA) passed into law effective September 2010 as they relate to its permanently restricted net assets. Prior to the enactment of the law, the Hospital followed the requirements of the Uniform Management of Institutional Funds Act (UMIFA). The Hospital has interpreted NYPMIFA, which did not have a significant effect on the Hospital's endowment policies that were in effect prior to the enactment, as requiring the preservation of the fair value of the original gift, as of the gift date, of the donor-restricted endowment fund absent explicit donor stipulations to the contrary. The Hospital classifies as permanently restricted net assets the original value of the gifts donated to the permanent endowment and the original value of subsequent gifts to the permanent endowment. Returns on the permanent endowment are used in accordance with the direction of the applicable donor gift. Returns on permanently restricted net assets are classified as temporarily restricted net assets until the amounts are appropriated for expenditure in accordance with a manner consistent with the standard of prudence prescribed by NYPMIFA. In accordance with NYPMIFA, the Hospital considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the fund, (2) the purposes of the donor-restricted endowment fund, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) where appropriate and circumstances would otherwise warrant, alternatives to expenditure of the endowment fund, giving due consideration to the effect that such alternatives may have on the institution, (6) the expected total return from income and the appreciation of investments, (7) other resources of the Hospital, and (8) the investment and spending policies of the Hospital. The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment.

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

10. Net Assets (continued)

Changes in Endowment Net Assets

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, January 1, 2011	\$ 1,666,637	\$ 8,043,863	\$ 9,710,500
Investment return			
Investment income	470,258	—	470,258
Net appreciation (realized and unrealized)	(504,682)	—	(504,682)
Total investment return	(34,424)	—	(34,424)
Contributions	—	62,281	62,281
Appropriation of endowment assets for expenditure	(475,360)	—	(475,360)
Endowment net assets, December 31, 2011	1,156,853	8,106,144	9,262,997
Investment return			
Investment income	207,703	—	207,703
Net appreciation (realized and unrealized)	326,397	—	326,397
Total investment return	534,100		534,100
Contributions	—	1,293	1,293
Appropriation of endowment assets for expenditure	(259,713)	—	(259,713)
Endowment net assets, December 31, 2012	\$ 1,431,240	\$ 8,107,437	\$ 9,538,677

Rochester General Hospital and Affiliates

Notes to Consolidated Financial Statements (continued)

11. Functional Expenses

The Hospital provides health care and other services. Expenses related to providing these functions are as follows for the years ended December 31:

	<u>2012</u>	<u>2011</u>
Health care services	\$ 561,745,297	\$ 525,176,088
General and administrative	152,747,884	147,758,172
Total expenses	<u>\$ 714,493,181</u>	<u>\$ 672,934,260</u>

12. Subsequent Events

As discussed in Note 5, in February 2013, Monroe County Industrial Development Corporation issued Series 2013 Tax-Exempt Revenue Bonds (2013 Revenue Bonds) in the amount of \$101,520,000 on behalf of the Hospital. The funds received were used to defease the 2005 Revenue Bonds, and will provide financing for certain Hospital renovations and expansions.

Management of the Hospital has evaluated subsequent events and transactions through April 30, 2013, which is the date these audited financial statements were issued. Other than the matter discussed above, no events have occurred that require disclosure in, or adjustment to, the consolidated financial statements.

Supplementary Information

Report of Independent Auditors on Supplementary Information

The Board of Directors
Rochester General Hospital

We have audited the consolidated financial statements of Rochester General Hospital and Affiliates as of and for the year ended December 31, 2012, and have issued our report thereon dated April 30, 2013, which contained an unqualified opinion on those consolidated financial statements. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of selected financial ratios is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Ernst & Young LLP

April 30, 2013

Rochester General Hospital and Affiliates

Schedule of Selected Financial Ratios

Year Ended December 31, 2012

Debt service coverage ratio

Income from operations	\$ 18,351,197
Interest expense	3,927,247
Depreciation and amortization expense	34,169,357
Adjusted income [1]	<u>\$ 56,447,801</u>
Interest expense	\$ 3,927,247
Current portion of long-term debt at December 31, 2012	9,834,662
Total debt service [2]	<u>\$ 13,761,909</u>
Debt service coverage ratio [1/2]	<u>4 10</u>

Days cash on hand

Cash and cash equivalents, investments and Board designated assets whose use is limited at December 31, 2012 [3]	<u>\$ 198,273,089</u>
Operating expenses net of depreciation and amortization expense [4]	<u>\$ 680,323,824</u>
Days cash on-hand [3/4*365]	<u>106 38</u>

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