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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE ROCHESTER GENERAL HOSPITAL

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
ROCHESTER, NY 14621

D Employer identification number
16-0743134

E Telephone number
(585) 922-4000

G Gross receipts $ 931,460,934

F Name and address of principal officer
ERIC J BIEBER MD
100 KINGS HIGHWAY SOUTH
ROCHESTER, NY 14617

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

H(b) Are all subordinates 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 ROCHESTERREGIONAL ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1847

M State of legal domicile NY

Part I Summary

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	24
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	8,066
6	Total number of volunteers (estimate if necessary)	**6**	598
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	786,210
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,875,918	5,704,681
9	Program service revenue (Part VIII, line 2g)	845,099,777	877,346,312
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,722,046	9,203,407
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,753,847	22,181,841
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	876,451,588	914,436,241
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	140,000	130,000
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)	459,091,157	486,774,316
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	381,153,546	391,523,299
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	840,384,703	878,427,615
19	Revenue less expenses Subtract line 18 from line 12	36,066,885	36,008,626

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	833,553,487	873,413,503
21	Total liabilities (Part X, line 26)	434,721,696	453,359,827
22	Net assets or fund balances Subtract line 21 from line 20	398,831,791	420,053,676

Net Assets or Fund Balances

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 — 2016-11-14 Date

THOMAS R CRILLY CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ANGELA M FRANCO	ANGELA M FRANCO			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 or note to any line 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 $ 705,238,619 including grants of $ 130,000) (Revenue $ 894,418,578)

SEE SCHEDULE OROCHESTER REGIONAL HEALTH (RRH) COMPRISES SEVERAL AFFILIATED ORGANIZATIONS THAT HAVE BEEN PROVIDING A CONTINUUM OF HIGH QUALITY HEALTH CARE SERVICES TO RESIDENTS OF THE GREATER ROCHESTER AND SURROUNDING REGIONS RRH SERVES AS THE PARENT OF THE SYSTEM THE HEALTH CARE AFFILIATES OF RRH INCLUDE (1) ROCHESTER GENERAL HOSPITAL (RGH), (2) UNITY HOSPITAL OF ROCHESTER, (3) NEWARK WAYNE COMMUNITY HOSPITAL (INCLUDING DEMAY LIVING CENTER), (4) CLIFTON SPRINGS HOSPITAL & CLINIC, INCLUDING ITS SKILLED NURSING FACILITY (5) UNITED MEMORIAL MEDICAL CENTER, (6) ROCHESTER MENTAL HEALTH CENTER, A NETWORK OF MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS, (7) ROCHESTER GENERAL LONG-TERM CARE, D/B/A HILL HAVEN, A SKILLED NURSING HOME, (8) INDEPENDENT LIVING FOR SENIORS, D/B/A ELDERONE, (9) PRCD, INC , (10) EDNA TINA WILSON LIVING CENTER, (11) PARK RIDGE LIVING CENTER, (12) UNITY HOUSING GROUP, AND (13) ACM MEDICAL LABORATORY ADDITIONALLY, UNDER THE RRH UMBRELLA IS AN EXTENSIVE NETWORK OF PRIMARY CARE AND SPECIALIZED PHYSICIAN PRACTICES LOCATED THROUGHOUT MONROE, GENESEE, ONTARIO AND WAYNE COUNTIES RGH IS A 528 BED TERTIARY CARE FACILITY SERVING THE WNY COMMUNITY FOR MORE THAN 150 YEARS WITH NATIONALLY RECOGNIZED PROGRAMS IN CARDIAC, CANCER, ORTHOPEDIC, VASCULAR, SURGICAL AND DIABETES CARE RGH IS HOME TO THE SANDS CONSTELLATION HEART INSTITUTE (SHCI INDEPENDENTLY RECOGNIZED EIGHT TIMES AS ONE OF THE NATION'S TOP 100 CARDIAC CENTERS) SHCI 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 RGH HAS A STRATEGIC ALLIANCE WITH ROCHESTER INSTITUTE OF TECHNOLOGY, ALLOWING FOR MEANINGFUL AND PRODUCTIVE COLLABORATION ON BIOMEDICAL RESEARCH EDUCATION THE COMMITMENT OF THE RGH'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 ▶** 705,238,619

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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	436		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8,066		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25		
	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	24		
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			No
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, address, and telephone number of the person who possesses the organization's books and records ▶ HUGH CHISHOLM 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 (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 or note to any line in this Part VII . . . . . ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								8,354,630	7,984,572	2,632,933

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 10

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
ROCHESTER RADIOLOGY ASSOCIATES 1255 PORTLAND AVE 2ND FLOOR ROCHESTER, NY 14621	PHYSICIAN SERVICES	17,120,876
UNIVERSITY OF ROCHESTER SCHOOL OF MEDICI 601 ELMWOOD AVENUE BOX 706 ROCHESTER, NY 14642	PHYSICIAN SERVICES	4,656,572
DGA BUILDERS LLC 1170 PITTSFORD VICTOR ROAD PITTSFORD, NY 14534	CONSTRUCTION	4,226,164
JOHN W DANFORTH COMPANY 300 COLVIN WOOD PARKWAY TONAWANDA, NY 14150	MECHANICAL CONTRACTORS	2,545,296
HARRIS BEACH PLLC 99 GARNSEY ROAD PITTSFORD, NY 14534	LEGAL SERVICES	1,566,093

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 ▶ 63

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d	939,413			
	e	Government grants (contributions) 1e	4,765,268			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	5,704,681			
Program Service Revenue		Business Code				
	2a	NET PATIENT REVENUE	621110	863,345,202	862,561,243	783,959
	b	RENTAL REVENUE FROM RELATED PARTI	531120	2,915,474	2,915,474	
	c	RESEARCH	541700	2,096,471	2,096,471	
	d	SCHOOL OF NURSING	611600	1,032,041	1,032,041	
	e					
	f	All other program service revenue		7,957,124	7,957,124	
	g	**Total.** Add lines 2a–2f . . . . . ▶		877,346,312		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		4,248,488		4,248,488
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	4,999,029 / 16,980,583			
	b	Less cost or other basis and sales expenses	0 / 17,024,693			
	c	Gain or (loss)	4,999,029 / -44,110			
	d	Net gain or (loss) . . . . . ▶		4,954,919		4,954,919
	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		2,154,330		2,154,330
	b	PARKING 812930		1,240,897		1,240,897
	c	GIFT SHOP 453220		928,138		928,138
	d	All other revenue		17,858,476	17,856,225	2,251
	e	**Total.** Add lines 11a–11d . . . . . ▶		22,181,841		
	12	**Total revenue.** See Instructions . . . . . ▶		914,436,241	894,418,578	786,210

Part IX Statement of Functional Expenses

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

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

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 domestic organizations and domestic governments See Part IV, line 21	130,000	130,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,726,738	3,151,562	575,176	
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	390,001,078	311,515,709	78,485,369	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,290,096	20,211,845	5,078,251	
9 Other employee benefits	34,718,918	27,747,359	6,971,559	
10 Payroll taxes	33,037,486	26,403,559	6,633,927	
11 Fees for services (non-employees)				
a Management				
b Legal	2,568,609	2,052,832	515,777	
c Accounting	1,343,015	1,073,338	269,677	
d Lobbying	81,581	81,581		
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)	77,694,817	62,077,316	15,617,501	
12 Advertising and promotion	2,096,532	1,675,548	420,984	
13 Office expenses	195,484,684	156,231,359	39,253,325	
14 Information technology	15,784,366	12,614,865	3,169,501	
15 Royalties				
16 Occupancy	19,553,910	15,627,485	3,926,425	
17 Travel	1,781,859	1,424,062	357,797	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,308,848	4,242,831	1,066,017	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,385,004	31,476,495	7,908,509	
23 Insurance	5,174,376	4,135,361	1,039,015	
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	15,802,623	15,802,623		
b OTHER EXPENSES	7,155,836	5,718,944	1,436,892	
c DUES AND SUBSCRIPTIONS	2,307,239	1,843,945	463,294	
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	878,427,615	705,238,619	173,188,996	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 or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		62,544,554	1	42,348,392
	2	Savings and temporary cash investments		44,473,042	2	18,832,136
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		46,194,110	4	52,513,532
	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	500,000
	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		3,313,371	8	2,214,876
	9	Prepaid expenses and deferred charges		9,134,905	9	13,682,626
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 622,117,792			
	b	Less accumulated depreciation	10b 341,621,164	277,450,058	10c	280,496,628
	11	Investments—publicly traded securities		95,877,443	11	157,402,323
	12	Investments—other securities See Part IV, line 11		108,680,854	12	107,844,271
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		185,885,150	15	197,578,719
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		833,553,487	16	873,413,503
Liabilities	17	Accounts payable and accrued expenses		79,893,564	17	97,335,184
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		132,169,481	20	123,802,387
	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		2,004,316	23	969,170
	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		220,654,335	25	231,253,086
	26	**Total liabilities.** Add lines 17 through 25		434,721,696	26	453,359,827
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		365,152,763	27	386,224,588
	28	Temporarily restricted net assets		25,571,317	28	25,719,659
	29	Permanently restricted net assets		8,107,711	29	8,109,429
		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		398,831,791	33	420,053,676
	34	Total liabilities and net assets/fund balances		833,553,487	34	873,413,503

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	914,436,241
2	Total expenses (must equal Part IX, column (A), line 25)	2	878,427,615
3	Revenue less expenses Subtract line 2 from line 1	3	36,008,626
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	398,831,791
5	Net unrealized gains (losses) on investments	5	-11,176,993
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	-3,609,748
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	420,053,676

Part XII Financial Statements and Reporting

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (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			
LINDA BECKER DIRECTOR	1 00 1 00	X						0	0	0
ERIC BIEBER MD CEO	18 00 37 00	X		X				741,989	582,992	1,085,764
ROBERT DOBIES CHAIR OF THE BOARD	1 00 1 00	X						0	0	0
MICHAEL R NUCCITELLI VICE CHAIR	1 00 1 00	X						0	0	0
FAHEEM A R MASOOD TREASURER	1 00 1 00	X						0	0	0
DANIEL MEYERS DIRECTOR	1 00 1 00	X						0	0	0
THOMAS PENN MD DIRECTOR	1 00 1 00	X						0	0	0
JOHN RIEDMAN DIRECTOR	1 00 1 00	X						0	0	0
RACHEL ADONIS DIRECTOR	1 00 1 00	X						0	0	0
ROBERT SANDS SECRETARY	1 00 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
RALPH DESTEPHANO DIRECTOR	1 00 1 00	X						0	0	0
ROBERT HAVRILLA DIRECTOR	1 00 1 00	X						0	0	0
JAGAT MEHTA MD DIRECTOR	1 00 1 00	X						0	0	0
ELIZABETH PATTON PHD DIRECTOR	1 00 1 00	X						0	0	0
THOMAS RILEY DIRECTOR	1 00 1 00	X						0	0	0
NANCY FERRIS PHD DIRECTOR	1 00 1 00	X						0	0	0
JOHN GENIER MD DIRECTOR	1 00 1 00	X						0	0	0
TARUN KOTHARI MD DIRECTOR	1 00 1 00	X						0	0	0
ANNA LYNCH DIRECTOR	1 00 1 00	X						0	0	0
LEONARD OLIVIERI DIRECTOR	1 00 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
EFRAIN RIVERA DIRECTOR	1 00 1 00	X						0	0	0
LEON T SAWYKO DIRECTOR	1 00 1 00	X						0	0	0
JUSTIN SMITH DIRECTOR	1 00 1 00	X						0	0	0
KAREN M GALLINA DIRECTOR	1 00 1 00	X						0	0	0
JEFFREY C MAPSTONE DIRECTOR	1 00 1 00	X						0	0	0
DEREK TENHOOPEN MD MEDICAL STAFF PRESIDENT	1 00 1 00	X						0	0	0
THOMAS R CRILLY CFO	15 00 40 00			X				142,206	365,672	376,725
ROBERT NESSELBUSH COO	25 00 30 00			X				579,537	214,349	563,235
HUGH THOMAS CAO	20 00 35 00			X				437,851	187,650	449,405
ROB CERCEK PRESIDENT	55 00 0 00			X				264,337	0	121,564

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

(A) Name and Title	(B) Average hours per week (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			
VINCENT CHANG PHYSICIAN	40 00					X		1,242,690	0	6,789
PATRICK RIGGS PHYSICIAN	40 00					X		1,079,239	0	4,774
DAVID CHEERAN PHYSICIAN	40 00					X		974,012	0	6,768
GORDON WHITBECK PHYSICIAN	40 00					X		755,838	0	5,369
RONALD KIRSHNER PHYSICIAN	40 00					X		2,136,931	0	4,597
MARK CLEMENT FORMER CEO	0 00 0 00						X	0	1,591,897	4,097
WARREN HERN FORMER CEO	0 00 0 00						X	0	5,042,012	3,846

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

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 (Form 990 or 990-EZ))

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320058656

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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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-
2					
3					
4					
5					
6					

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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
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?		No	
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?	Yes		48,669
j	Total Add lines 1c through 1i			48,669
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

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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	THE AMOUNT REFLECTED ON PART II-B, LINE 1I REPRESENTS THE PORTION OF MEMBERSHIP DUES PAID TO HEALTH CARE ASSOCIATION OF NYS (HANYS) AND AMERICAN HOSPITAL ASSOCIATION (AHA) ATTRIBUTABLE TO LOBBYING ACTIVITIES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

1a If the organization elected, as permitted under 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) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

3 Using the organization's 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided 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	8,107,711	8,107,562	8,107,437	8,106,144	8,043,862
b	Contributions	1,718	149	125	1,293	62,282
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	8,109,429	8,107,711	8,107,562	8,107,437	8,106,144

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 on lines 2a, 2b, and 2c should equal 100%

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		7,633,145		7,633,145
b Buildings		300,422,878	122,953,743	177,469,135
c Leasehold improvements				
d Equipment		278,047,527	218,667,421	59,380,106
e Other		36,014,242		36,014,242
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				280,496,628

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMON COLLECTIVE TRUSTS	5,702,284	F
(B) HEDGE FUNDS	102,141,987	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	107,844,271	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	80,168,472
(2) BENEFICIAL INT IN RGHF ASSETS	35,588,522
(3) OTHER ASSETS	67,407,663
(4) ESTIMATED THIRD PARTY REC	14,414,062
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	197,578,719

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
DEFERRED COMPENSATION	2,071,474
ACCRUED SELF INSURANCE	86,606,253
ESTIMATED 3RD PARTY PAYABLE	128,913,250
UNAMORTIZED PREMIUM	6,215,348
DUE TO AFFILIATES	7,446,761
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	231,253,086

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	945,925,159
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) 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	32,222,946		
e	Add lines **2a** through **2d**			2e	32,222,946
3	Subtract line **2e** from line **1**			3	913,702,213
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	734,028		
c	Add lines **4a** and **4b**			4c	734,028
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	914,436,241

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	917,424,539
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	39,730,952		
e	Add lines **2a** through **2d**			2e	39,730,952
3	Subtract line **2e** from line **1**			3	877,693,587
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	734,028		
c	Add lines **4a** and **4b**			4c	734,028
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	878,427,615

Part XIII Supplemental Information

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

Return Reference	Explanation
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 XIII Supplemental Information *(continued)*

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RECLASSED FROM EXPENSE 734,028
PART XII, LINE 2D - OTHER ADJUSTMENTS	WESTERN NEW YORK EXPENSES 39,730,952
PART XII, LINE 4B - OTHER ADJUSTMENTS	RECLASSED TO REVENUES 734,028

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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			
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 eligibile 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)			17,992,449	12,252,025	5,740,424	0 670 %
b Medicaid (from Worksheet 3, column a)			142,130,131	130,663,112	11,467,019	1 330 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			22,498,503	20,609,138	1,889,365	0 220 %
d **Total** Financial Assistance and Means-Tested Government Programs			182,621,083	163,524,275	19,096,808	2 220 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			23,828,410	9,953,907	13,874,503	1 610 %
g Subsidized health services (from Worksheet 6)			145,246,440	138,415,073	6,831,367	0 790 %
h Research (from Worksheet 7)			1,060,513	1,060,513		
i Cash and in-kind contributions for community benefit (from Worksheet 8)			197,850		197,850	0 020 %
j **Total.** Other Benefits			170,333,213	149,429,493	20,903,720	2 420 %
k **Total.** Add lines 7d and 7j			352,954,296	312,953,768	40,000,528	4 640 %

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

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1	Yes	
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	15,802,623		
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	11,037,642		
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	103,358,184		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	130,247,245		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-26,889,061		
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, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	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
See Additional Data Table										

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)

Name of hospital facility or letter of facility reporting group ROCHESTER GENERAL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	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 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
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 significant 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 Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) WWW ROCHESTERREGIONAL ORG			
b	☐ Other website (list url)			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 14			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW ROCHESTERREGIONAL ORG			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, 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 (FAP)

ROCHESTER GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
13	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 included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) WWW ROCHESTERREGIONAL ORG			
b	☐ The FAP application form was widely available on a website (list url) WWW ROCHESTERREGIONAL ORG			
c	☐ A plain language summary of the FAP was widely available on a website (list url) WWW ROCHESTERREGIONAL ORG			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	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 individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

ROCHESTER GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (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 individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	**21**	Yes	
	If "No," indicate why			
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 Section C)			
d	☐ Other (describe in Section C)			

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

22	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 Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual 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?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V **Facility Information** *(continued)*

Section D. 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? **61**

	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

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

Form and Line Reference	Explanation
PART I, LINE 6A	ROCHESTER GENERAL HOSPITAL'S COMMUNITY BENEFIT REPORT IS INCLUDED IN THE COMMUNITY BENEFIT REPORT FOR ROCHESTER REGIONAL HEALTH, A RELATED NOT-FOR-PROFIT ORGANIZATION, AS PART OF THE JOINT COMMUNITY BENEFIT REPORT DISTRIBUTED BY MONROE COUNTY, NY

Form and Line Reference	Explanation
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 HOSPITAL'S MEDICARE COST REPORT WAS USED FOR LINE 7F, WHICH UTILIZES WORKSHEET B, PART I

Form and Line Reference	Explanation
PART I, LINE 7G	N/A - NO PHYSICIAN CLINIC COSTS WERE INCLUDED ON LINE 7G

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	TOTAL EXPENSES ON FORM 990, PART IX, LINE 25, COLUMN (A) ARE $878,427,615 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT IS $15,802,623 AFTER BAD DEBT WAS DEDUCTED FROM TOTAL EXPENSES, THE AMOUNT OF TOTAL EXPENSES USED TO CALCULATE THE PERCENT IN LINE 7, COLUMN (F) WAS $862,624,992

Form and Line Reference	Explanation
PART I, LINE 7E	DURING 2015 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 SPRING INTO SAFETYTHIS EVENT PROVIDES SAFETY EDUCATION INFORMATION TO THE RESIDENTS OF ROCHESTER WITH DISTRIBUTION OF 257 BICYCLE HELMETS TO CHILDREN AGE 3-12 (EACH HELMET IS FITTED DIRECTLY TO THE CHILD), AN ADDITIONAL 743 HELMETS WERE DISTRIBUTED TO CHILDREN AT PEDIATRIC OFFICES AND AT OTHER COMMUNITY LOCATIONS 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, IN ITS 21ST YEAR, PROVIDES OVER 50 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 HELD ON SEPTEMBER 13, 2015, THE EVENT WAS HELD AT A LOCAL SCHOOL WITH 165 FAMILIES AND THEIR FAMILIES ATTENDING VOLUNTEERS INCLUDED ROCHESTER GENERAL HOSPITAL PEDIATRIC EMPLOYEES, RESIDENTS FROM THE RGH DENTAL CLINIC, ROCHESTER INSTITUTE OF TECHNOLOGY STUDENTS RURAL METRO EMPLOYEES AND MEMBERS OF THE ROCHESTER POLICE AND FIRE DEPARTMENTS CANCER SERVICES WOMEN'S DAY OF SCREENING (AUGUST)ALEXANDER PARK IMAGING (RGH), IN CONJUNCTION WITH THE CANCER SERVICES PROGRAM OF MONROE COUNTY, CONDUCTED FIVE WOMEN'S DAY OF SCREENING EVENTS TO PROVIDE IMAGING SERVICES TO 30 WOMEN AGE 40 AND OLDER WHO ARE UNINSURED THE APPOINTMENTS INCLUDED A CLINICAL BREAST EXAM AND A SCREENING MAMMOGRAM AN ADDITIONAL 57 WOMEN RECEIVED SCREENING AT VARIOUS ROCHESTER REGIONAL LOCATIONS THROUGH THE CANCER SERVICES PROGRAM REGIONAL HEALTH FAIR PARTICIPATIONASSEMBLYMAN MORELLI HEALTHFAIR FAMILY HEALTH AND FITNESS FAIRAS A SYSTEM, ROCHESTER REGIONAL HEALTH ALSO OFFER HEALTHCARE FOR THE HOMELESS AND CENTERING PREGNANCY - HEALTH CARE FOR THE HOMELESS PROGRAM HCHP PROVIDES COMPREHENSIVE MEDICAL AND DENTAL CARE TO HOMELESS INDIVIDUALS AND FAMILIES WHO ARE CURRENTLY EXPERIENCING HOMELESSNESS IN THE ROCHESTER CITY AND MONROE COUNTY AREA SERVICES ARE PROVIDED AT AREA HOMELESS SHELTERS, OUR MOBILE MEDICAL UNIT AND THE CLINIC LOCATED AT 819 WEST MAIN STREET IN 2015, THERE WERE 4160 ENCOUNTERS SERVING 2004 PATIENTS SERVICES INCLUDE PRIMARY CARE SERVICES, DIABETIC AND NUTRITION EDUCATION, PRIMARY DENTAL SERVICES AND INTENSIVE CASE MANAGEMENT SERVICES CENTERING PREGNANCY IS AN EVIDENCE-BASED MODEL OF PRENATAL CARE PROVEN TO REDUCE PRETERM DELIVERIES AND IMPROVE BIRTH OUTCOMES FOR MOTHERS AND THEIR BABIES IN 2015, 85 WOMEN PARTICIPATED IN THIS PROGRAM AT NEWARK WAYNE COMMUNITY HOSPITAL, 97 AT THE CLINTON WOMEN'S CENTER, 78 AT THE PORTLAND WOMEN'S CENTER, AND 42 AT ALEX PARK WOMEN'S CENTER HOLIDAY EVENTSRGH HOSTED EVENTS FOR UNDERSERVED PEDIATRIC POPULATION- SAFE HALLOWEEN PARTY, 365 CHILDREN ATTENDED- TOY DRIVE IN PARTNERSHIP WITH VISION AUTOMOTIVE GROUP- COME SEE SANTA EVENT, 461 GIFTS DISTRIBUTED- HOLIDAY PARTY, 401 ATTENDEES WITH PHOTOS WITH SANTA, GAMES, CRAFTS, AND SANTA DISTRIBUTING STUFFED ANIMALS DONATED BY THE PIRATE TOY FUND- KOHL'S CARES FOR KIDS, VOLUNTEER READERS AND SALES ASSOCIATES DONATE FUNDS AND ITEMS (STUFFED ANIMALS AND BOOKS) SPONSORSHIPSROCHESTER REGIONAL HEALTH AND THE LIPSON CANCER ARE MAJOR SPONSORS AND PARTNER WITH GILDA'S CLUB AND THE AMERICAN CANCER SOCIETY, TO PROVIDE SUPPORT TO CANCER PATIENTS AND THEIR FAMILIES, LOCALLY AS WELL AS SUPPORT CANCER RESEARCH ROCHESTER REGIONAL SPONSORS AND SUPPORTS THE AMERICAN DIABETES ASSOCIATION, INCLUDING THE TOUR DE CURE EVENT AND 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 OTHEROTHER COMMUNITY ACTIVITIES WERE SPONSORED AND/OR STAFFED BY EMPLOYEES INCLUDING MARCH OF DIMES, XEROX ROCHESTER INTERNATIONAL JAZZ FESTIVAL, TOTAL SPORTS EXPERIENCE, IMAGINE RIT AND THE FLOWER CITY CHALLENGE AS WELL AS INTERNAL FUNDRAISERS (HURRICANE RELIEF, SCHOOL SUPPLIES, ETC)

Form and Line Reference	Explanation
PART III, LINE 4	IN 2015, 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 2015 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 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 UNCOLLECTIBLE RECEIVABLES AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, THE HOSPITAL FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY THE HOSPITAL ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE HOSPITAL'S POLICIES 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 2015, 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 2015 RESULTED IN ADDITIONAL PATIENTS QUALIFYING FOR CHARITY CARE AND A REDUCTION TO BAD DEBT EXPENSE

Form and Line Reference	Explanation
PART III, LINE 8	MEDICARE COSTING METHODOLOGY THE ORGANIZATION USED THE FILED 2015 CMS COST REPORT TO DETERMINE THE MEDICARE ALLOWABLE COSTS OF CARE RELATING TO PAYMENTS RECEIVED FROM MEDICARE MEDICARE SHORTFALLS, WHICH ARE COSTS INCURRED BY THE HOSPITAL TO PROVIDE QUALITY CARE AND TREATMENT TO ITS PATIENTS, SHOULD BE TREATED AS A COMMUNITY BENEFIT TO NOT INCUR THESE COSTS WOULD POTENTIALLY LIMIT OR EVEN COMPROMISE THE QUALITY OF SERVICE PROVIDED

Form and Line Reference	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, THAN NO BILL IS SENT TO THE PATIENT IF LESS THAN 100% CHARITY CARE IS AWARDED, THAN THE PATIENT WILL RECEIVE A BILL PURSUANT TO THE PRIVATE PAY COLLECTION POLICY ONLY AFTER PATIENT'S LIABILITY HAS BEEN DETERMINED FOLLOWING PROCESSING OF APPLICATIONS FOR GOVERNMENT ASSISTANCE, CHARITY CARE, AND/OR INSURANCE CARRIER REMITTANCE WILL THE PATIENT STATEMENT BE MAILED FOR PAYMENT RECOVERY THE HOSPITAL'S COLLECTION PRACTICES SET FORTH IN ITS WRITTEN DEBT COLLECTION POLICY APPLY TO ALL PATIENT TYPES OF THE HOSPITAL

Form and Line Reference	Explanation
PART VI, LINE 2	THROUGH A TWELVE YEAR COLLABORATIVE EFFORT WITH MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH, ROCHESTER REGIONAL HEALTH (THE PARENT OF ROCHSTER GENERAL HOSPITAL) AND THE FOLLOWING OTH ER HOSPITALS OF MONROE COUNTY, PARTNERED IN HELPING TO IDENTIFY UNMET AND EMERGING HEALTH CARE NEEDS IN THE MONROE COUNTY COMMUNITY 1) UNITY HOSPITAL2) STRONG MEMORIAL HOSPITAL3) H IGHLAND 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 DEPARTMEN T OF PUBLIC HEALTH THE VISION FOR HEALTH ACTION IS A CONTINUOUS, MEASURABLE IMPROVEMENT I N HEALTH STATUS IN MONROE COUNTY THIS IS IMPLEMENTED BY SELECTING PRIORITIES FOR ACTION F ROM HEALTH GOALS IDENTIFIED IN COMMUNITY HEALTH REPORT CARDS IN EACH OF THE FOLLOWING FOCU S AREAS - MATERNAL AND CHILD HEALTH- ADOLESCENT HEALTH- ADULT/OLDER ADULT HEALTH- ENVIRONM ENTAL HEALTHTHE PROCESS USED BY HEALTH ACTION FOR EACH FOCUS AREA ABOVE IS - ASSESS HEALTH STATUS- CHOOSE PRIORITY GOALS- DEFINE LEADERSHIP- DEVELOP IMPROVEMENT PLANS- PERFORM INTE RVENTIONS- MEASURE THE IMPACTTO ACCOMPLISH A COMMUNITY ENGAGED HEALTH STATUS ASSESSMENT, T HE STEERING COMMITTEE OF HEALTH ACTION ESTABLISHED FIVE SUBCOMMITTEES TO DEVELOP THE INITI AL 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, IDE NTIFYING FIVE TO TEN GOAL AREAS, PREPARING REPORT CARDS FOR PUBLICATION, AND MAKING RECOMM ENDATIONS ABOUT PRIORITIES FOR ACTION PUBLICATION DATES OF THE MOST RECENT REPORT CARDS A RE AS FOLLOWS - MATERNAL CHILD HEALTH REPORT CARD - 2011- ADOLESCENT HEALTH REPORT CARD - 2012- ADULT/OLDER ADULT HEALTH REPORT CARD - 2008- ADULT HEALTH ASSESSMENT - 2012AFTER THE PUBLICATION OF EACH REPORT CARD, THE RESPECTIVE REPORT CARD COMMITTEE HOSTS A SERIES OF C OMMUNITY FORUMS WITH HEALTH PROFESSIONALS, COMMUNITY ORGANIZATIONS AND MONROE COUNTY RESID ENTS IN ORDER TO OBTAIN INPUT ON WHICH HEALTH GOALS SHOULD BE PRIORITIES FOR ACTION DURIN G THE FORUMS THERE IS A BRIEF PRESENTATION OF THE GOALS AND MEASURES CONTAINED IN THE REPO RT CARD FORUM PARTICIPANTS ARE THEN ASKED TO RANK THE GOALS BASED ON THE FOLLOWING CRITER IA - IMPORTANCE, - SENSITIVITY TO INTERVENTION,- CONTROL, - AND TIMELINESSIN ADDITION, PA RTICIPANTS ARE ASKED WHICH GOAL THEY THINK SHOULD BE A PRIORITY FOR ACTION IN 2006, THE A DOLESCENT HEALTH REPORT CARD COMMITTEE CONDUCTED 22 FORUMS WITH 284 PARTICIPANTS INCLUDING YOUTH, PARENTS, AND PROFESSIONALS THAT WORK WITH YOUTH BASED ON THE FEEDBACK RECEIVED DU RING 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 REPRES ENTATIVES 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 ACTIVI TY AND IMPROVE NUTRITION- IMPROVE PREVENTION AND MANAGEMENT OF CHRONIC DISEASE- IMPROVE ME NTAL 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 AGEND A PRIORITIES - INCREASE PHYSICAL ACTIVITY AND IMPROVE NUTRITION- IMPROVE PREVENTION AND MA NAGEMENT OF CHRONIC DISEASE ALL OF THE PARTICIPATING HEALTHCARE AGENCIES, INCLUDING RGH, C OMMITTED TO DEVELOP AND ENHANCE THEIR PHYSICAL ACTIVITY AND NUTRITION INITIATIVES WITHIN T HEIR OWN ORGANIZATION TO POSITIVELY AFFECT THEIR EMPLOYEE AND PATIENT POPULATIONS INCLUDIN G 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 T HE SECOND LARGEST EMPLOYER IN THE COUNTY, OTHER INITIATIVES BY RGH INCLUDE CAMPUS WALKING TRAILS, WALKING WORKS' COLLABORATIVE WITH THE OTHER COUNTY HOSPITALS AND INSURANCE COVERAG E FOR PROGRAMS IN NUTRITION & WEIGHT MANAGEMENT SERVICES TO MANAGE OBESITY THE INITIATIVE S TO IMPROVE PREVENTION AND MANAGEMENT OF CHRONIC DISEASE ARE - IMPROVE ASTHMA CARE OF CHI LDREN THROUGH ESTABLISHMENT OF THE BREATH OF HOPE ASTHMA PROGRAM - IMPROVE DIABETES CARE I N 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 IMPLEMEN TED INITIALLY IN 2009 A NEW ADULT HEALTH SURVEY WAS ADMINISTERED IN SPRING AND SUMMER OF 2 012, COLLECTING 1800 RESPONSES, OF WHICH HALF WERE

Form and Line Reference	Explanation
PART VI, LINE 2	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 AN D LATINO RESIDENTS THOSE RESULTS WILL BE ANALYZED IN 2013 AND ALONG WITH OTHER NYS AND LO CAL 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 P RIORITY AREAS OF PREVENTING CHRONIC DISEASE, PROMOTING HEALTHY AND SAFE ENVIRONMENTS, HEAL THY WOMEN, INFANTS AND CHILDREN, PROMOTING MENTAL HEALTH AND PREVENTING SUBSTANCE ABUSE AN D PREVENTING STD, VACCINE PREVENTABLE DISEASE AND HEALTHCARE ASSOCIATED INFECTIONS FOLLOWI NG THE ASSESSMENT, THE COMMITTEE CONDUCTED A PRIORITIZATION PROCESS THAT RESULTED IN IDENT IFYING FOUR MAIN HEALTH PRIORITIES FOR THE COMMUNITY 1 OBESITY RATES 2 SMOKING RATES ES PECIALLY CITY RESIDENTS 3 BLOOD PRESSURE CONTROL FOR THOSE DIAGNOSED WITH HIGH BLOOD PRES SURE 4 CHRONIC DISEASE MANAGEMENT THE THREE YEAR PLAN OF ACTION 2014-2016 DEVELOPED TO IM PACT THE HEALTH PRIORITIES FOR THE AREA WERE PRIORITY 1 WORKSITE WELLNESS - EACH HOSPITAL WILL MAKE THREE SIGNIFICANT ACTIONS TO IMPROVE THE WELLNESS OF THEIR EMPLOYEES IN THREE Y EARS ROCHESTER GENERAL HAS OPENED A FREE TO EMPLOYEES FITNESS CENTER WITH CLASSES, EQUIPM ENT, AND WELLNESS SUPPORT THE ORGANIZATIONS WILL ALSO REACH OUT TO SUPPORT SMALL AND MEDI UM BUSINESSES TO MODEL WELLNESS INITIATIVES PRIORITY 2 SMOKING CESSATION - EACH HOSPITAL WILL PUT A POLICY IN PLACE TO PROACTIVELY ENROLL PATIENTS IN THE NYS OPT TO QUIT PROGRAMP RIORITY 3 CHRONIC DISEASE MANAGEMENT - IN PARTICULAR, THERE IS A COMMUNITY WIDE BLOOD PRE SSURE COLLABORATIVE TO WITH PARTICULAR FOCUS ON OUTREACH TO THE AT RISK URBAN POPULATION

Form and Line Reference	Explanation
PART VI, LINE 3	ROCHESTER REGIONAL 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 ROCHESTER REGIONAL 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 ROCHESTER REGIONAL'S WEBSITE AND PATIENTS WITH A SELF-PAY BALANCE ARE NOTIFIED OF OUR FINANCIAL ASSISTANCE PROGRAM VIA THE PATIENT'S STATEMENT ROCHESTER REGIONAL 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 PROGRAMS, 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 ROCHESTER REGIONAL FINANCIAL ASSISTANCE PROGRAM OFFERS FREE OR REDUCED-PRICES FOR PATIENTS TREATED AT A ROCHESTER REGIONAL 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 PROGRAMS, AND/OR STATE AID FOR CHILDREN WITH SPECIAL NEEDS ARE CONSIDERED FOR FINANCIAL ASSISTANCE (CHARITY CARE)

Form and Line Reference	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 94,000 PATIENTS VISITED THE EMERGENCY DEPARTMENT, AND THERE WERE OVER 43,500 INPATIENT/OBSERVATION DISCHARGES AND 1,223,800 OUTPATIENT ENCOUNTERS IN MONROE COUNTY, OUR PRIMARY SERVICE AREA, THE POPULATION IS 72% WHITE, 15% AFRICAN AMERICAN, AND 8% HISPANIC (AMERICAN COMMUNITY SURVEY 2010-2014) FROM AMERICAN COMMUNITY SURVEY 2010-2014 INFORMATION, APPROXIMATELY 15 4% 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 37% ARE WHITE, 39% ARE AFRICAN AMERICAN AND 17% ARE HISPANIC OR LATINO THE CITY OF ROCHESTER HAS A POVERTY RATE THAT IS DOUBLE THAT OF THE ENTIRE COUNTY AT 34% 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

Form and Line Reference	Explanation
PART VI, LINE 5	MEDICAL STAFFRGH MEDICAL STAFF HAS 1,554 CURRENTLY ACTIVE STAFF MEMBERS THESE PHYSICIANS REPRESENT A BROAD SPECTRUM OF PRIMARY CARE AND SPECIALTY SERVICES AS AN AFFILIATE OF ROCHESTER REGIONAL HEALTH, 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/AUXILIANSMEMBERS OF COMMUNITIES FROM ACROSS MONROE AND SURROUNDING COUNTIES HAVE ALWAYS PLAYED AN IMPORTANT ROLE IN ADVOCATING FOR, AND OFFERING ASSISTANCE AT RGH IN 2015, 598 VOLUNTEERS PROVIDED MORE THAN 60,500 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

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	NY

Form and Line Reference	Explanation
PART VI, LINE 6	ROCHESTER REGIONAL HEALTH (ROCHESTER REGIONAL) (I E THE PARENT ORGANIZATION AND ITS RELAT ED AFFILIATES) HAS PROVIDED HIGH QUALITY HEALTHCARE SERVICES TO THE GREATER ROCHESTER NY A REA AND SURROUNDING REGIONS FOR MORE THAN 150 YEARS ROCHESTER REGIONAL IS THE SECOND LARG EST EMPLOYER IN ROCHESTER AND AN INTEGRAL PART OF THE COMMUNITY ROCHESTER REGIONAL HAS A NATIONALLY RECOGNIZED HEART PROGRAM AND A NATIONALLY ACCREDITED CANCER CENTER ROCHESTER R EGIONAL OFFER PATIENTS MANY OF THE SAME LEADING EDGE TREATMENT OPTIONS FOUND AT THE COUNTR Y'S FINEST MEDICAL CENTERS FROM SURGERY TO ORTHOPEDICS, WOMEN'S HEALTH TO EMERGENCY CARE, PEOPLE ALL ACROSS WESTERN NY TURN TO ROCHESTER REGIONAL FOR THEIR EXPERIENCE, COMPASSION AND EXPERTISE IN HELPING THEM GET BACK TO LIVING THEIR LIVES POVERTY TRENDS, COMMUNITY HE ALTH RESEARCH AND NEEDS ASSESSMENTS ARE REVIEWED ON A REGULAR BASIS WHILE PLANNING COMMUNI TY HEALTH PROGRAMS ROCHESTER REGIONAL REPRESENTATIVES ARE ACTIVELY ENGAGED IN VARIOUS COM MUNITY HEALTH COLLABORATIVE WITH THE LOCAL HEALTH DEPARTMENTS, STATE HEALTH DEPARTMENT, AN D LOCAL NOT-FOR-PROFIT HEALTH AND HUMAN SERVICE AGENCIES ROCHESTER REGIONAL IS RESPONSIVE TO COMMUNITY PRIORITIES AND DEVELOPS PROGRAMS AND SERVICES THAT FILL A GAP OR SUPPLEMENT AN EXISTING PROGRAM MOST ROCHESTER REGIONAL COMMUNITY HEALTH OUTREACH PROGRAMS ARE OFFERE D IN PARTNERSHIP WITH OTHER COMMUNITY ORGANIZATIONS OR GOVERNMENTAL AGENCIES, IN ORDER TO LEVERAGE RESOURCES TO MEET COMMUNITY NEEDS INFORMATION REGARDING THE AVAILABILITY OF COMM UNITY HEALTH PROGRAMS, ASSISTANCE WITH HEALTH INSURANCE ENROLLMENT AND FINANCIAL ASSISTANC E FOR MEDICAL CARE RECEIVED AT ROCHESTER REGIONAL HOSPITALS, EMERGENCY DEPARTMENTS, OUTPAT IENT DEPARTMENTS OR LONG-TERM CARE FACILITIES ARE DISSEMINATED TO THE PUBLIC IN ELECTRONIC (WEBSITE) FORM ROCHESTER GENERAL HOSPITAL (RGH), THE FLAGSHIP OF THE ROCHESTER REGIONAL H EALTH, IS A REGIONAL LEADER IN HEALTH CARE THIS 528-BED ACUTE CARE, TEACHING HOSPITAL SER VES THE GREATER ROCHESTER, NY REGION AND BEYOND ROCHESTER GENERAL HOSPITAL'S NATIONALLY R ECOGNIZED 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 FAC ILITY, HAS STRONG REFERRAL RELATIONSHIPS WITH SEVERAL REGIONAL HOSPITALS ROCHESTER GENERA L 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 DIA BETES CARE DISTINCTIONS FOR QUALITY INCLUDE DESIGNATION AS A SOLUCIENT/THOMPSON TOP 100 C ARDIAC HOSPITAL AND DESIGNATION BY NEW YORK STATE AND THE JCAHO AS AN ACCREDITED STROKE CE NTER HIGH QUALITY CLINICAL CARE PROVIDED AT ROCHESTER GENERAL IS AMPLIFIED BY RELATIONSHI PS AND AFFILIATIONS WITH NATIONALLY RENOWNED INSTITUTIONS SUCH AS THE CLEVELAND CLINIC (FO R CARDIAC CARE) AND ROSWELL PARK CANCER INSTITUTE UNITY HOSPITAL IS LOCATED ON THE UNITY P ARK RIDGE HEALTH CARE CAMPUS IN THE TOWN OF GREECE AND IS PART OF UNITY HEALTH SYSTEM KEY PROGRAMS INCLUDE UNITY HOSPITAL'S JOINT REPLACEMENT CENTER, FAMILY BIRTH PLACE, SPINE CEN TER, DIABETES, CENTER, STROKE CENTER, EMERGENCY CENTER, CHEMICAL DEPENDENCY, AND BRAIN INJ URY & REHABILITATION IN AN EFFORT TO PROVIDE THE BEST POSSIBLE PATIENT CARE, UNITY HOSPIT AL COMPLETED A FOUR-YEAR $158 MILLION MODERNIZATION AND EXPANSION PROJECT THAT RE-ENGINEER ED THE HOSPITAL CAMPUS TO MEET THE NEEDS OF THE COMMUNITY TODAY, THE 154-ACRE UNITY HOSPI TAL CAMPUS IS A 268-BED HOSPITAL THAT INCLUDES ALL BRAND NEW PRIVATE ROOMS NEWARK-WAYNE CO MMUNITY HOSPITAL (NWCH) HAS SERVED GENERATIONS OF WAYNE COUNTY RESIDENTS SINCE 1957, AND M ANY HAVE BECOME MEMBERS OF OUR GROWING HEALTHCARE FAMILY WITH NEW, LEADING-EDGE MEDICAL T ECHNOLOGY, A DIRECT PARTNERSHIP WITH ROCHESTER REGIONAL HEALTH, AND HIGHLY TRAINED STAFF, NWCH CONTINUES TO GROW IN EVERY ASPECT OF ITS HEALTHCARE DELIVERY THE HOSPITAL IS LICENSE D TO OPERATE 120 ACUTE CARE BEDS, WHICH INCLUDES 82 MEDICAL/SURGICAL BEDS, 16 ADULT MENTA L HEALTH BEDS, 8 ICU BEDS AND 14 OBSTETRICAL BEDS NWCH ALSO OFFERS A FULL ARRAY OF OUTPAT IENT SERVICES INCLUDING AN EMERGENCY DEPARTMENT, CARDIAC REHABILITATION, LAB SERVICES, DIA GNOSTIC 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 DEMA Y LIVING CENTER IN 1994, A 180-BED SKILLED NURSING FACILITY DEMAY LIVING CENTER OFFERS SK ILLED NURSING CARE, A DEMENTIA UNIT, A NEUROBEHAVIORAL UNIT, A REHABILITATION DEPARTMENT A ND 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 PRO GRAMS TO BETTER MEET IDENTIFIED NEEDS WCRHN IS ON

Form and Line Reference	Explanation
PART VI, LINE 6	E OF 35 SUCH NETWORKS IN NYS CLIFTON SPRINGS HOSPITAL AND CLINIC (CSHC) IS A 262-BED HOSPI TAL WITH A LEVEL OF TECHNOLOGY CONSISTENT WITH THAT OF LARGE URBAN HOSPITALS THE MAIN HOS PITAL IS PHYSICALLY LOCATED IN CLIFTON SPRINGS, MIDWAY BETWEEN (BUT NORTH OF) GENEVA AND C ANANDAIGUA CSHC'S PRIMARY SERVICE AREA CONSISTS OF FOUR COUNTIES IN THE CENTRAL FINGER LA KES REGION OF UPSTATE NEW YORK ONTARIO, WAYNE, SENECA AND YATES CLIFTON SPRINGS HOSPITAL & CLINIC IS A NOT-FOR-PROFIT HEALTH CARE SYSTEM PROVIDING GENERAL ACUTE CARE, PRIMARY CAR E, NURSING HOME CARE, CANCER CARE, PROGRAMS FOR BEHAVIORAL HEALTH AND ADDICTION RECOVERY, AND SPECIALTY CARE TO RESIDENTS OF AND VISITORS TO THE CENTRAL FINGER LAKES REGION THE FI NGER LAKES COMMUNITY CANCER CENTER (FLCCC) IS LOCATED ON THE MAIN CAMPUS AND WAS THE FIRST FULL TREATMENT CANCER CENTER IN THE FINGER LAKES REGION FLCCC PARTICIPATES IN CLINICAL T RIALS, OFFERS MONTHLY CANCER CONFERENCES, YEARLY SYMPOSIUMS AND SUPPORT GROUPS THE FINGER LAKES RADIATION ONCOLOGY HAS ONE OF FIVE INTENSITY MODULATED RADIATION THERAPY UNITS IN N EW YORK STATE FOR TREATING PROSTATE CANCER THE RADIOLOGY DEPARTMENT HAS THE LATEST TECHNO LOGY AND SOPHISTICATED EQUIPMENT FOR THE EARLY DETECTION OF CANCER AND OTHER DISEASES THE BEHAVIORAL HEALTH DEPARTMENT IS THE AREA'S LARGEST AND HAS OFFERED MENTAL HEALTH AND ADDI CTION RECOVERY SERVICES LONGER THAN ANY OTHER ORGANIZATION IN THE REGION CSHC OFFERS NUME ROUS SUBSPECIALTIES INCLUDING BLOOD DISORDERS, RENAL DISEASE, DIABETES, AND REHABILITATION IN ADDITION, THE SPRINGS OF CLIFTON IS AN INTEGRATED HEALTH CARE PROGRAM, COMBINING BOTH CONVENTIONAL AND ALTERNATIVE/COMPLEMENTARY MEDICINE COMPLEMENTARY THERAPIES SUPPORT THE MAINTENANCE OF HEALTH AND WELL-BEING AND THE PROCESS OF HEALING AND INCLUDE ACUPUNCTURE, C HIROPRACTIC SERVICES, HYDROTHERAPY, MASSAGE THERAPY, NATUROPATHY, CHINESE MEDICINE, QI GON G, HERBOLOGY, AND REIKE THERAPEUTIC TOUCH UNITED MEMORIAL MEDICAL CENTER (UMMC) SERVES RE SIDENTS OF GENESEE COUNTY AND SURROUNDING RURAL COMMUNITIES THE 131-BED HOSPITAL IN BATAV IA FEATURES A NEW, STATE-OF-ART SURGICAL DEPARTMENT, A WOUND CARE CENTER, A TELEMEDICINE P ROGRAM FOR INTENSIVE CARE, A JOINT REPLACEMENT CENTER OF EXCELLENCE, TWO URGENT CARE CENTE RS AND A NUMBER OF PRIMARY AND SPECIALTY PHYSICIAN OFFICES UNITED MEMORIAL IS A NICHE HOS PITAL AND A NEW YORK STATE-DESIGNATED STROKE CENTER UNITED MEMORIAL IS THE SOLE MATERNITY SERVICES PROVIDER FOR GENESEE AND ORLEANS COUNTIES WE MANAGE THE NEW YORK STATE CANCER S ERVICES PARTNERSHIP GRANT FOR ORLEANS AND GENESEE COUNTIES AND PROVIDE ORTHOPAEDIC SERVICE S IN GENESEE, ORLEANS AND WYOMING COUNTIES ROCHESTER MENTAL HEALTH CENTER (RMHC) HAS NINE LOCATIONS ACROSS THE COMMUNITY, INCLUDING TWO OF THE AREA'S BEST MENTAL HEALTH CENTERS,GEN ESEE MENTAL HEALTH CENTER AND ROCHESTER MENTAL HEALTH CENTER, AND OVER 40 YEARS OF EXPERIE NCE AND TRADITION RMHC HAS COMPREHENSIVE SERVICES AND DEDICATED MENTAL HEALTH AND SUBSTAN CE 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 CLINIC AL MENTAL HEALTH SERVICES- READILY-ACCESSIBLE, CULTURALLY-SENSITIVE SERVICES UNIQUELY MATC HED 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 UNWAVE RING COMMITMENT TO SERVE THOSE IN THE COMMUNITY WHO HAVE EMOTIONAL NEEDS PRCD, INC OFFERS TWO COMMUNITY RESIDENCES THAT ARE UNIQUE TO UPSTATE NEW YORK, ONE FOR ADOLESCENT MALES AN D THE OTHER FOR WOMEN THESE RESIDENTS PROVIDE A STABLE HOUSING ENVIRONMENT DURING CHEMICA L DEPENDENCY TREATMENT

Form and Line Reference	Explanation
PART VI, LINE 6 (CON'T)	INDEPENDENT LIVING FOR SENIORS, D/B/A ELDERONE OFFERS A PROGRAM THAT GIVES THE FRAIL ELDER LY AN ALTERNATIVE TO NURSING HOME PLACEMENT IT IS DESIGNED TO ENABLE SENIORS TO LIVE IN T HEIR OWN HOME SERVED BY A NETWORK OF SUPPORTIVE SERVICES THE ELDERONE PROGRAM OF ALL-INCL USIVE CARE FOR THE ELDERLY (PACE), HAS PROVEN THAT INTEGRATING HEALTH CARE SERVICES CAN HA VE 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 HEAL TH, MAKING NEW FRIENDS - SIMPLIFYING HOW THEY CHOOSE AND PAY FOR NEEDED LONG-TERM CARE EL DERONE 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 AVA ILABLE TO AN ILS PARTICIPANT, INCLUDING ADULT DAY CARE, PRIMARY CARE, LABORATORY, X-RAY A ND AMBULANCE SERVICES, REHABILITATIVE AND SUPPORT SERVICES, MEDICAL SPECIALTY SERVICES, SK ILLED NURSING CARE, ACUTE HOSPITAL CARE, IN-HOME SERVICES, INTERDISCIPLINARY CONSULTATION, AND NURSING HOME CARE SHOULD THE NEED ARISE EDNA TINA WILSON LIVING CENTER IS A 120-BED S KILLED NURSING FACILITY THE EDNA TINA WILSON LIVING CENTER USES AN INNOVATIVE NEIGHBORHOO D DESIGN, WITH RESIDENT ROOMS CLUSTERED AROUND THE ACTIVITY CENTER AND THE LIVING AND DINI NG AREAS, TO PROMOTE MORE SOCIAL AND INTERACTIVE LIVING EDNA TINA WILSON LIVING CENTER CA RES FOR THE PHYSICAL AND MEDICAL NEEDS OF RESIDENTS, AND IS A NATIONAL MODEL OF CARE FOR T HE SPECIAL NEEDS OF THOSE WITH ALZHEIMER'S DISEASE AND OTHER MEMORY IMPAIRMENTS THE LIVIN G CENTER ALSO SPECIALIZES IN PAIN MANAGEMENT, RESPIRATORY THERAPY, IV THERAPY, PERITONEAL DIALYSIS SERVICES, RESPITE CARE, AND HOSPICE CARE FOR ITS RESIDENTS PARK RIDGE LIVING CENT ER IS A 120-BED SKILLED NURSING FACILITY THAT INCLUDES THE WEGMAN FAMILY COTTAGES AND THE 40-BED TIMOTHY R MCCORMICK TRANSITIONAL CARE CENTER THE WEGMAN FAMILY COTTAGES ARE DESIGN ED AROUND THE SMALL HOME CONCEPT EACH OF THE FOUR RANCH-STYLE COTTAGE HOMES HAS 20 PRIVAT E ROOMS, EACH WITH A PRIVATE BATH THE CENTRAL DINING AREA IS EASILY ACCESSIBLE WITH ADJAC ENT KITCHEN AND LIVING ROOM AREAS THE KITCHEN IS DESIGNED TO ENCOURAGE PARTICIPATION OF T HE ELDERS IN MEAL PLANNING AND PREPARATION THE WEGMAN FAMILY COTTAGES EMBRACE A NEW MODEL OF CARE FOR LIVING CENTER ELDERS, WHERE THEY ARE ENCOURAGED TO MAKE THEIR OWN CHOICES, AND PROVIDED A HOME ENVIRONMENT IN WHICH THEY WILL LIVE AND SHARE LIFE'S JOURNEY OFTEN REFER RED TO AS THE CULTURE CHANGE MODEL, THIS IS A NEW APPROACH TO TRADITIONAL SKILLED NURSING CARE COMBINING A CARING PHILOSOPHY, HOME ORGANIZATIONAL STRUCTURE, AND INVITING ARCHITECT URE, THIS APPROACH HAS CAREFULLY REMOVED INSTITUTIONALIZATION FROM THE LONG-TERM CARE MODE L SPECIALIZED SERVICES INCLUDE PHYSICAL AND OCCUPATIONAL THERAPIES, SPEECH-LANGUAGE PATHO LOGY, MEDICAL CARE, SPECIALIZED DIETARY SERVICES, SOCIAL WORK SERVICES, AND PHARMACY SERVI CES IN ADDITION, SEVERAL SPECIALTY SERVICES ARE OFFERED, INCLUDING PSYCHIATRY, DENTISTRY, AND PODIATRY ROCHESTER GENERAL LONG TERM CARE (HILL HAVEN) PROVIDES 24-HOUR SKILLED NURS ING 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 SETTI NG IN WEBSTER, NEW YORK WITH 355 BEDS, DEDICATED ROOMS FOR MINGLING AND RECREATION, AND BE AUTIFULLY LANDSCAPED GROUNDS RESIDENTS HAVE ACCESS TO IN-HOUSE MEDICAL CARE PROVIDED BY P HYSICIANS, 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 UNITY'S HOUSING GROUP OFFERS 53 9 INDEPENDENT LIVING, ASSISTED LIVING, MEMORY CARE, AFFORDABLE AND SUBSIDIZED APARTMENTS I N FIVE LOCATIONS THE VILLAGE AT UNITY WAS ONE OF THE FIRST INDEPENDENT LIVING COMMUNITIES IN THE AREA AND IS ONE OF THE LARGEST AND WELL RESPECTED COMMUNITIES AND CATERS TO SENIOR S LOOKING FOR SUPERIOR HOSPITALITY SERVICES IN 2013, A $22 MILLION EXPANSION PROJECT WAS COMPLETED, ADDING 20 NEW MEMORY CARE APARTMENTS, A NEW ASSISTED LIVING COMMUNITY, COMMUNIT Y CENTER AND MORE DINING OPTIONS PARK RIDGE CHILD CARE CENTER IS THE FIRST AND ONLY CHILD CARE CENTER IN MONROE COUNTY TO BE AWARDED THE PRESTIGIOUS PATHWAYS NATIONAL ACCREDITATION , AND CARES FOR NEARLY 150 CHILDREN OF UNITY EMPLOYEES AND THE COMMUNITY PER DAY ACM MEDIC AL LABORATORY IS A FULL SERVICE CLINICAL AND PATHOLOGY LABORATORY CONDUCTING MORE THAN 15 MILLION TESTS EVERY YEAR FOR NURSING HOMES, DOCTORS, COLLEGES, PRISONS AND COMMUNITY HOSPI TALS ACROSS THE UNITED STATES ACM IS ONE OF THE WORLD'S LARGEST PROVIDERS OF CLINICAL TRI ALS TESTING, WITH WHOLLY OWNED LABS IN THE U S AND U K , AND ALLIANCE LAB PARTNERSHIPS IN INDIA, CHINA, AUSTRALIA AND LATIN AMERICA OPERAT

Form and Line Reference	Explanation
PART VI, LINE 6 (CON'T)	IONS EXTEND TO MORE THAN 60 COUNTRIES AND OFFER A BROAD MENU OF CLINICAL, PATHOLOGY AND MO LECULAR TESTING ACM IS THE LARGEST OUTPATIENT LAB IN ROCHESTER ROCHESTER GENERAL HOSPITAL FOUNDATION, UNITY HEALTH SYSTEM FOUNDATION AND NEWARK WAYNE COMMUNITY HOSPITAL FOUNDATION S THE VITAL SERVICES THAT ROCHESTER REGIONAL PROVIDES TO THE COMMUNITY WOULD NOT BE POSSI BLE WITHOUT THE FOUNDATION SUPPORT IN THE NONPROFIT ORGANIZATIONAL STRUCTURE THE FOUNDATI ONS ARE CRITICAL TO THE ABILITY TO MAKE ONGOING INVESTMENTS IN STATE-OF-THE-ART MEDICAL TE CHNOLOGY, CLINICAL PROGRAMS, FACILITIES, RESEARCH AND EDUCATION THAT BENEFIT THE COMMUNITY AS A WHOLE THE IMPACTS OF THE FOUNDATIONS' EFFORTS ARE VISIBLE THROUGHOUT THE HOSPITALS, AND IN THEIR DISTINGUISHED CENTERS OF EXCELLENCE THE FOUNDATIONS' FUNDRAISING PROGRAMS D IRECTLY BENEFIT THE ONGOING NEEDS OF THE COMMUNITY THROUGH IMPROVED AND EXPANDED PATIENT C ARE 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

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

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, primary website address, and state license number	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	X			

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

Section D. 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?

	Name and address	Type of Facility (describe)
1	1 - RGMG ASTHMAALLERGY IMMUNOLOGY & RHEUM 222 ALEXANDER ST MONROE COURT ROCHESTER,NY 14607	FAMILY MED PRACTICE
1	2 - RGMG ASTHMAALLERGY IMMUNOLOGY & RHEUM 10 HAGEN DRIVE SUITE 20 ROCHESTER,NY 14625	FAMILY MED PRACTICE
2	3 - RGMG ASTHMAALLERGY IMMUNOLOGY & RHEUM 2300 WEST RIDGE RD 5TH FLOOR ROCHESTER,NY 14626	FAMILY MED PRACTICE
3	4 - RGMG RHEUMATOLOGY INFUSION CENTER 10 HAGEN DRIVE SUITE 330 ROCHESTER,NY 14625	FAMILY MED PRACTICE
4	5 - RGMG CENTER FOR DERMATOLOGY 20 HAGEN DRIVE SUITE 2200 ROCHESTER,NY 14625	FAMILY MED PRACTICE
5	6 - RGMG ENDOCRINE-DIABETES CARE & RESOURCE 224 ALEXANDER ST SUITE 200 ROCHESTER,NY 14607	FAMILY MED PRACTICE
6	7 - RGMG GASTROENTROLOGY 1304 DRIVING PARK AVENUE NEWARK,NY 14513	FAMILY MED PRACTICE
7	8 - RGMG GERIATRIC CONSULTATIVE SERVICE 1415 PORTLAND AVENUE SUITE 200 ROCHESTER,NY 14621	FAMILY MED PRACTICE
8	9 - RGMG ORTHOPEDICS 1425 PORTLAND AVENUE ROCHESTER,NY 14621	FAMILY MED PRACTICE
9	10 - RGMG PHYSICAL MEDICINE & REHABILITATION 10 HAGEN DRIVE SUITE 330 ROCHESTER,NY 14625	FAMILY MED PRACTICE
10	11 - RGMG PHYSICAL MEDICINE & REHABILITATION 1425 PORTLAND AVENUE ROCHESTER,NY 14621	FAMILY MED PRACTICE
11	12 - RGMG VASCULAR SURGERY ASSOCIATES 1445 PORTLAND AVENUE SUITE 108 ROCHESTER,NY 14621	FAMILY MED PRACTICE
12	13 - RGMG VEIN CENTER 20 HAGEN DRIVE SUITE 210 ROCHESTER,NY 14625	FAMILY MED PRACTICE
13	14 - RGMG BAY CREEK MEDICAL GROUP 2000 EMPIRE BLVD SUITE 120 WEBSTER,NY 14580	FAMILY MED PRACTICE
14	15 - RGMG CLINTON FAMILY HEALTH CENTER 293 UPPER FALLS BLVD ROCHESTER,NY 14605	FAMILY MED PRACTICE

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

Section D. 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?

_____

	Name and address	Type of Facility (describe)
16	16 - RGMG GENESEE INTERAL MEDICINE 222 ALEXANDER PARK STE 5000 ROCHESTER,NY 14607	FAMILY MED PRACTICE
1	17 - RGMG RIDGEWAY FAMILY MEDICINE 2350 RIDGEWAY AVENUE SUITE A ROCHESTER,NY 14626	FAMILY MED PRACTICE
2	18 - RGMG GENESEE INTERAL MEDICINE 1299 PORTLAND AVENUE SUITE 17 ROCHESTER,NY 14621	FAMILY MED PRACTICE
3	19 - RGMG LINDEN MEDICAL GROUP 30 HAGEN DRIVE SUITE 300 ROCHESTER,NY 14625	FAMILY MED PRACTICE
4	20 - RGMG LONG POND INTERNAL MEDICINE 2350 RIDGEWAY AVENUE SUITE B ROCHESTER,NY 14626	FAMILY MED PRACTICE
5	21 - RGMG NORTHRIDGE MEDICAL GROUP 1338 E RIDGE ROAD SUITE 101 ROCHESTER,NY 14621	FAMILY MED PRACTICE
6	22 - WHITE PINES MEDICAL GROUP 370 RIDGE ROAD STE 400 ROCHESTER,NY 14621	FAMILY MED PRACTICE
7	23 - RGMG ROCHESTER GENERAL MEDICAL ASSOCIATE 1425 PORTLAND AVENUE ROCHESTER,NY 14621	FAMILY MED PRACTICE
8	24 - RGMG ROCHESTER GEN MED ASSOC TWIG SITE 1425 PORTLAND AVENUE ROCHESTER,NY 14621	FAMILY MED PRACTICE
9	25 - RGMG GANANDA FAMILY PRACTICE 1200 FAIRWAY SEVEN MACEDON,NY 14502	FAMILY MED PRACTICE
10	26 - RGMG LYONS HEALTH CENTER 12 LEACH ROAD LYONS,NY 14489	FAMILY MED PRACTICE
11	27 - RGMG NEWARK INTERNAL MEDICINE 1208 DRIVING PARK AVENUE NEWARK,NY 14513	FAMILY MED PRACTICE
12	28 - RGMG SODUS INTERNAL MEDICINE 6692 MIDDLE ROAD SODUS,NY 14551	FAMILY MED PRACTICE
13	29 - RGMG WILLIAMSON FAMILY PRACTICE 4425 OLD RIDGE ROAD WILLIAMSON,NY 14589	FAMILY MED PRACTICE
14	30 - RGMG WOLCOTT INTERNAL MEDICINE 6254 LAWVILLE ROAD WOLCOTT,NY 14590	FAMILY MED PRACTICE

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

Section D. 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?

	Name and address	Type of Facility (describe)
31	31 - RGMG WOMEN'S CENTER 1415 PORTLAND AVE SUITE 400/490 ROCHESTER,NY 14621	FAMILY MED PRACTICE
1	32 - RGMG THE WOMEN'S CENTER 222 ALEXANDER ST SUITE 1100 ROCHESTER,NY 14607	FAMILY MED CENTER
2	33 - RGMG THE WOMEN'S CENTER 309 UPPER FALLS BLVD ROCHESTER,NY 14605	FAMILY MED PRACTICE
3	34 - RGMG THE WOMEN'S CENTER 1250 DRIVING PARK AVENUE NEWARK,NY 14513	FAMILY MED PRACTICE
4	35 - RGMG BAY CREEK PEDIATRIC GROUP 2000 EMPIRE BLVD SUITE 150 ROCHESTER,NY 14580	FAMILY MED PRACTICE
5	36 - RGMG GENESEE PEDIATRICS 222 ALEXANDER ST SUITE 4100 ROCHESTER,NY 14607	FAMILY MED PRACTICE
6	37 - RGMG ROCHESTER GEN PEDIATRIC ASSOCIATES 1425 PORTLAND AVENUE ROCHESTER,NY 14621	FAMILY MED PRACTICE
7	38 - RGMG PENN FAIR PEDIATRICS 2067 FAIRPORT NINE MILE POINT RD STE 110 PENFIELD,NY 14526	FAMILY MED PRACTICE
8	39 - RGMG NEWARK PEDIATRICS 1200 DRIVING PARK AVENUE NEWARK,NY 14513	FAMILY MED PRACTICE
9	40 - RGMG SODUS PEDIATRICS 6692 MIDDLE ROAD SODUS,NY 14551	FAMILY MED PRACTICE
10	41 - RGMG WILLIAMSON PEDIATRICS 4425 OLD RIDGE ROAD WILLIAMSON,NY 14589	FAMILY MED PRACTICE
11	42 - RGMG WOLCOTT PEDIATRICS 6254 LAWVILLE ROAD WOLCOTT,NY 14590	FAMILY MED PRACTICE
12	43 - RGMG ASTHMAALLERGY IMMUNOLOGY & RHEUM 2350 RIDGEWAY AVENUE SUITE B ROCHESTER,NY 14626	FAMILY MED PRACTICE
13	46 - GYNECOLOGIC ONCOLOGY - ALEXANDER PARK 222 ALEXANDER ST SUITE 1100 ROCHESTER,NY 14607	FAMILY MED PRACTICE
14	47 - RGMG ASTHMAALLERGY IMMUNOLOGY & RHEUM 12 LEACH ROAD LYONS,NY 14489	FAMILY MED PRACTICE

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

Section D. 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?

_____

	Name and address	Type of Facility (describe)
46	48 - CENTER FOR DERMATOLOGY 1208 DRIVING PARK AVENUE NEWARK,NY 14513	FAMILY MED PRACTICE
1	49 - ENDOCRINE-DIABETES CARE & RESOURCE CENT 12 LEACH ROAD LYONS,NY 14489	FAMILY MED PRACTICE
2	50 - VASCULAR SURGERY PARTNERS 75 SUNSET DR NEWARK,NY 14513	FAMILY MED PRACTICE
3	51 - DEMAY LIVING CENTER 100 SUNSET DRIVE NEWARK,NY 14513	GERIATRIC
4	52 - ELDER ONE 2066 HUDSON AVENUE ROCHESTER,NY 14617	GERIATRIC
5	54 - GENESEE HEALTH SERVICE INTERNAL MEDICINE 222 ALEXANDER STREET STE 5000 ROCHESTER,NY 14607	INTERNAL MEDICINE
6	55 - GHS REFUGEE FAMILY MEDICINE 222 ALEXANDER STE 4000 ROCHESTER,NY 14607	FAMILY MEDICINE
7	56 - NORTHEAST HEALTH SERVICE OPD 1425 PORTLAND AVENUE ROCHESTER,NY 14621	INTERNAL MEDICINE
8	57 - NORTHEAST HEALTH SERVICE TWIG SITE 1425 PORTLAND AVENUE ROCHESTER,NY 14621	INTERNAL MEDICINE
9	58 - NORTHEAST HEALTH SERVICE WOMEN'S CENTER 1415 PORTLAND AVE ROCHESTER,NY 14621	OBSTETRICS AND GYNECOLOGY
10	61 - PENN FAIR PRIMARY CARE 2200 PENFIELD ROAD PENFIELD,NY 14526	FAMILY MEDICINE
11	62 - PM&R 360 LINDEN OAKS DRIVE SUITE 200 ROCHESTER,NY 14625	PHYSICAL MEDICINE & REHABILITATION
12	63 - RGMG ORTHOPAEDICS 800 CARTER STREET ROCHESTER,NY 14621	ORTHOPAEDICS
13	64 - RGMG ORTHOPAEDICS 2000 EMPIRE BLVD WEBSTER,NY 14580	ORTHOPAEDICS
14	65 - RRH FAMILY PRACTICE RIT 181 LOMB MEMORIAL DRIVE SUITE 78-A670 ROCHESTER,NY 14623	FAMILY MEDICINE

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

Section D. 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?

_____

Name and address	Type of Facility (describe)
61 66 - VASCULAR SURGERY ASSOCIATES 20 HAGEN DRIVE SUITE 210 ROCHESTER, NY 14625	VASCULAR SURGERY

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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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
See Additional Data Table							

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
MARCH OF DIMES 3445 WINTON PLACE SUITE 121 ROCHESTER,NY 14623	13-1846366	501(C)(3)	10,000				SPONSORSHIP
GILDA'S CLUB 255 ALEXANDER STREET ROCHESTER,NY 14607	16-0836556	501(C)(3)	25,000				SPONSORSHIP
AMERICAN HEART ASSOCIATION 25 CIRCLE STREET 102 ROCHESTER,NY 14607	13-5613797	501(C)(3)	10,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROCHESTER INTERNATIONAL JAZZ FESTIVAL LLC 14 FRANKLIN STREET ROCHESTER,NY 14604	20-2498272	501(C)(3)	55,000				SPONSORSHIP
ROCHESTER PHILHARMONIC ORCHESTRA 108 EAST AVENUE ROCHESTER,NY 14604	16-0765613	501(C)(3)	10,000				SPONSORSHIP
ADVERTISING COUNCIL OF ROCHESTER 274 N GOODMAN ST SUITE B269 ROCHESTER,NY 14607	16-0741816	501(C)(3)	10,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
AMERICAN DIABETES ASSOCIATION 160 ALLENS CREEK ROAD ROCHESTER,NY 14618	13-1623888	501(C)(3)	10,000				SPONSORSHIP

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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 in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIALS INCLUDING - ERIC BIEBER, M D (PRESIDENT & CEO) - THOMAS CRILLY (CFO) - MARK CLEMENT (CEO UNTIL 11/30/14) - WARREN HERN (CEO UNTIL 11/30/14) - HUGH THOMAS (CAO) - ROBERT NESSELBUSH (COO) USED THE FOLLOWING TO ESTABLISH THEIR COMPENSATION AND BENEFITS - COMPENSATION COMMITTEE, - INDEPENDENT COMPENSATION CONSULTANT, - FORM 990 OF OTHER ORGANIZATIONS, - COMPENSATION SURVEYS AND STUDIES, - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE ON AN ANNUAL BASIS, THE ORGANIZATION USES AN INDEPENDENT COMPENSATION CONSULTANT TO REVIEW THE SALARIES FOR ALL EXECUTIVES TO ENSURE SUCH SALARIES ARE CONSISTENT WITH MARKET SALARIES PAID TO SIMILARLY SITUATED EXECUTIVES IN ADDITION, A COMPENSATION COMMITTEE REVIEWS THIS INFORMATION ANNUALLY AND IT IS THEN APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD FINALLY, EXECUTIVES RECEIVE A WRITTEN LETTER OUTLINING THE SPECIFICS OF THE COMPENSATION AGREEMENT AND THEIR EXPECTED PERFORMANCE
PART I, LINES 4A-B	SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS PROVIDE BENEFITS TO CERTAIN KEY EXECUTIVE EMPLOYEES OF THE ROCHESTER GENERAL HOSPITAL THE ORGANIZATION MAINTAINS A SECTION 457(F) PLAN WHICH WOULD BE CONSIDERED A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN DURING 2015, A DISTRIBUTION WAS PAID TO MARK CLEMENT IN 2014 AND PRIOR YEARS, THE TOTAL COMPENSATION OF THE FORMER CEO'S WAS DISCLOSED AS A COMBINATION OF CASH PAID BY THE ORGANIZATION AND DEFERRED COMPENSATION THE CASH PAYMENTS TO THE FORMER CEO'S SHOWN ON THE 2015 TAX RETURNS REPRESENTS PAYMENT OF COMPENSATION WHICH WAS RECOGNIZED IN PREVIOUS TAX RETURNS THERE WAS NO INCREMENTAL EXPENSE RECOGNIZED BY THE ORGANIZATION IN 2015 FOR PAYMENTS MADE TO THE FORMER CEO'S THE FOLLOWING OFFICERS AND KEY EMPLOYEES LISTED IN FORM 990, PART VII, SECTION A WOULD BE ELIGIBLE PARTICIPANTS IN THE PLAN SINCE THEY WOULD BE ENTITLED TO A DISTRIBUTION - HUGH THOMAS - ROBERT NESSELBUSH - ERIC BIEBER

Additional Data

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 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ERIC BIEBER MDCEO	(I)	502,903	224,952	14,134	599,377	8,650	1,350,016	168,952
	(II)	395,139	176,748	11,105	470,940	-6,797	-1,060,729	132,748
1THOMAS R CRILLYCFO	(I)	115,187	23,744	3,275	104,375	1,108	247,689	23,744
	(II)	296,194	61,056	8,422	268,392	-2,850	-636,914	61,056
2ROBERT NESSELBUSHCOO	(I)	486,243	93,294	0	406,255	4,907	990,699	93,294
	(II)	179,843	34,506	0	150,258	-1,815	-366,422	34,506
3HUGH THOMASCAO	(I)	366,591	71,260	0	309,555	5,029	752,435	71,260
	(II)	157,110	30,540	0	132,666	-2,155	-322,471	30,540
4ROB CERCEKPRESIDENT	(I)	264,337	0	0	114,188	7,376	385,901	0
	(II)	0	0	0	0	-0	-0	0
5VINCENT CHANGPHYSICIAN	(I)	826,391	416,299	0	0	6,789	1,249,479	0
	(II)	0	0	0	0	-0	-0	0
6PATRICK RIGGSPHYSICIAN	(I)	893,496	185,743	0	0	4,774	1,084,013	0
	(II)	0	0	0	0	-0	-0	0
7DAVID CHEERANPHYSICIAN	(I)	824,012	150,000	0	0	6,768	980,780	0
	(II)	0	0	0	0	-0	-0	0
8GORDON WHITBECK PHYSICIAN	(I)	679,889	75,949	0	0	5,369	761,207	0
	(II)	0	0	0	0	-0	-0	0
9RONALD KIRSHNER PHYSICIAN	(I)	1,215,595	921,336	0	0	4,597	2,141,528	0
	(II)	0	0	0	0	-0	-0	0
10MARK CLEMENT FORMER CEO	(I)	0	0	0	0	0	0	0
	(II)	0	0	1,591,897	0	-4,097	-1,595,994	1,591,897
11WARREN HERN FORMER CEO	(I)	0	0	0	0	0	0	0
	(II)	0	0	5,042,012	0	-3,846	-5,045,858	5,042,012

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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	MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION	51-0188852	61075TEC8	02-27-2013	61,656,043	FINANCE CERTAIN HOSPITAL RENOVATIONS AND EXPANSION		X		X		X
B	MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION	51-0188852	61075TEV6	02-27-2013	47,262,507	DEFEASE 2005 BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	61,656,043	47,262,507		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	4,116,110			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	983,415	792,669		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	56,556,518	46,469,838		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2013	2013		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?	X		X					
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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				
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				
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 ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		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				
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					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the 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				
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				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) ERIC BIEBER MD	CEO	PART V		X	500,000	500,000		No	Yes		Yes	
Total		▶ $				500,000						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JUSTIN SMITH	DIRECTOR	726,759	JUSTIN SMITH, IS A DIRECTOR AND A PART OWNER OF BRITE COMPUTER, WHICH PROVIDES INFORMATION TECHNOLOGY SOLUTIONS SERVICES FOR THE HOSPITAL AND SYSTEM THE TOTAL AMOUNT PAID TO SMITH IN 2015 WAS $726,759		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
PART II, LOANS TO AND FROM INTERESTED PERSONS	(C) PURPOSE OF LOAN THE ORGANIZATION HAS AN AGREEMENT WITH AND HAS PROVIDED THE EXECUTIVE WITH A $500,000 LOAN, FOR A 5 YEAR PERIOD WITH INTEREST ACCRUED AT A COMPETITIVE MARKET RATE THE ANNUAL PAYMENT, INCLUDING INTEREST, WILL BE FORGIVEN IF THE EXECUTIVE REMAINS EMPLOYED AT THE TIME THE PAYMENT IS DUE

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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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	EACH BOARD HAS AN EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS OF THE BOARD PLUS THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION AND SUCH OTHER DIRECTORS AS THE CHAIR MAY NOMINATE FROM TIME TO TIME FOR APPOINTMENT BY A MAJORITY VOTE OF THE ENTIRE BOARD BETWEEN MEETINGS OF THE BOARD, AND TO THE EXTENT PERMITTED BY LAW, THE EXECUTIVE COMMITTEE SHALL POSSESS THE POWERS OF THE BOARD WITH RESPECT TO MANAGING AND CONDUCTING THE AFFAIRS OF THE CORPORATION, EXCEPT AS OTHERWISE PROVIDED BY LAW OR WITHIN CERTAIN BY-LAWS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION IS A MEMBERSHIP (NOT A STOCK) CORPORATION UNDER NEW YORK STATE LAW THE ORGANIZATION'S SOLE CORPORATE MEMBER IS RU SYSTEM, INC D/B/A ROCHESTER REGIONAL HEALTH, A RELATED NOT-FOR-PROFIT ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	RU SYSTEM, INC D/B/A ROCHESTER REGIONAL HEALTH, AS THE SOLE CORPORATE MEMBER, ALSO HAS THE RIGHT TO APPROVE OR RATIFY SIGNIFICANT DECISIONS OF THE ORGANIZATION'S GOVERNING BODY, INCLUDING AMENDMENT OF BYLAWS AND CHARTERS, REMOVAL OF MEMBERS OF THE GOVERNING BODY, AND THE DECISION TO DISSOLVE THE ORGANIZATION

Return Reference	Explanation
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 AUDIT AND COMPLIANCE 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

Return Reference	Explanation
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

Return Reference	Explanation
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 REGIONAL HEALTH, 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

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN INTEREST IN NET ASSETS OF ROCHESTER GENERAL HOSPITAL FOUNDATION 167,739 CAPITALIZATION OF ROCHESTER GENERAL LONG TERM CARE -4,938,741 OTHER 1,161,254

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

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

(a) Name, address, and EIN (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			RGH

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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) NW ASSOCIATES LP PO BOX 111 DRIVING PARK AVENUE NEWARK, NY 14513 14-1674119	R/E LEASING	NY	NWCH	RELATED				No			No	
(2) PARMA SENIOR HOUSING 1555 LONG POND RD ROCHESTER, NY 14626 43-2082116	HILTON PROJ	NY	N/A	RELATED				No			No	
(3) UNITY SENIOR HOUSING 1555 LONG POND RD ROCHESTER, NY 14626 06-1709927	MOORE PK	NY	N/A	RELATED				No			No	
(4) LATTIMORE SERVICES LLC 125 LATTIMORE ROAD ROCHESTER, NY 14620 16-1533823	MGMT SVCS	NY	RGH	RELATED				No			No	28 000 %

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART II, COLUMN (B)	RELATED TAX-EXEMPT ORGANIZATION - PRIMARY ACTIVITY RGHS WORKERS' COMPENSATION TRUST SUPPORTS THE ROCHESTER GENERAL HOSPITAL, NEWARK WAYNE COMMUNITY HOSPITAL, ROCHESTER GENERAL LONG TERM CARE, INDEPENDENT LIVING FOR SENIORS, VIAHEALTH HOMECARE I, VIAHEALTH HOMECARE II, AND BEHAVIORAL HEALTH NETWORK, INC

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ROCHESTER GENERAL HEALTH SYSTEM 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 22-2551509	SYSTEM SUPPORT	NY	501(C)(3)	LINE 11B, II	RU SYSTEM INC	Yes	
ROCHESTER MENTAL HEALTH CENTER 490 EAST RIDGE ROAD ROCHESTER, NY 14621 16-6069131	MENTAL HEALTH	NY	501(C)(3)	LINE 9	RU SYSTEM INC	Yes	
GRHS FOUNDATION 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 22-3378111	R/E INV MGMT	NY	501(C)(3)	LINE 11B, II	RU SYSTEM INC	Yes	
THE ROCHESTER GENERAL HOSPITAL FOUNDATION 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 22-2229425	FUNDRAISING	NY	501(C)(3)	LINE 11B, II	RU SYSTEM INC	Yes	
NEWARK WAYNE COMMUNITY HOSPITAL FOUNDATION DRIVING PARK AVENUE NEWARK, NY 14513 22-2963015	FUNDRAISING	NY	501(C)(3)	LINE 11B, II	NWCH	Yes	
NEWARK WAYNE COMMUNITY HOSPITAL DRIVING PARK AVENUE NEWARK, NY 14513 15-0584188	HOSPITAL	NY	501(C)(3)	LINE 3	RU SYSTEM INC	Yes	
RGHS WORKERS' COMPENSATION TRUST 1425 PORTLAND AVENUE ROCHESTER, NY 14621 16-6429300	SEE PART VII	NY	501(C)(3)	LINE 11B, II	RU SYSTEM INC	Yes	
CONTINUING CARE NETWORK INC (CCN) 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 22-2963016	SUPPORT RGH	NY	501(C)(3)	LINE 11B, II	RU SYSTEM INC	Yes	
ROCHESTER GENERAL HUDSON HOUSING 2066 HUDSON AVENUE ROCHESTER, NY 14621 22-3210351	LOW INC HOUSING	NY	501(C)(3)	LINE 9	RU SYSTEM INC	Yes	
VIA HEALTH HOME CARE I 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 16-1504370	HOME HEALTH	NY	501(C)(3)	LINE 9	CCN	Yes	
VIA HEALTH HOMECARE II 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 16-1538727	HOME HEALTH	NY	501(C)(3)	LINE 9	CCN	Yes	
INDEPENDENT LIVING FOR SENIORS 2066 HUDSON AVENUE ROCHESTER, NY 14617 16-1491059	ADULT DAY HC	NY	501(C)(3)	LINE 9	RU SYSTEM INC	Yes	
ROCHESTER GENERAL LONG TERM CARE 1550 EMPIRE BLVD WEBSTER, NY 14580 22-3187140	NH & REHAB	NY	501(C)(3)	LINE 9	RU SYSTEM INC	Yes	
WESTERN NEW YORK MEDICAL PRACTICE PC 1425 PORTLAND AVENUE ROCHESTER, NY 14621 61-1654232	PHYS PRAC	NY	501(C)(3)	LINE 9	RU SYSTEM INC	Yes	
THE UNITY HOSPITAL OF ROCHESTER 1555 LONG POND RD ROCHESTER, NY 14626 23-7221763	HOSPITAL	NY	501(C)(3)	LINE 3	RU SYSTEM INC	Yes	
NORTH PARK NURSING HOME INC 1555 LONG POND RD ROCHESTER, NY 14626 22-3159644	LONG TERM CARE FACILITY	NY	501(C)(3)	LINE 9	RU SYSTEM INC	Yes	
PARK RIDGE NURSING HOME INC 1555 LONG POND RD ROCHESTER, NY 14626 16-0978184	LONG TERM CARE FACILITY	NY	501(C)(3)	LINE 9	RU SYSTEM INC	Yes	
UNITY HEALTH SYSTEM FOUNDATION 1555 LONG POND RD ROCHESTER, NY 14626 11-9627400	FOUNDATION	NY	501(C)(3)	LINE 7	RU SYSTEM INC	Yes	
PRCD INC 1555 LONG POND RD ROCHESTER, NY 14626 16-1311581	SUBSTANCE ABUSE TREATMENT & REHAB	NY	501(C)(3)	LINE 7	RU SYSTEM INC	Yes	
PARK RIDGE CHILD CARE CENTER INC 1555 LONG POND RD ROCHESTER, NY 14626 22-2918126	CHILD DAY CARE SERVICES	NY	501(C)(3)	LINE 9	RU SYSTEM INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PARK RIDGE HOUSING DEVELOPMENT FUND 1555 LONG POND RD ROCHESTER, NY 14626 22-2608311	LOW INCOME HOUSING PROJECT FOR ELDERLY	NY	501(C)(3)	LINE 9	RU SYSTEM INC	Yes	
PARK RIDGE HOUSING INC 1555 LONG POND RD ROCHESTER, NY 14626 22-2570457	SENIOR APARTMENT COMPLEX	NY	501(C)(3)	LINE 9	RU SYSTEM INC	Yes	
PARKWAY COMMONS HOUSING DEVELOPMENT 1555 LONG POND RD ROCHESTER, NY 14626 22-3130818	LOW INCOME HOUSING FOR ELDERLY/HANDICAPPED	NY	501(C)(3)	LINE 9	RU SYSTEM INC	Yes	
STBERNARD'S HOUSING DEVELOPMENT FU 1555 LONG POND RD ROCHESTER, NY 14626 16-1492955	LOW INCOME HOUSING PROJECT	NY	501(C)(3)	LINE 9	RU SYSTEM INC	Yes	
UNITY AGING SERVICES INC 1555 LONG POND RD ROCHESTER, NY 14626 84-1684195	MANAGEMENT AND DEVELOPMENT CO	NY	501(C)(3)	LINE 9	RU SYSTEM INC	Yes	
UNITY HOUSING DEVELOPMENT FUND CORP 1555 LONG POND RD ROCHESTER, NY 14626 30-0068596	RECEIPT AND DISBURSEMENTS OF SUBSIDIES	NY	501(C)(3)	LINE 9	RU SYSTEM INC	Yes	
WOODLAND VILLAGE INC 1555 LONG POND RD ROCHESTER, NY 14626 16-1588242	SENIOR APARTMENT COMPLEX	NY	501(C)(3)	LINE 9	RU SYSTEM INC	Yes	
UNITY AMBULATORY SURGERY CENTER INC 1555 LONG POND RD ROCHESTER, NY 14626 38-3871383	OUTPATIENT SURGERY	NY	501(C)(3)	LINE 9	RU SYSTEM INC	Yes	
UNITY HEALTH SYSTEM INC 1555 LONG POND RD ROCHESTER, NY 14626 22-2572873	SYSTEM SUPPORT	NY	501(C)(3)	LINE 11B, II	RU SYSTEM INC	Yes	
RU SYSTEM INC DBA ROCHESTER REGIONAL HEALTH SYSTEM 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 47-1234999	SYSTEM PARENT	NY	501(C)(3)	LINE 11B, II	N/A	Yes	
CLIFTON SPRINGS SANITARIUM CO 2 COULTER ROAD CLIFTON SPRINGS, NY 14432 16-0743966	HOSPITAL	NY	501(C)(3)	LINE 3	RU SYSTEM INC	Yes	
HENRY FOSTER ASSOCIATES INC 4 COULTER ROAD CLIFTON SPRINGS, NY 14432 16-1282294	EMPLOYEE ASSISTANCE PROGRAMS	NY	501(C)(3)	LINE 9	CSH	Yes	
UNITED MEMORIAL MEDICAL CENTER 127 NORTH STREET BATAVIA, NY 14020 16-0743029	HOSPITAL	NY	501(C)(3)	LINE 3	RU SYSTEM INC	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
GREATER ROCHESTER ASSURANCE (1) COMPANY LTD GEORGE TOWN GRAND CAYMAN CJ	INSURANCE	CJ	N/A	C					No
(1) GRACO RISK RETENTION GROUP INC 1425 PORTLAND AVENUE ROCHESTER, NY 14621 71-0933967	INSURANCE	SC	RGH	C					No
(2) NWA INC DRIVING PARK AVENUE NEWARK, NY 14513 14-1667339	R/E LEASING	NY	NWCH	C					No
GREATER ROCHESTER INDEPENDENT (3) PRACTICE ASSOCIATION INC 100 KINGS HWY S SUITE 2500 ROCHESTER, NY 14617 16-1507171	INDEPENDENT PRACTICE ASSOCIATION	NY	N/A	C					No
(4) ROCHESTER GENERAL HEALTH SYSTEM DIALYSIS INC 1425 PORTLAND AVENUE ROCHESTER, NY 14621 38-3912199	DIALYSIS	NY	RGHS	C					No
(5) ACM MEDICAL LABORATORY INC 160 ELMGROVE PARK ROCHESTER, NY 14624 16-1059691	CLINICAL LAB	NY	PRH INC	C					No
(6) PRH INC 1555 LONG POND ROAD ROCHESTER, NY 14626 16-1329632	MEDICAL LAB	NY	RU SYSTEM INC	C					No
(7) PARMA SENIOR HOUSING LLC 1555 LONG POND ROAD ROCHESTER, NY 14626 81-0671687	SENIOR HOUSING	NY	RU SYSTEM INC	C					No
(8) UNITY SENIOR HOUSING CORP 1555 LONG POND ROAD ROCHESTER, NY 14624 06-1709925	SENIOR HOUSING	NY	RU SYSTEM INC	C					No

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	BEHAVIORAL HEALTH NETWORK	Q	300,047	FMV
(1)	GREATER ROCHESTER ASSURANCE COMPANYLTD	P	3,980,625	FMV
(2)	GREATER ROCHESTER HEALTH SYSTEM FOUNDATION	P	3,024,830	FMV
(3)	INDEPENDENT LIVING FOR SENIORS INC	Q	1,143,903	FMV
(4)	NEWARK WAYNE COMMUNITY HOSPITAL	Q	6,181,226	FMV
(5)	RGHS WORKERS' COMPENSATION TRUST	P	5,888,864	FMV
(6)	ROCHESTER REGIONAL HEALTH	P	13,125,472	FMV
(7)	ROCHESTER GENERAL LONG TERM CARE	Q	1,096,899	FMV
(8)	GREATER ROCHESTER INDEPENDENT PRACTICE ASSOC INC (GRIPA)	Q	5,294,797	FMV
(9)	ROCHESTER GENERAL HOSPITAL FOUNDATION	C	2,804,888	FMV
(10)	WESTERN NY MEDICAL PC	Q	7,963,969	FMV
(11)	CLIFTON SPRINGS HOSPITAL	B	1,525,482	FMV
(12)	CLIFTON SPRINGS HOSPITAL	D	500,000	FMV
(13)	ROCHESTER GENERAL HOSPITAL FOUNDATION	Q	1,197,491	FMV
(14)	ROCHESTER REGIONAL HEALTH	P	11,884,696	FMV
(15)	THE UNITY HOSPITAL OF ROCHESTER	P	30,392,508	FMV
(16)	ACM LABORATORY	Q	834,361	FMV
(17)	NORTH PARK NURSING HOME (ETW)	Q	679,964	FMV
(18)	PARK RIDGE NURSING HOME (PRLC)	Q	279,847	FMV
(19)	WOODLAND VILLAGE	Q	154,886	FMV
(20)	PARK RIDGE CHILD CARE INC	Q	100,256	FMV
(21)	PRCD INC	Q	216,354	FMV
(22)	CLIFTON SPRINGS HOSPITAL	Q	1,037,713	FMV
(23)	CLIFTON SPRINGS HOSPITAL	P	558,051	FMV
(24)	UNITED MEMORIAL MEDICAL CENTER	Q	225,622	FMV