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DLN: 93493128009147

OMB No 1545-0047

2015

Open to Public

Form **990**

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Return of Organization Exempt From Income Tax

▶ 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/foim990

Open to Public Inspection

| A F | or the : | 2015 ca | lendar year, or tax year beginni | ng 07-01-2015 , and ending 06-30-20 | 16 | | | • | |
|-----------------------------|------------------------|------------------|--|--|-------------|------------------------------|-------------|-------------------------------------|--|
| B Ch | eck ıf ap | plicable | C Name of organization Rochester Institute of Technology | | | D Emp | loyer ic | lentification number | |
| | ddress ch | - | , | | | 16-0 | 07431 | 40 | |
| _ | ame cha iitial retu | • | Doing business as | | | | | | |
| <u> </u> | nal | """ | | | | E Teler | hone nu | | |
| _ | termina | | Number and street (or P O box if r 46 Lomb Memorial Drive | nail is not delivered to street address) Room/su | uite | /585 | 5)475 | - 2 2 8 2 | |
| <u> </u> | nended r | eturn pending | City or town, state or province, cou | intry, and ZIP or foreign postal code | | | 7,77 | -2303 | |
| ΙAΡ | plication | pending | Rochester, NY 14623 | may, and Est of tology posterioses | | G Gros | s receipt | s \$ 850,995,930 | |
| | | | F Name and address of princi | pal officer | H(a) Is | this a grou | ın retu | rn for | |
| | | | William Destler 46 Lomb Memorial Drive | | | ıbordınates | • | ┌ Yes 🗸 | |
| | | | Rochester, NY 14623 | | | No re all subor | dinate | | |
| I Ta | x-exem _l | pt status | √ 501(c)(3) | (insert no) 4947(a)(1) or 527 | ìin | cluded? | | Tes No | |
| J W | ebsite | : Nwv | w rit edu | | | "No," attao roup exem | | t (see instructions) umber ► | |
| K For | m of org | anızatıon | ▼ Corporation Trust Associ | ation Other ► | | f formation | | M State of legal domicile NY | |
| Pa | rt I | Sum | mary | | | | | _ | |
| | T | | scribe the organization's mission | n or most significant activities | | | | | |
| | | | | ICULAR, EXPERIENTIAL, AND RESEA STER INSTITUTE OF TECHNOLOGY | | | | | |
| e e | | | S IN A GLOBAL SOCIETY | STER INSTITUTE OF TECHNOLOGY | FRLFARLS | 0 113 3101 | LINIS | TOR 30CCL3310L | |
| anc | | | | | | | | | |
| eII | | | | | | | | | |
| Governance | 2 C | heck th | is box ▶ ┌ if the organization d | iscontinued its operations or disposed | of more tha | an 25% of | ts net | assets | |
| | | | -£ | on a lander (Down M.T. Long do.) | | | ١., | 1 40 | |
| Activities & | | | - | ing body (Part VI, line 1a) of the governing body (Part VI, line 1b) | | | 4 | 48 | |
| E | | | · | or the governing body (Part V1, line 1b, calendar year 2015 (Part V, line 2a) | | | 5 | 12,653 | |
| Ac | | | | necessary) | | | 6 | 3,268 | |
| | | | • | art VIII, column (C), line 12 | | | 7a | 3,645,351 | |
| | | | | om Form 990-T, line 34 | | | 7b | -3,498,455 | |
| | | | | | 1 | Prior Year | | Current Year | |
| | 8 | Contri | butions and grants (Part VIII, I | ıne 1h) | | 124,963 | 3,942 | 131,475,310 | |
| Ravenua | 9 | Progra | am service revenue (Part VIII, I | • | 528,170 | ,839 | 564,057,916 | | |
| ∂∧ċ≀ | 10 | Invest | tment income (Part VIII, colum | n (A), lines 3, 4, and 7d) | | 38,578 | | 37,976,228 | |
| _ | 11 | | | , lines 5, 6d, 8c, 9c, 10c, and 11e) | | 9,949 | 9,704,606 | | |
| | 12 | 10taii 12) | revenue—add lines 8 through 11 | l (must equal Part VIII, column (A), lin | ie | 701,662 | 2,801 | 743,214,060 | |
| | 13 | Grants | s and similar amounts paid (Par | t IX, column (A), lines 1-3) | | 171,690 | 189,209,017 | | |
| | 14 | Benefi | ts paid to or for members (Part | IX, column (A), line 4) | | | | | |
| δυ | 15 | Saları | | ee benefits (Part IX, column (A), lines | | 332,543 | 3,704 | 352,101,147 | |
| Expenses | 16a | , | <i>)</i> ssional fundraising fees (Part IX | . column (A), line 11e) | _ | 93 | 3,275 | 60,184 | |
| хbе | ь | | ındraısıng expenses (Part IX, column ([| | | | | | |
| ш | 17 | | | lines 11a-11d, 11f-24e) | | 158,01 | ,959 | 176,082,649 | |
| | 18 | Total | expenses Add lines 13–17 (mu | ust equal Part IX, column (A), line 25) | | 662,338 | 3,959 | 717,452,997 | |
| | 19 | Reven | ue less expenses Subtract line | 18 from line 12 | - | 39,323 | 3,842 | 25,761,063 | |
| Net Assets or Fund Balances | | | | | Beginnir | ng of Curren | t Year | End of Year | |
| sset 3 afa | 20 | Total | assets (Part X, line 16) | | | 1,726,065 | 715 | 1,717,639,043 | |
| M M | 21 | Total I | liabilities (Part X, line 26) . | | | 559,195 | 5,258 | 561,341,958 | |
| | 22 | | ssets or fund balances Subtract | line 21 from line 20 | | 1,166,870 | ,457 | 1,156,297,085 | |
| | rt II | | ature Block | amined this return, including accompar | | 41 | h - h | | |
| | • | | | mplete Declaration of preparer (other t | | | | | |
| prepa | arer has | s any kr | nowledge | | | | | | |
| | | | | | | 2017-05-02 | <u> </u> | | |
| Sigr | , | Signa | ature of officer | | | Date | | | |
| Her | | | es H Watters Sr VP Finance & Administr | ration | | | | | |
| | | 7 | e or print name and title | | | | 1 | | |
| <u>.</u> | _1 | P | rint/Type preparer's name | Preparer's signature | | Check If | | | |
| Paid | | _ | Firm's name | | | self-employe Fırm's EIN ▶ | u | | |
| | pare | r ├ | Firm's address 🕨 | | | Phone no | | | |
| USE | Only | v I | | | | | | | |

655.390.413

- Other program services (Describe in Schedule O) including grants of \$

4d

(Expenses \$

Total program service expenses ▶

) (Revenue \$

| Par | t 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 | Yes | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III " | 8 | Yes | |
| 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 | |
| | 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 | | | |
| а | 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 | |
| | 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 | 11 c | | 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? <i>If "Yes," complete Schedule D, Part IX</i> | 11 d | | No |
| е | 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 | 11 f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No |
| 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 | Yes | |
| 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 | Yes | |
| 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 | Yes | |
| 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 | Yes | |
| 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 | Yes | |
| 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 | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Form | 990 (2015) | | | Page 4 |
|------|---|-----|-----|---------------|
| Par | t 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 17 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 | Yes | |
| 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 |
| С | 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 |
| 252 | Section $501(c)/3 \setminus 501(c)/4 \setminus 3$ and $501(c)/3 \setminus 3$ organizations | | | |

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

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 🛸 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Pait I

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?

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?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

instructions for applicable filing thresholds, conditions, and exceptions)

30

31

37

Νo

Νo

Νo

Νo

Nο

Νo

Νo

25a

25b

26

27

28a

28b

28c

29

30

31

32

34

35a

35b

36

37

38

Yes

Form 990 (2015)

| Par | t V | Statements Regarding Other IRS Filings and Tax Compliand | | \ / | | | _ |
|----------|-----------------------|---|----------------|---------------------------|-------------|-----|------|
| | | Check if Schedule O contains a response or note to any line in this | Part | <u>v</u> | | Yes | · No |
| 1a | Enter | the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a | 1,371 | | 165 | NO |
| | | the number of Forms W-2G included in line 1a Enter -0 - if not applicable | 1b | 0 | | | |
| | | '' | | | | | |
| С | | ne organization comply with backup withholding rules for reportable payments t ng (gambling) winnings to prize winners? | | ors and reportable | 1c | Yes | |
| 2a | _ | the number of employees reported on Form W-3, Transmittal of Wage and | | | | | |
| | Tax S | tatements, filed for the calendar year ending with or within the year covered | _ | | | | |
| | • | s return | . 2a | 12,653 | 1 1 | V | |
| b | | east one is reported on line 2a, did the organization file all required federal em If the sum of lines 1a and 2a is greater than 250, you may be required to e-file | | | 2b | Yes | |
| 32 | | ne organization have unrelated business gross income of \$1,000 or more durin | | · | 3a | Yes | |
| | | s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanati | _ | • | 3b | Yes | |
| | | y time during the calendar year, did the organization have an interest in, or a s | | | | | |
| | over, | a financial account in a foreign country (such as a bank account, securities ac | | | | | |
| | accou | ınt) ⁷ | | | 4a | Yes | |
| Ь | | s," enter the name of the foreign country ► HR | | | | | |
| | See ir | nstructions for filing requirements for FinCEN Form 114, Report of Foreign Ban | k and | Financial Accounts | | | |
| F. | • | he organization a party to a prohibited tax shelter transaction at any time during | na the | tay year? | 5a | | No |
| | | ny taxable party notify the organization that it was or is a party to a prohibited | - | • | | | No |
| | | | cun oli | icita dansaction | 5b | | 110 |
| С | тт "Үе | es," 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 \$1 | 00,00 | 0, and did the | 6a | | No |
| | | ization solicit any contributions that were not tax deductible as charitable con | | | | | |
| b | | es," did the organization include with every solicitation an express statement the | nat su | ch contributions or gifts | 6b | | |
| 7 | | not tax deductible? | | | 90 | | |
| | _ | ne organization receive a payment in excess of \$75 made partly as a contribut | ıon ən | d partly for goods and | 7a | Yes | |
| a | | ces provided to the payor? | | a partry for goods and | / - | 103 | |
| b | If"Ye | es," did the organization notify the donor of the value of the goods or services p | rovide | ed? | 7b | Yes | |
| c | | ne organization sell, exchange, or otherwise dispose of tangible personal prope | rty for | which it was required to | 7c | | NI o |
| а | | orm 82827 | 7d | I | 70 | | No |
| - | 11 10 | s, indicate the number of forms of of the daring the year. | 7 u | | | | |
| е | Did th | ne organization receive any funds, directly or indirectly, to pay premiums on a p | erson | nal benefit contract? | 7e | | No |
| f | Did th | ne organization, during the year, pay premiums, directly or indirectly, on a pers | onal b | enefit contract? | 7f | | No |
| | | organization received a contribution of qualified intellectual property, did the c | | | | | |
| , | requir | | | | 7 g | | |
| h | | organization received a contribution of cars, boats, airplanes, or other vehicle | s, dıd | the organization file a | 7h | | |
| 8 | | soring organizations maintaining donor advised funds. | • | | – " | | |
| | Did a | donor advised fund maintained by the sponsoring organization have excess bu | sines | s holdings at any time | | | |
| | during | g the year? | | | 8 | | |
| 9a | Did th | ne sponsoring organization make any taxable distributions under section 4966 | ⁷ . | | 9a | | |
| b | | ne sponsoring organization make a distribution to a donor, donor advisor, or rel | ated p | erson ⁷ | 9b | | |
| 10 | | on 501(c)(7) organizations. Enter | | ı | | | |
| | | tion fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross facilit | receipts, included on Form 990, Part VIII, line 12, for public use of club lies | 10 b | | | | |
| 11 | Section | on 501(c)(12) organizations. Enter | | | | | |
| а | Gross | s income from members or shareholders | 11a | | | | |
| b | | income from other sources (Do not net amounts due or paid to other sources | 446 | | | | |
| | agains | st amounts due or received from them) | 11b | | | | |
| 12a | Section | on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 |) in lie | eu of Form 1041? | 12 a | | |
| b | | s," enter the amount of tax-exempt interest received or accrued during the | 12b | | | | |
| 13 | year Sectio | on 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| | | . , , , , , , , , , , , , , , , , , , , | | | | | |
| а | | e organization licensed to issue qualified health plans in more than one state? N | lote. S | See the instructions for | | | |
| L | | onal information the organization must report on Schedule O | | | 13a | | |
| ט | | the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans | 13b | | | | |
| c | Enter | the amount of reserves on hand | 13c | | | | |
| 14a | Did th | rie organization receive any payments for indoor tanning services during the ta | x year | ? | 14a | | No |
| b | If"Ye | s," has it filed a Form 720 to report these payments? $\it If$ "No," provide an explana | ation ir | Schedule O | 14b | | |

| orm | 990 (2015) | | | Page |
|-----|---|------------|-----|--------|
| | For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, 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 | | | w, |
| Se | ection 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 | | | |
| | 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 43 | | | |
| 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 | Yes | |
| 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 | | No |
| 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 | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| Ь | Each committee with authority to act on behalf of the governing body? | 8 b | 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.) No **10a** Did the organization have local chapters, branches, or affiliates? . 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 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 Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes 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 **16**a Νo **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

Section C. Disclosure

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

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
- State the name, address, and telephone number of the person who possesses the organization's books and records

 Lyn Kelly 7 Lomb Memorial Drive Rochester, NY 146235603 (585) 475-2383

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) A verage hours per week (list any hours | (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- | (F) Estimated amount of other compensation from the |
|------------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|--|--|---|
| | for related organizations below dotted line) | individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 2/1033 MI3C) | MISC) | organization and related organizations |
| See Additional Data Table | | | | | | | | | | |
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| | | | | | | | | | | |

art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued,

| (A) Name and Title | (B) A verage hours per week (list any hours | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | 5 | 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 |
|-------------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | for related organizations below dotted line) | individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | , | | related organizations |
| See Additional Data Table | | | | | | | | | | |
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| | | | | | | | | | <u> </u> | |
| 1b Sub-Total | ets to Part VII. S | ection A | ٠. | | | . ▶ | | | | |
| d Total (add lines 1b and 1c) | • | | | | | ` ▶ | | 6,309,180 | 0 | 920,392 |

| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | | No |
|---|--|---|-----|----|
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? 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 | Yes | |

Section B. Independent Contractors

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

| compensation from the organization Report compensation for the calendar year ending | with or within the organization | n's tax year |
|--|---------------------------------|---------------------|
| (A) Name and business address | (B) Description of services | (C) Compensation |
| BOND SCHOENECK & KING PLLC | LEGAL SERVICES | 825,039 |
| ONE LINCOLN CENTER SYRACUSE, NY 132021355 | | |
| AMERICAN CAMPUS COMMUNITIES OPERATING PTP LLC | RENT | 801,268 |
| 400 PARK POINT DRIVE ROCHESTER, NY 14623 | | |
| PRICEWATERHOUSE COOPERS LLP | AUDIT/CONSULTING FEES | 475,861 |
| PO BOX 7247-8001 PHILADELPHIA, PA 19170 | | |
| HBT ARCHITECTS LLP | ARCHITECTURAL SERVICES | 250,256 |
| 16 SOUTH MAIN ST PITTSFORD, NY 14534 | | |
| LOUIS-PHILIPPE LALONDE | MARKETING SERVICES | 219,700 |
| 930 EDGECLIFF WAY REDWOOD CITY, CA 94061 | | |
| 2 Total number of independent contractors (including but not limited to those listed above |) who received more than | |

No

| orm 99 | 0 (20 | 15) | | | | | | Page 9 |
|---|------------------------|---|---|-------------------------|---------------------------------|--|---|--|
| Part V | 1111 | Statement o | | | | | | |
| | | Check If Schedi | ule O contains a respor | ise or note to any lin | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| u 90 | 1a | Federated cam | paigns 1a | 0 | | | | |
| ant | b | Membership du | es 1b | 0 | | | | |
| <u> </u> | С | Fundraising eve | ents 1c | 25,871 | | | | |
| ifts. | d | Related organiz | rations 1d | 0 | | | | |
| છું ≝ે | e | Government grants | s (contributions) 1e | 107,124,312 | | | | |
| ons Sir | f | All other contribution | ons, gifts, grants, and 1f | 24,325,127 | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | g | sımılar amounts no Noncash contributi | | 3,731,397 | | | | |
| od (| h | 1a-1f \$ Total. Add lines | : 1 a - 1 f | | 131,475,310 | | | |
| ح ت | | Total: Add lilles | 10-11 | • | 101, 0,010 | | | |
| 3 | 22 | Turtion | | Business Code | 474 040 405 | 474 040 405 | | |
| Ž. | 2a b | Tuition Auxiliary services | | 900099 | 471,818,105 | 471,818,105 | 0 | 76 520 726 |
| o≛ o± | C | Research | | 721000 900099 | 76,520,736 2,652,345 | 0 | 1,028,945 | 76,520,736 1,623,400 |
| <u>ک</u> | d | Non-credit Instruct | ıon . | 900099 | 3,223,229 | 3,164,367 | 58,862 | 1,623,400 |
| 3g | e | Fees | | 713990 | 2,133,933 | 0 | 0 | 2,133,933 |
| Program Service Revenue | f | | am service revenue | | 7,709,568 | 7,476,186 | 14,442 | 218,940 |
| ک کو | g | Total Add lines | s 2a – 2f | | 564,057,916 | , , | | |
| | 3 4 5 6a b | and other simil. Income from invest Royalties Gross rents Less rental expenses Rental income or (loss) | ome (Including dividence ar amounts) | oroceeds | 13,261,643 10,425 272,794 | 0 0 | -2,170,265 0 0 | 15,431,908 10,425 272,794 |
| | d | Net rental inco | me or (loss) | | -10,889 | | 0 | -10,889 |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities 131,680,464 | (II) O ther 6,164 | | | | |
| | b c | Less cost or other basis and sales expenses Gain or (loss) | 106,535,737 25,144,727 | 446,731 -440,567 | | | | |
| enne | d 8a | Net gain or (los Gross income f events (not inc \$ | | > | 24,704,160 | | 0 | 24,704,160 |
| Other Revenue | ь | of contributions See Part IV , lir | reported on line 1c) le 18 a penses b | 28,358 36,592 | | | | |
| 0 | c | | (loss) from fundraising (| | -8,234 | | О | -8,234 |
| | 9a | Gross income f See Part IV, lir | rom gaming activities le 19 a | 0 | | | | |
| | b c | | penses b (loss) from gaming activ | 0 | 0 | 0 | 0 | 0 |
| | 10a | Gross sales of returns and allo | | 0 | | | | |
| | ь | Less cost of g | oods sold b | 0 | | | | |
| | С | | (loss) from sales of inve | | 0 | 0 | 0 | 0 |
| | 11a | Miscellaneous | | Business Code 721110 | 3,570,570 | 0 | 3,570,570 | 0 |
| | ь | Bookstore Com | onference Center | 451211 | 971,660 | 0 | 0 | 971,660 |
| | | Parking | | 812930 | 1,270,031 | 1,270,031 | 0 | 0 |

3,638,674

9,450,935

743,214,060

1,531,820

485,260,509

d All other revenue . . .

12

Total. Add lines 11a-11d

Total revenue. See Instructions

964,057

1,142,797

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)

| | <u>Г</u> | | | | |
|--------|---|-----------------------|------------------------------------|---|---------------------------------------|
| | ot include amounts reported on lines 6b, o, 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 | 414,166 | 414,166 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 188,723,257 | 188,723,257 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 71,594 | 71,594 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 4,948,614 | 1,429,368 | 2,648,355 | 870,891 |
| 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 | 265,258,912 | 239,039,084 | 20,783,114 | 5,436,714 |
| 8 | Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions) | 19,945,899 | 17,670,287 | 1,810,477 | 465,135 |
| 9 | Other employee benefits | 44,267,702 | 39,229,256 | 3,658,053 | 1,380,393 |
| 10 | Payroll taxes | 47.600.000 | | | 449.995 |
| | | 17,680,020 | 15,662,921 | 1,604,804 | 412,295 |
| 11 | Fees for services (non-employees) | 303.160 | 04.000 | 100.001 | |
| a | Management | 282,160 | 84,069 | 198,091 1,090,294 | 963 |
| b | Legal | 1,363,691 331,256 | 272,535 1,630 | 329,626 | 862 |
| c d | Accounting | 349,613 | 10,970 | 323,767 | 14,876 |
| e | Professional fundraising services See Part IV, line 17 | 60,184 | 10,970 | 323,707 | 60,184 |
| f | Investment management fees | 376,968 | | 376,968 | 00,184 |
| , g | Other (If line 11g amount exceeds 10% of line 25, column (A) | 370,908 | | 370,300 | |
| 9 | amount, list line 11g expenses on Schedule O) | 28,160,331 | 23,482,527 | 4,487,049 | 190,755 |
| 12 | Advertising and promotion | 1,411,587 | 1,058,462 | 340,634 | 12,491 |
| 13 | Office expenses | 41,143,950 | 36,767,122 | 4,041,722 | 335,106 |
| 14 | Information technology | 5,699,991 | 5,108,778 | 440,900 | 150,313 |
| 15 | Royalties | 48,919 | 48,919 | | |
| 16 | Occupancy | 9,912,107 | 9,476,056 | 430,151 | 5,900 |
| 17 | Travel | 13,520,102 | 11,945,101 | 988,784 | 586,217 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 11,160,453 | 10,224,590 | 935,863 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 38,195,771 | 35,121,482 | 3,074,289 | |
| 23 | Insurance | 1,492,475 | 1,414,851 | 77,604 | 20 |
| 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) | | | | |
| а | POSTRETIREMENT BENEFITS ASC 715 | 20,888,690 | 18,505,516 | 2,327,599 | 55,575 |
| b | BAD DEBT EXPENSE | 1,238,556 | 101,606 | 1,136,950 | 0 |
| c | ASSET RETIREMENT OBLIGATIONS | -1,500,036 | -1,424,434 | -75,602 | 0 |
| d | GOVT ACQUIRED FABRICATED EQUIPMENT | 799,022 | 799,022 | 0 | 0 |
| e | All other expenses | 1,207,043 | 151,678 | 972,095 | 83,270 |
| 25 | Total functional expenses. Add lines 1 through 24e | 717,452,997 | 655,390,413 | 52,001,587 | 10,060,997 |
| 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) | | | | |

| Form | 990 (2 | 2015) | | | | | Page 11 |
|----------|--------|---|----------|------------------------|--------------------------|-------------|----------------------|
| Pai | t X | Balance Sheet | | | | | |
| | | Check if Schedule O contains a response or note to a | ny line | in this Part X $$. | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | | 553,106 | 1 | 566,344 |
| | 2 | Savings and temporary cash investments | | | 50,130,162 | 2 | 60,212,732 |
| | 3 | Pledges and grants receivable, net | | | 34,828,434 | 3 | 29,645,464 |
| | 4 | Accounts receivable, net | | | 59,356,850 | 4 | 56,506,017 |
| Assets | 5 | Loans and other receivables from current and former trustees, key employees, and highest compensated II of Schedule L | | | | | |
| | | | | 5 | 0 | | |
| | 6 | Loans and other receivables from other disqualified section 4958(f)(1)), persons described in section 4 contributing employers and sponsoring organizations voluntary employees' beneficiary organizations (see Part II of Schedule L | | | | | |
| \$8 | | | | | 6 | 0 | |
| Ø | 7 | Notes and loans receivable, net | | | 0 | 7 | |
| | 8 | Inventories for sale or use | | | 1,320,811 | 8 | 1,232,264 |
| | 9 | Prepaid expenses and deferred charges | : • | | 8,291,391 | 9 | 6,861,770 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 1,127,650,475 | | | |
| | Ь | Less accumulated depreciation | 10b | 495,368,561 | 646,532,158 | 10 c | 632,281,914 |
| | 11 | Investments—publicly traded securities | | | 282,115,202 | 11 | 257,086,723 |
| | 12 | Investments—other securities See Part IV, line 11 | | | 637,296,480 | 12 | 670,326,064 |
| | 13 | Investments—program-related See Part IV, line 11 | | | 0 | 13 | |
| | 14 | Intangible assets | | | 0 | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 5,641,121 | 15 | 2,919,751 |
| | 16 | Total assets.Add lines 1 through 15 (must equal line | 34) | <u> </u> | 1,726,065,715 | 16 | 1,717,639,043 |
| | 17 | Accounts payable and accrued expenses | | | 40,490,208 | 17 | 39,708,435 |
| | 18 | Grants payable | | | 0 | 18 | |
| | 19 | Deferred revenue | | | 25,317,138 | 19 | 25,386,008 |
| | 20 | Tax-exempt bond liabilities | | | 282,869,457 | 20 | 270,441,170 |
| | 21 | Escrow or custodial account liability Complete Part | IV of | Schedule D | 0 | 21 | |
| lities | 22 | Loans and other payables to current and former offic key employees, highest compensated employees, ai | | | | | |
| <u>.</u> | | persons Complete Part II of Schedule L | | | | 22 | |
| Liabilit | 23 | Secured mortgages and notes payable to unrelated t | third pa | arties | 0 | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated thin | rd partı | es | 0 | 24 | |
| | 25 | Other liabilities (including federal income tax, payaband other liabilities not included on lines 17-24) Complete Part X of Schedule D | les to | related third parties, | 0.40.540.: | | 005.000.01- |
| | | | | | 210,518,455 | 25 | 225,806,345 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 559,195,258 | 26 | 561,34 1 ,958 |

763,094,069

253,458,940

150,317,448

1,166,870,457

1,726,065,715

27

28

29

30

31

32

33

760,402,513

235,765,121

160,129,451

1,156,297,085

1,717,639,043 Form 990 (2015)

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

Paid-in or capital surplus, or land, building or equipment fund . .

Retained earnings, endowment, accumulated income, or other funds

lines 27 through 29, and lines 33 and 34.

Unrestricted net assets .

complete lines 30 through 34.

Temporarily restricted net assets

Total net assets or fund balances

Permanently restricted net assets .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances

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| | 12 |
| | 13 |
| | 14 |
| | 15 |
| | 16 |
| | 17 |
| | 18 |
| | 19 |
| | 20 |
| | 21 |
| iabilities | 22 |
| -ia | 23 |
| _ | 24 |
| | 25 |
| | 26 |
| lances | 27 |

Net Assets or Fund Bal

28

29

30

31

32

33

34

743,214,060

717,452,997

25,761,063

Νo

| XΙ | Reconcilliation of Net Assets | | | | | | | | |
|----|---|--|--|--|--|--|--|-----|---|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | | . [| _ |

Net unrealized gains (losses) on investments . .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

| 1 | Total revenue (must equal Part VIII, colur |
|---|--|
| | |

Donated services and use of facilities .

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Check if Schedule O contains a response or note to any line in this Part XII

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

mn (A), line 12) Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Cash 🗸 Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

1

2

7

8

9

10

1,166,870,457 -36,334,435

| _ | | | | | - |
|---|------|-----|----|-----|---|
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| | 1,15 | 6,2 | 97 | ,08 | 5 |
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2a

2b

2c

3a

3b

Yes

Yes

Yes

Software ID: 15000238

Software Version: 2015v3.0

EIN: 16-0743140

Name: Rochester Institute of Technology

| Form 990, Part VII - Compen Compensated Employees, an | sation of Of d Independe | ficers, ent Co | , Dir ntra | ect | ors, rs | Tru: | ste | es, Key Employ | ees, Highest | |
|--|---|--|--|-----|--------------|--------------------------|-----|--|---|--|
| (A) Name and ⊤ıtle | (B) A verage hours per week (list any hours for related | (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 |
| | organizations below dotted line) | individual trustee or director | Former Highest compensated employee Key employee Officer Institutional Trustee or director | | 2/1099-M13C) | related organizations | | | | |
| WILLIAM W DESTLER | 40 0 | × | | × | | | | 884,619 | 0 | 93,040 |
| PRESIDENT | 0 1 | | | | | | | , | | |
| ROBERT W AUGUST | 0 1 | × | | | | | | 0 | 0 | 0 |
| TRUSTEE | | | | | | | | | J | |
| ERIC J BIEBER | 0 1 | × | | | | | | 0 | 0 | n |
| TRUSTEE | | ^ | | | | | | | 0 | 0 |
| BROOKS H BOWER | 0 1 | × | | | | | | 0 | 0 | |
| TRUSTEE | | _ ^ | | | | | | | | |
| ANDREW N BRENNEMAN | 0 1 | V | | | | | | | 0 | |
| TRUSTEE | | X | | | | | | 0 | 0 | U |
| CHARLES S BROWN JR | 0 1 | ., | | | | | | | | |
| TRUSTEE | | X | | | | | | 0 | 0 | U |
| WILLIAM A BUCKINGHAM | 0 1 | ,, | | | | | | | | |
| TRUSTEE | | X | | | | | | 0 | 0 | U |
| DAVID J BURNS | 0 1 | | | | | | | | | |
| TRUSTEE | 0 1 | X | | | | | | 0 | 0 | C |
| ANN L BURR | 0 1 | | | | | | | | | |
| TRUSTEE | | X | | | | | | 0 | 0 | 0 |
| ESSIE L CALHOUN-MCDAVID | 0 1 | | | | | | | | | |
| TRUSTEE | | X | | | | | | 0 | 0 | (|
| | | | | | | | | | | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Empl Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name Average Position (do not check Reportable Reportable Estimated and Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation (W-2/1099-(W-2/1099for related director/trustee) from the organizations MISC) MISC) organization Officer Individual trustee or director Key Highest compensated below Institutional Trustee and related dotted line) organizations employee RICHARD M 0 1 DASTIN Χ 0 0 TRUSTEE ROBERT A 0 1 **DOBIES** Х 0 TRUSTEE NANCY I 0 1 FEIN Х O 0 1 TRUSTEE MARIANNE 0 1 GOFF Х 0 0 0 TRUSTEE ARTHUR A 0 1 GOSNELL Х 0 0 TRUSTEE BRIAN H 0 1 HALL Χ 0 0 0 TRUSTEE JEFFREY K 0 1 **HARRIS** Х 0 0 TRUSTEE FRANK S 0 1 HERMANCE 0 Х TRUSTEE SUSAN R 0 1 HOLLIDAY Х 0 0 0 TRUSTEE JAY T 0 1 HOLMES Χ 0 1

TRUSTEE

| Form 990, Compensa | Part VII - C ted Employe | ompees, | ensa and | atio Ind | on « dep | of O | ffic len | ers, Director t Contractor | rs,Trustees, s | Key Employe |
|-----------------------------------|---|-----------------------------------|-----------------------|-------------------|---------------------------|------------------------------|-------------|---|---|---|
| (A) Name and Tıtle | (B) A verage hours per week (list any hours for related | m unles | ore t ss pe | han rso cer | not one n is and | | an | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | MISC) | | MISC) | organization and related organizations |
| THOMAS F JUDSON JR | 0 1 | х | | | | | | О | О | q |
| TRUSTEE | | | | | | | | | | |
| RICHARD A KAPLAN | 0 1 | x | | | | | | 0 | 0 | C |
| TRUSTEE | 0 1 | | | | | | | | | |
| JOYCE B KLEMMER | 0 1 | х | | | | | | o | o | c |
| TRUSTEE | 0 1 | | | | | | | | | |
| ERIC J KUCKHOFF TRUSTEE | | х | | | | | | o | o | c |
| AUSTIN W MCCHORD TRUSTEE | 0 1 | Х | | | | | | 0 | 0 | c |
| ROOSEVELT MERCER JR TRUSTEE | 0 1 | × | | | | | | 0 | 0 | C |
| ROBERT D MOORE JR | 0 1 | × | | | | | | 0 | 0 | C |
| TRUSTEE HAROLD M MOWL | 0 1 | | | | | | | | | |
| JR | 0 1 | × | | | | | | 0 | 0 | c |
| TRUSTEE | 0 1 | | | | | | | | | |
| HENRY D NAVAS TRUSTEE | | х | | | | | | 0 | 0 | c |
| BRIAN P O'SHAUGHNESSY | 0 1 | Х | | | | | | 0 | 0 | q |
| TRUSTEE | | | | | | | | | | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emplo Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the organizations MISC) MISC) organization Office: 3 Highest compensat Former er director individual trustee Institutional below and related dotted line) organizations employee Trustee 8 SANDRA A 0 1 **PARKER** 0 Х 0 TRUSTEE WOLFGANG 0.1 PFIZENMATER Χ 0 0 TRUSTEE GERARD Q 0 1 **PIERCE** Χ 0 0 **TRUSTEE** SUSAN M 0.1 **PUGLIA** Х 0 0 TRUSTEE ROBERT W 0.1 RICE Х 0 TRUSTEE RONALD S 0 1 RICOTTA Х 0 0 TRUSTEE 0.1 SUSAN J RILEY Χ 0 TRUSTEE RICHARD E 0 1 **SANDS** 0 Х 0 TRUSTEE JANET F 0 1 SANSONE Х 0 0 TRUSTEE

0

STEPHEN L

SCHULTZ

TRUSTEE

0.1

Х

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Empl **Compensated Employees, and Independent Contractors** (C) (A) (B) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other officer and a organization organizations any hours compensation for related director/trustee) (W-2/1099-(W-2/1099from the organizations MISC) MISC) organization Officer Highest compensated employee Individual trustee below Institutional Trustee and related director dotted line) employee organizations FRANK S 0 1 SKLARSKY Χ 0 TRUSTEE KEVIN J 0 1 SURACE Х 0 0 TRUSTEE 0 1 SHARON TING 0 Х TRUSTEE HARRY P 0 1 TRUEHEART Х 0 0 Ш TRUSTEE DONALD 1 0 1 TRUESDALE Х 0 TRUSTEE KIM E 0 1 VANGELDER Х 0 0 TRUSTEE RICARDO A 0 1 **VENEGAS** Х 0 TRUSTEE JUDY B VON 0 1 BUCHER Х 0 TRUSTEE CHESTER N 0 1 WATSON Х 0 0 TRUSTEE CHRISTINE B 0 1 WHITMAN Х

TRUSTEE

0 1

| | | | | | | | | icers, Directo nt Contracto | | , Key Employ |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | 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- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | MISC) | MISC) | organization and related organizations |
| RONALD L ZARRELLA TRUSTEE | 0 1 | x | | | | | | 0 | 0 | C |
| KAREN A BARROWS SECRETARY OF THE INST AND CHIEF OF STAFF | 40 0 | | | × | | | | 123,815 | 0 | 19,557 |
| GERARD BUCKLEY PRESIDENT NTID, VP AND DEAN RIT | 40 0 | | | × | | | | 310,515 | 0 | 44,483 |
| VP DEVELOPMENT AND ALUMNI RELATIONS | 40 0 | | | × | | | | 282,799 | 0 | 40,810 |
| JEREMY A HAEFNER PROVOST AND SVP ACADEMIC AFFAIRS | 40 0 | | | x | | | | 467,445 | 0 | 48,093 |
| KEITH JENKINS INTERIM VP & ASSOC PROVOST FOR DIVERSITY & INCLUSION | 40 0 | | | X | | | | 106,920 | 0 | 37,843 |
| SANDRA S JOHNSON SVP STUDENT AFFAIRS | 40 0 | | | x | | | | 320,218 | 0 | 44,892 |
| KATHERINE J MAYBERRY VP FOR STRATEGIC PLANNING AND SPECIAL INITIATIVES | 40 0 | | | X | | | | 254,508 | 0 | 40,632 |
| KEVIN MCDONALD VP AND ASSOC PROVOST FOR DIVERSITY AND INCLUSION | 40 0 | | | X | | | | 232,782 | 0 | 51,548 |
| JAMES G MILLER SVP ENROLLMENT MGMT AND CAREER SVCS | 40 0 | | | X | | | | 372,375 | 0 | 42,266 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employe Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Position (do not check Name and Reportable Average Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the organizations MISC) MISC) organization Officer emplovee Highest compensated Forme Individual trustee Ē below and related Institutional Trustee director dotted line) organizations employee DANIEL ORNT 40 0 VP AND DEAN OF 411,488 40,975 Χ INST OF HEALTH SCIENCES AND TECH RYNE RAFFAELLE 40 0 VP FOR RESEARCH Χ 270,500 0 107,128 AND ASSOC **PROVOST** DEBORAH M STENDARDI 40 0 Х 263,312 0 51,228 VP GOVT AND COMMUNITY RELATIONS JAMES H WATTERS 40 0 Х 0 49,307 485,044 SVP FINANCE AND 0 1 ADMINISTRATION DONALD F FIGER 40 0 PROF AND DIR Х 279,880 39,567 CENTER FOR **DETECTORS** SOPHIA 40 0 MAGGELAKIS Х 262,563 35,744 DEAN, COLLEGE OF SCIENCE **JACQUELINE** MOZRALL 40 0 Х 290,373 41,462 DEAN, SAUNDERS COLLEGE OF BUSINESS NABIL Z NASR 40 0 ASST PROVOST. 412.691 47,234 Х DIR GOLISANO INST OF SUSTAINABILITY HARVEY PALMER 40 0 DEAN, KATE 277.333 44.587 GLEASON COLLEGE OF ENGINEERING

| etile | GRAPHIC | print - | DO NOT | PROCESS | As Filed | Data |
|-------|---------|---------|--------|---------|----------|------|
| | | | | | | |

hospital's name, city, and state

DLN: 93493128009147 OMB No 1545-0047

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

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.

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2015

Employer identification number

16-0743140

Department of the Treasury Internal Revenue Service Name of the organization

990EZ)

Part I

⊽

1

2

SCHEDULE A

Rochester Institute of Technology

(Form 990 or

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

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

| 6 — | 170(b)(1)(A)(iv). (Co A federal, state, or loc | | | described in s | ection 170(h) | (1)(A)(v) | |
|--------------|--|----------------------------------|--|---|-----------------------------------|--|--|
| 7 | · · · | - | - | | ٠. | nental unit or from the q | eneral public |
| · 1 | described in section 1 | | | | rom a goverm | nemed and or nomene g | eneral public |
| 8 | A community trust des | scribed in sect | ion 170(b)(1)(A)(vi) | (Complete Pa | rt II) | | |
| 9 | receipts from activitie from gross investmen | es related to it t income and | s exempt functions—s | ubject to certa (able income (| ain exceptions less section 5 | tributions, membership s, and (2) no more than : s11 tax) from businesse | 331/3% of its suppoi |
| 10 🕝 | An organization organi | | | | | ion 509(a)(4). | |
| 11 | one or more publicly s the box in lines 11a th | upported orga irough 11d tha | nizations described in at describes the type o | section 509(a of supporting o | a)(1) or sectio rganization ar | inctions of, or to carry o in 509(a)(2) See sectio nd complete lines 11e, 1 | n 509(a)(3). Check 1f, and 11g |
| а | supported organization organization You mus | n(s) the power t complete Pa | to regularly appoint o rt IV, Sections A and I | r elect a major 3. | rity of the dire | organization(s), typical ctors or trustees of the | supporting |
| ь Г | | pporting orgar | nization vested in the s | | | ported organization(s), b r manage the supported | |
| c _ | | | | n operated in o | connection wit | th, and functionally integ | irated with, its |
| ٠ ١ | supported organization | | | | | | ,racea meny res |
| d | not functionally integral (see instructions) You | ated The orga u must comple | inization generally muste Part IV, Sections A | st satisfy a dis and D, and Pa | trıbutıon requ art V. | n with its supported org irrement and an attentiv | eness requirement |
| е _ | | - | | | | t is a Type I, Type II, T | ype III functionally |
| f Ent | integrated, or Type III ter the number of support | | , | 5 5 | | | |
| | Provide the following ii | 5 | | | | · · · · · · · · · · · · · · · · · · · | |
| g | riovide the following h | mormation abo | out the supported orga | mzacion(s) | | | |
| Name o | (i) f supported organization | (ii)EIN | (iii) Type of organization (described on lines 1- 9 above (see instructions)) | (iv) Is the organization Iisted in your governing document? | | A mount of monetary support (see instructions) | (vi) A mount of other support (see instructions) |
| | | | | Yes | No | | |
| | | | | | | | |
| Total | | | | | | | |
| | | | | 1 | 1 | 1 | |

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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 vear

| (or fiscal year beginning in) ▶ | (a)2011 | (b) 2012 | (c)2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|-------------|-----------------|-------------|-----------------|-----------------|------------------|
| Gifts, grants, contributions, and membership fees received (Do not include any unusual grants) | 133,522,380 | 122,780,174 | 118,153,092 | 124,903,152 | 131,474,881 | 630,833,679 |
| Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 Total. Add lines 1 through 3 | 133,522,380 | 122,780,174 | 118,153,092 | 124,903,152 | 131,474,881 | 630,833,679 |
| 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) | | | | | | 0 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 630,833,679 |

| S | ection B. Total Support | | | | | | | |
|-----|--|----------------------|---------------------|----------------------|---------------------|--------------|-----------|------------------|
| (or | Calendar year fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d)2014 | (e) 2 | 15 | (f) Total |
| 7 | Amounts from line 4 | 133,522,380 | 122,780,174 | 118,153,092 | 124,903,152 | 13: | L,474,881 | 630,833,679 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 15,855,657 | 13,327,954 | 14,909,633 | 19,006,334 | 10 | 5,467,048 | 79,566,626 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | | 0 | 0 |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | 2,596,659 | 1,813,101 | 1,905,496 | 1,933,093 | : | L,964,075 | 10,212,424 |
| 11 | Total support. Add lines 7 through 10 | | | | | | | 720,612,729 |
| 12 | Gross receipts from related activ | rities, etc (see ins | structions) | | | 12 | | 2,205,182,433 |
| 13 | First five years.If the Form 990 | s for the organizat | tion's first, secon | d, third, fourth, or | fifth tax year as a | section | 501(c)(| 3) organization, |

check this box and stop here

| 5 | ection C. Computation of Public Support Percentage | | |
|----|--|----|---------|
| 14 | Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 87 54 % |
| 15 | Public support percentage for 2014 Schedule A, Part II, line 14 | 15 | 87 38 % |

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 ▶□

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

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.)

| Se | ction A. Public Support | | | | | | |
|-------|--|--------------------------|-------------------|---------------------|--------------------------|-----------------|-------------------|
| | Calendar year | (a)2011 | (b) 2012 | (c)2013 | (d)2014 | (e) 2015 | (f) ⊤otal |
| • | iscal year beginning in) ▶ | (-) | (-) | (0)_00 | (-) | (-) | (1) |
| 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 Total. Add lines 1 through 5 | | | | | | |
| 6 | Amounts included on lines 1, 2, | | | | | | |
| /a | 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 Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c | | | | | | |
| ٥ | from line 6) | | | | | | |
| Se | ction B. Total Support | | • | • | • | | • |
| | Calendar year | | | | | | 7.5. |
| (or f | iscal year beginning in) ▶ | (a)2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 0a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| b | and income from similar sources Unrelated business taxable | | | | | | |
| U | income (less section 511 taxes) | | | | | | |
| | from businesses acquired after | | | | | | |
| | June 30, 1975 | | | | | | |
| C | Add lines 10a and 10b | | | | | | |
| L1 | 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) | | | | | | |
| L3 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| L4 | First five years.If the Form 990 is | cor the organizati | n's first, second | , third, fourth, or | I fifth tax vear as a | section 501(c |)(3) organization |
| | check this box and stop here | | , | ,,, | , | | ▶ □ |
| Se | ction C. Computation of Pub | lic Support P | ercentage | | | | - |
| 15 | Public support percentage for 2015 | | | 13 column (f)) | | 45 | |
| | | • | | 15, column (1)) | | 15 | |
| L6 | Public support percentage from 20 | | <u> </u> | | | 16 | |
| Se | ction D. Computation of Inv | estment Inco | me Percenta | ge | | | |
| L7 | Investment income percentage for | 2015 (line 10c, c | olumn (f) dıvıded | by line 13, colun | nn (f)) | 17 | |
| 18 | Investment income percentage from | n 2014 Schedule | A, Part III, line | 17 | | 18 | |
| L9a | 33 1/3% support tests—2015.If the | | | | l line 15 is more t | | nd line 17 is not |
| - | more than 33 1/3%, check this box | = | | | | | ▶ □ |
| b | 33 1/3% support tests—2014.If the | | | | | - | • |
| _ | 18 is not more than 33 1/3%, check | - | | | | | |
| 20 | Private foundation If the organizat | | | | | | |

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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

| | I, complete Sections A and D, and complete Part V) | | | |
|-----|--|-------------|-----|----|
| Se | ction A. All Supporting Organizations | | | |
| 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 | Yes | No |
| 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 | | |
| 3а | 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 | 3с | | |
| 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 | | |
| .0a | 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) | 10 b | | |
| .1 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | 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 | 11 c | | |

each of the supported organizations? Provide details in Part VI

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

| Par | t IV Supporting Organizations (continued) | | | |
|------------------|---|----|-----|----|
| Se | ection 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 | | |
| Se | ection 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 | | |
| Se | ection 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 | | |
| | estion F. Tune III Functionally Internated Companies Operations | | | |
| | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 a b c | The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No |
| | 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. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of | | | |

3a

3b

| 1 Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete. | _ | | ructions. All other |
|---|----------------|-----------------------|-------------------------------|
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Yea (optional) |
| Net short-term capital gain | 1 | | |
| Recoveries of prior-year distributions | 2 | | |
| Other gross income (see instructions) | 3 | | |
| Add lines 1 through 3 | 4 | | |
| Depreciation and depletion | 5 | | |
| Portion of operating expenses paid or incurred for production or collection gross income or for management, conservation, or maintenance of proper held for production of income (see instructions) | | | |
| Other expenses (see instructions) | 7 | | |
| Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| | | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Yea (optional) |
| 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 | 1 c | | |
| d Total (add lines 1a, 1b, and 1c) | 1 d | | |
| Discount claimed for blockage or other factors (explain in detail in Part VI) | , _ | | |
| Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| Subtract line 2 from line 1d | 3 | | |
| Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| Multiply line 5 by 035 | 6 | | |
| Recoveries of prior-year distributions | 7 | | |
| Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | | | |
| Section C - Distributable Amount | | | Current Year |
| Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| Enter 85% of line 1 | 2 | | |
| Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| Enter greater of line 2 or line 3 | 4 | | |
| Income tax imposed in prior year | 5 | | |
| Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| Check here if the current year is the organization's first as a non-functiona | ılly-ıntegrate | d Type III supporting | organization (see |
| instructions) | | | |

| Part V Type III Non-Functionally Integra | ated 509(a)(3) Suppo | rting Organizations (co | ontinuea) |
|---|--------------------------------|--|---|
| Section D - Distributions | | | Current Year |
| 1 Amounts paid to supported organizations to accom | plish exempt purposes | | |
| 2 Amounts paid to perform activity that directly furthe excess of income from activity | ers exempt purposes of supp | ported organizations, in | |
| 3 Administrative expenses paid to accomplish exemp | ot purposes of supported org | anızatıons | |
| 4 Amounts paid to acquire exempt-use assets | | | |
| 5 Qualified set-aside amounts (prior IRS approval rec | quired) | | |
| 6 Other distributions (describe in Part VI) See instru | ıctions | | |
| | 200.0110 | | |
| 7 Total annual distributions. Add lines 1 through 6 | | | |
| 8 Distributions to attentive supported organizations t details in Part VI) See instructions | to which the organization is r | esponsive (provide | |
| 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 | | 110 2022 | 711110411111111111111111111111111111111 |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee 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 pplied 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 31 and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b | | | |
| c Excess from 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |
| | | Calcadada A | (F 000 000 F7) (201 F |

Page 8

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 |
|------------------|---|
| Income | DESCRIPTION - COMMISSIONS - BOOKSTORE, COLUMN A - 972474 0, COLUMN B - 971660 0, COLUMN C - 971660 0, COLUMN D - 971660 0, COLUMN E - 971660 0, COLUMN F - 4859114 0, DESCRIPTION - MARGARETS HOUSE, COLUMN A - 818697 0, COLUMN B - 765357 0, COLUMN C - 848998 0, COLUMN D - 887201 0, COLUMN E - 907015 0, COLUMN F - 4227268 0, DESCRIPTION - FUNDRAISING INCOME, COLUMN A - 30141 0, COLUMN B - 35066 0, COLUMN C - 32734 0, COLUMN D - 30633 0, COLUMN E - 28358 0, COLUMN F - 156932 0, DESCRIPTION - ALL OTHER REVENUE, COLUMN A - 775347 0, COLUMN B - 41018 0, COLUMN C - 52104 0, COLUMN D - 43599 0, COLUMN E - 57042 0, COLUMN F - 969110 0, |

DLN: 93493128009147

Employer identification number

16-0743140

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

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 Open to Public Inspection

Internal Revenue Service

Name of the organization

2

Rochester Institute of Technology

Political expenditures

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, 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

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

Section 527 organizations Complete Part I-A only

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

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

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

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

| • | volunteer nours | | | | |
|------------|--|---|--|--|---|
| Par | t I-B Complete if the or | ganization is exempt under | section 501(| c)(3). | |
| 1 | Enter the amount of any excise | e tax incurred by the organization un | der section 4955 | ▶ | \$ |
| 2 | Enter the amount of any excise | e tax incurred by organization manag | gers under section | n 4955 > | \$ |
| 3 | If the organization incurred a s | section 4955 tax, did it file Form 47 | 20 for this year? | | ☐ Yes ☐ No |
| 4 a | Was a correction made? | | | | ☐ Yes ☐ No |
| b | If "Yes," describe in Part IV | | | | |
| Par | t I-C Complete if the or | ganization is exempt under | section 501(| c), except section 50: | 1(c)(3). |
| 1 | Enter the amount directly expe | ended by the filing organization for se | ection 527 exemp | ot function activities 🕨 | \$ |
| 2 | Enter the amount of the filing of exempt function activities | organization's funds contributed to o | ther organizations | s for section 527 ▶ | \$ |
| 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 | organization made payments I amount of political contribution | nd employer identification number (E For each organization listed, enter th ns received that were promptly and o political action committee (PAC) If | ne amount paid fro directly delivered | om the filing organization's fi to a separate political organ | unds Also enter the nızatıon, such as a |
| | (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| For F | Paperwork Reduction Act Notice, se | ee the instructions for Form 990 or 99 | 0-EZ. (| Cat No 50084S Schedule C (F | orm 990 or 990-EZ) 2015 |

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

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

| Α | Check | • | Г | $\overline{}$ 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) |

| | oying Expenditures means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
|---|--|--|--------------------------------|
| Total lobbying expenditures to influence public lobbying) | opinion (grass roots | | |
| Total lobbying expenditures to influence a legi | slative body (direct lobbying) | 396,871 | |
| Total lobbying expenditures (add lines 1a and | 1 b) | 396,871 | |
| Other exempt purpose expenditures | 654,993,542 | | |
| Total exempt purpose expenditures (add lines | 1c and 1d) | 655,390,413 | |
| Lobbying nontaxable amount Enter the amoun | t from the following table in both columns | 1,000,000 | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| Not over \$500,000 | 20% of the amount on line 1e | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | |
| Over \$17,000,000 | \$1,000,000 | | |

| | 4-Year Averaging Period Under section 501(h) | | | | | | |
|---|---|------|--|--|--|--|--|
| | ☐ Yes | ∏ No | | | | | |
| 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? | | | | | | |
| i | Subtract line 1f from line 1c If zero or less, enter -0- | 0 | | | | | |
| | | | | | | | |

| | , | | Γ, | res ∏No | | |
|----|---|-------------------|-----------------|--------------|-------------------|----------------|
| | 4-Year Av (Some organizations that made a s columns below. See th | | ection do not | have to comp | | e five |
| | Lobbying Expe | nditures During 4 | l-Year Avera | ging Period | | |
| | Calendar year (or fiscal year beginning in) | (a)2012 | (b) 2013 | (c)2014 | (d) 2015 | (e) Total |
| 2a | Lobbying nontaxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000 |
| _с | Total lobbying expenditures | 379,134 | 346,300 | 372,198 | 396,871 | 1,494,503 |
| d | Grassroots nontaxable amount | 250,000 | 250,000 | 250,000 | 250,000 | 1,000,000 |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000 |
| f_ | Grassroots lobbying expenditures | 0 | 0 | 0 | 0 | 0 |
| | | | | Schedu | ıle C (Form 990 o | r 990-EZ) 2015 |

250,000

Return Reference

| | edule C (Form 990 or 990-EZ) 2015 | | | | Pä | age 3 |
|------|--|---------------|----------|-------|--------|--------------|
| Pa | rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)). | TO | | | | |
| | | (| a) | | (b) | |
| ctiv | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity | | No | | 4 moun | it |
| _ | During the year, did the filing organization attempt to influence foreign, national, state or local | Yes | | 7 | | |
| 1 | legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | | |
| а | Volunteers? | | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| c | Media advertisements? | | | | | |
| d | Mailings to members, legislators, or the public? | | | | | |
| е | Publications, or published or broadcast statements? | | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i | Other activities? | | | | | |
| j | Total Add lines 1c through 1i | | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| 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? | | | | | |
| Pai | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | 01 (c |)(5), | or s | ectio | n |
| | | | | | 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 | | |
| Pai | t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "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). | | | | | |
| а | 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 | | | | |
| | art IV Supplemental Information | <u> </u> | I | | | |
| | • | | D | т А ' | | |
| | ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou see instructions), and Part II-B, line 1 Also, complete this part for any additional information | тр IIST), | , Part I | 1-A,I | ines 1 | and |

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D

(Form 990)

Treasury

Department of the

Internal Revenue Service Name of the organization

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

Inspection

DLN: 93493128009147

| | me of the organization chester Institute of Technology | | Empl | oyer identification number |
|-----|---|---|------------|---------------------------------|
| NOC | inester institute or reclinology | | 16-0 | 743140 |
| Pa | rt I Organizations Maintaining Donor | Advised Funds or Other Similar F | unds | or Accounts. |
| | Complete if the organization answere | ed "Yes" on Form 990, Part IV, line 6. | | |
| | Takahasan kanaharah sahar | (a) Donor advised funds | (b) | Funds and other accounts |
| - | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| ŀ | Aggregate value at end of year | | | |
| ; | Did the organization inform all donors and donor a funds are the organization's property, subject to | | nor advi: | sed Yes No |
| i | Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit? | | | |
| Pa | rt II Conservation Easements. Comple | ete if the organization answered "Yes" | on Forn | n 990, Part IV, line 7. |
| L | Purpose(s) of conservation easements held by th | e organization (check all that apply) | | |
| | $\overline{m{ert}}$ Preservation of land for public use (e g , recreducation) | | an histor | ically important land area |
| | ✓ Protection of natural habitat | Preservation of a | a certifie | d historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization easement on the last day of the tax year | held a qualified conservation contribution in | the form | of a conservation |
| | | | | Held at the End of the Year |
| а | Total number of conservation easements | | 2a | |
| b | Total acreage restricted by conservation easeme | ents | 2b | 32 |
| c | Number of conservation easements on a certified | historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (o historic structure listed in the National Register | c) acquired after 8/17/06, and not on a | 2d | |
| 3 | Number of conservation easements modified, trai | nsferred, released, extinguished, or terminat | ed by th | e organization during the |
| | tax year ▶0 | | | |
| ļ | Number of states where property subject to cons | ervation easement is located 🕨1 | | |
| 5 | Does the organization have a written policy regar violations, and enforcement of the conservation ϵ | - · · · · · · · · · · · · · · · · · · · | ndling of | ⊤Yes √ No |
| • | Staff and volunteer hours devoted to monitoring, year | inspecting, handling of violations, and enforc | ing cons | servation easements during the |
| | > | | | |
| , | A mount of expenses incurred in monitoring, inspe | ecting, handling of violations, and enforcing o | conserva | ation easements during the year |
| | ▶ \$ | | | - ' |
| 3 | Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)$? | ne 2(d) above satisfy the requirements of se | ction 17 | 0(h)(4) |

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

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

- 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
 - 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

the organization's accounting for conservation easements

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

- 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

Revenue included on Form 990, Part VIII, line 1

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

Cat No 52283D

Schedule D (Form 990) 2015

| Part | Organizat (continued) | tions Maintainin | g Collections of | Art, Hi | storio | cal T | reasures, | or O | ther Simila | r Ass | ets | |
|--------------|---|--|------------------------------|----------------|-------------------------------|---------------|-------------------|------------|----------------------------|---------|------------------|------------------------------|
| 3 | Using the organizat | tion's acquisition, ac neck all that apply) | cession, and other r | ecords,c | heck a | n y of | the following | that a | re a significan | t use o | fıts | |
| а | ✓ Public exhibition | ion | | d | ✓ | Loa | n or exchange | progr | rams | | | |
| b | ✓ Scholarly rese | earch | | е | √ | Oth | er Education | | | | | |
| c | Preservation f | for future generations | ; | | | | | | | | | |
| 4 | Provide a description | on of the organization | n's collections and e | explain ho | w they | furth | ner the organiz | ation' | 's exempt purp | ose in | | |
| 5 | | the organization so | | | | | | | | | | |
| Dar | | o raise funds rather t nd Custodial Arr | | d as part | ofthe | orgar | nization's colle | ection | 7 | Yes | ✓ No | |
| | | f the organization | | on Form | 990, | Part | IV, line 9, o | r rep | orted an am | ount o | n Forr | n 990, |
| 1a | Is the organization included on Form 9 | an agent, trustee, cu 90, Part X? | ustodian or other int | ermediary | / for co | ntrıb | utions or othe | rasse | _ | Yes | ∏ No | • |
| b | If "Yes," explain | the arrangement in | Part XIII and compl | ete the fo | llowing | g tabl | e | | | A mour | nt | |
| c | Beginning balanc | :e | | | | | | 1 c | | | | |
| d | Additions during | the year | | | | | | 1d | | | | |
| е | Distributions dur | ing the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | | 1f | | | | |
| 2a | Did the organization | n include an amount | on Form 990, Part > | K, line 21, | for es | crow | or custodial a | ccoun | nt liability? | Yes | ☐ No | • |
| b | If "Ves " evoluin th | e arrangement in Pai | t XIII Check here | ıf the evnl | anatio | n hac | : heen nrovide | d in P | art XIII | | | П |
| Par | | nt Funds. Compl | | | | | | | | | | |
| | | | (a)Current year | (b) Pno | or year | Ь | (c)Two years b | ack (| d) Three years ba | ck (e |) Four ye | ars back |
| 1 a | Beginning of year b | alance | 761,936,337 | 75 | 53,950,8 | 362 | 669,331, | 907 | 628,328,3 | 362 | 64 | 0,962,040 |
| b | Contributions | | 20,576,277 | : | 16,583,6 | 506 | 7,171, | 686 | 4,654,2 | 227 | | 1,676,001 |
| c | Net investment ear losses | rnings, gains, and | -1,429,899 | : | 17,755,6 | 561 | 105,705, | 608 | 62,099,0 | 043 | 1 | 1,769,898 |
| d | Grants or scholars | hıps | 7,277,918 | | 6,830,8 | 383 | 6,605, | 396 | 6,636,9 | 972 | ı | 6,708,063 |
| e | Other expenditures and programs | for facilities | 22,910,072 | : | 19,522,9 | 909 | 21,652, | 943 | 19,112,7 | 753 | 1 | 9,371,514 |
| f | Administrative exp | enses | | | | 0 | | 0 | | 0 | | 0 |
| g | End of year balance | e • | 750,894,725 | 76 | 51,936,3 | 337 | 753,950, | 862 | 669,331,9 | 907 | 62 | 8,328,362 |
| 2 | Provide the estimat | ted percentage of the | current year end b | alance (lir | ne 1g, | colun | nn (a)) held as | 5 | | | | |
| а | Board designated o | r quası-endowment i | 5282% | | | | | | | | | |
| b | Permanent endowm | nent ▶ 20 93 % | | | | | | | | | | |
| c | Temporarily restric The percentages or | ted endowment ► n lines 2a, 2b, and 20 | 26 25 % should equal 100° | % | | | | | | | | |
| 3a | Are there endowme organization by | nt funds not in the po | ossession of the org | janızatıon | that a | re hel | ld and adminis | stered | for the | | V | N- |
| | (i) unrelated organi | ızatıons | | | | | | | | 3a(i) | Yes | No |
| | (ii) related organiza | ations | | | | | | | | 3a(ii) | | No |
| | | re the related organi | | | | | ? | | | 3b | | |
| 4 Par | | II the intended uses dings, and Equi | | s endown | ient iu | nas | | | | | | |
| | Complete | f the organization | | o Form 9 | 90, P | art I | | See F | | | | |
| | Descrip | otion of property | | | (a) st or oth (investri | ner bas | sis Cost or other | | Accumulat (c)depreciati | | (d)Bool | k value |
| 1 a l | _and | | | | | | 11,0 | 047,258 | В | | 1 | 1,047,258 |
| b E | Buildings | | | | | | 043.4 | 180 100 | 304.004 | 1 004 | EA | Q 485 305 |
| c I | · · · · · · · · . _easehold improvem | ents | | | | | 943,4 | 480,199 | 394,994 | 7,774 | 54 | 8,485,205 |
| | Equipment | | | | | | 150.3 | 364,420 | 100,373 | 3,567 | 4: | 9,990,853 |
| | Other | | | | | | | | | | | |
| Tot - ' | L Add Inno 10 throw | gh 1e <i>(Column (d) mu</i> | ist equal Form 000 t | Part V solv | ımır (B) |) line | | 758,598 | | | | 2,758,598 |
| iotal | . Add mies 14 miou | gii i c (coidiiiii (a) IIII | ise equal Forth 330, F | art A, COIU | пп (Б) | , 11110 | 10(0)/ • • | • | | | | 2,281,914 90) 2015 |

| See Form 990, Part X, line 12. (a) Description of security or category | | (b)Book value | (c)Method of valuation |
|---|----------------------------------|------------------------|---|
| (including name of security) (1)Financial derivatives | | | Cost or end-of-year market value |
| (2)Closely-held equity interests (3)O ther | | | |
| See Additional Data Table | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. | • | 670,326,06 | 94 |
| Complete if the organization answered 'Y | Yes' on Form 990 | | |
| (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 of | ▶ answered 'Yes' on F | orm 990, Part IV, line | 11d See Form 990, Part X, line 15 |
| (a) Descript | | | (b) Book value |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15, |) | | • |
| Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. | | | |
| 1. (a) Description of liability | (b) Book value | е | |
| Federal income taxes | | | |
| FEDERAL PERKINS LOAN PROGRAM | | | |
| ASSET RETIREMENT OBLIGATIONS | | | |
| | | | |
| ASC 715 POSTRETIREMENT BENEFITS OBLIGATION | | | |
| ALL OTHER LIABILITIES | | | |
| FEDERAL PERKINS LOAN PROGRAM | 22,302 | ,117 | |
| ASSET RETIREMENT OBLIGATIONS | 20,527 | ,587 | |
| ASC 715 POSTRETIREMENT BENEFITS OBLIGATION | 180,724 | ,670 | |
| ALL OTHER | 2,251 | ,971 | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide to | 225,806 the text of the footi | | n's financial statements that reports the |
| organization's liability for uncertain tax positions under FIN | | | |

Schedule D (Form 990) 2015

| | Complete if the organ | nization answered 'Yes' on Form 990, P | art IV, lıı | ne 12a. | | |
|------|---|---|-------------|---------|--------|-------------------|
| 1 | Total revenue, gains, and othe | r support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 bu | it not on Form 990, Part VIII, line 12 | | | | |
| а | Net unrealized gains (losses) | on investments | 2a | | | |
| b | Donated services and use of fa | acılıtıes | 2b | | | |
| c | Recoveries of prior year grants | s | 2c | | | |
| d | Other (Describe in Part XIII) | | 2d | | | |
| e | Add lines 2a through 2d | | | | 2e | |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | 3 | |
| 4 | Amounts included on Form 99 | 0, Part VIII, line 12, but not on line 1 | | | | |
| а | Investment expenses not incl | uded on Form 990, Part VIII, line 7b . | 4a | | | |
| b | Other (Describe in Part XIII) | | 4b | | | |
| c | Add lines 4a and 4b | | | | 4c | |
| 5 | Total revenue Add lines 3 and | d 4c. (This must equal Form 990, Part I, line | 12) | | 5 | |
| Part | | xpenses per Audited Financial Sta | | | es per | Return. |
| | | nization answered 'Yes' on Form 990, P | art IV, lii | ne 12a. | | T |
| 1 | | r audited financial statements | • • | | 1 | |
| 2 | | it not on Form 990, Part IX, line 25 | 1 1 | | | |
| а | Donated services and use of fa | | 2a | | | |
| b | | | 2b | | | |
| C | | | 2c | | | |
| d | , | | 2d | | | |
| е | <u> </u> | | | | 2e | |
| 3 | | | | | 3 | |
| 4 | | 0, Part IX, line 25, but not on line 1: | | | | |
| а | · · | uded on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) | | 4b | | | |
| c | Add lines 4a and 4b | | | | 4c | |
| 5 | Total expenses Add lines 3 ar | nd 4c. (This must equal Form 990, Part I, lin | e 18) . | | 5 | |
| Dort | XIII Supplemental Inf | ormation | | | | |
| | • | | | | | |
| Part | | Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and | | | | de any additional |
| | Return Reference | Explanation | | | | |
| | ule D, Part II, Line 9 rvation easements financial ng | IN 2007, THE UNIVERSITY ENTERED IN HENRIETTA, NY THE CONSERVATION I RECORDED IN RIT'S FINANCIAL STATE | ASEMEN | | | |

Additional Data

Software ID: 15000238
Software Version: 2015v3.0

EIN: 16-0743140

Name: Rochester Institute of Technology

| (a) Description of security or cateory (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|-----------------------|--|
| (3)Other (A) BENEFICIAL INTEREST IN TRUSTS | | |
| B) CASH SURRENDER VALUE OF LIFE INSURANCE | | |
| C) COMMINGLED EQUITY FUNDS | | |
| D) COMMINGLED FIXED INCOME FUNDS | | |
| E) PRIVATE PLACEMENTS | | |
| F) HEDGE FUNDS | | |
| G) CDAR HELD FOR INVESTMENT | | |
| (H) BENEFICIAL INTERESTS IN TRUSTS | 1,528,406 | F |
| I) CASH SURRENDER VALUE OF LIFE INSURANCE | 151,953 | F |
| 3) COMMINGLED EQUITY FUNDS | 247,580,303 | F |
| K) COMMINGLED FIXED INCOME FUNDS | 17,715,949 | F |
| L) PRIVATE PLACEMENTS | 200,368,975 | F |
| M) HEDGE FUNDS | 174,655,828 | F |
| (N) CDAR HELD FOR INVESTMENT | 28,324,650 | F |

| Form 990, Schedule D, Part X, - Other Liabilities | I AND Death Malue |
|---|-------------------|
| 1 (a) Description of Liability | (b) Book Value |
| FEDERAL PERKINS LOAN PROGRAM | |
| ASSET RETIREMENT OBLIGATIONS | |
| ASSET RETTREMENT OBLIGATIONS | |
| ASC 715 POSTRETIREMENT BENEFITS OBLIGATION | |
| ALL OTHER LIABILITIES | |
| FEDERAL PERKINS LOAN PROGRAM | 22,302,117 |
| ASSET RETIREMENT OBLIGATIONS | 20,527,587 |
| ASC 715 POSTRETIREMENT BENEFITS OBLIGATION | 180,724,670 |
| ALL OTHER | 2,251,971 |

DLN: 93493128009147

OMB No 1545-0047

Open to Public Inspection

Schools

SCHEDULE E (Form 990 or 990-EZ)

> ▶Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue

| erv | ıce | | | | | |
|------------|-----------------------------------|--|-----------------------|---------|------|-----|
| | e of the organiza | | Employer identificat | ion nur | nber | |
| | | | 16-0743140 | | | |
| Pa | rt I | | | | YES | NO |
| 1 | Does the organ | nization have a racially nondiscriminatory policy toward students by statement in | its charter hylaws | | 1123 | 110 |
| - | | g instrument, or in a resolution of its governing body? | res chareer, by laws, | 1 | Yes | |
| 2 | Does the organ | nization include a statement of its racially nondiscriminatory policy toward studen | te in all ite | | l | |
| _ | _ | alogues, and other written communications with the public dealing with student ad | | | | |
| | programs, and | scholarships? | | 2 | Yes | |
| 3 | _ | zation publicized its racially nondiscriminatory policy through newspaper or broad | - | | | |
| | · · | olicitation for students, or during the registration period if it has no solicitation pro e policy known to all parts of the general community it serves? If "Yes," please de | | | | |
| | | If you need more space use Part II | 301130 11 1107 | 3 | Yes | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4 | _ | nization maintain the following? | | | | |
| a | Records indica | iting the racial composition of the student body, faculty, and administrative staff? | | 4a | Yes | |
| b | | nenting that scholarships and other financial assistance are awarded on a racially | nondiscriminatory | | | |
| , | basis? | atalogues, brochures, appoundements, and other written communications to the p | ublic doaling | 4b | Yes | |
| Ì | | atalogues, brochures, announcements, and other written communications to the pi dmissions, programs, and scholarships? | ablic dealing | 4c | Yes | |
| c | Copies of all m | naterial used by the organization or on its behalf to solicit contributions? | | 4d | Yes | |
| | If you answere | d "No" to any of the above, please explain If you need more space, use Part II | | | ĺ | |
| | | a no to any or the above, please explain if you need more space, use i are if | | | | |
| | | | | - | | |
| 5 a | Does the orgar Students' right | nization discriminate by race in any way with respect to | | 5a | | No |
| | _ | | | FL | | İ |
| | Admissions po | officies? | | 5b | | No |
| C | : Employment of | f faculty or administrative staff? | | 5c | | No |
| c | Scholarships o | or other financial assistance? | | 5d | | No |
| e | e Educational po | olicies? | | 5e | | No |
| f | Use of facilitie | 5? | | 5f | | No |
| c | Athletic progra | ams? | | 5g | | No |
| - | Other extracu | rricular activities? | | 5h | | No |
| · | | d "Yes" to any of the above, please explain If you need more space, use Part II | | 311 | | 110 |
| | | | | - | | |
| | | | | - | | |
| 6 a | Does the organ | nization receive any financial aid or assistance from a governmental agency? | | 6a | Yes | |
| t | Has the organi | zation's right to such aid ever been revoked or suspended? | | 6b | | No |
| | If you answere | rd "Yes" to either line 6a or line 6b, explain on Part II | | | 1 | |
| 7 | Does the organ | nization certify that it has complied with the applicable requirements of sections 4 | | | | |
| | of Rev Proc 7 | $5-50,1975-2\ C\ B\ 587, covering\ racial\ nondiscrimination?\ If\ "No,"\ explain\ on\ Particles and the property of the prop$ | art II | 7 | Yes | 1 |

Page 2

Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Explanation

RACIALLY NONDISCRIMINATORY **POLICY**

Schedule E, Part I, Line 3

FROM A GOVERNMENT

Return Reference

PUBLICIZED IN ALL UNIVERSITY APPLICATIONS, REGISTRATIONS AND OTHER CAMPUS-WIDE PUBLICATIONS IN ADDITION, RIT PUBLICIZES ITS RACIALLY NON-DISCRIMINATORY EMPLOYMENT POLICIES WHEN RECRUITING FOR OPEN POSITIONS

Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE

THE UNIVERSITY IS THE RECIPIENT OF A PPROPRIATIONS AND ASSISTANCE FROM THE DEPARTMENT OF

RIT'S RACIALLY NON-DISCRIMINATORY POLICY WITH RESPECT TO STUDENT SOLICITATION IS

EDUCATION TO OPERATE THE NATIONAL TECHNICAL INSTITUTE FOR THE DEAF AND TO SUPPORT THE

PROGRAMS THE UNIVERSITY ALSO RECEIVES AN APPROPRIATION OF DIRECT INSTITUTIONAL SUPPORT

FEDERAL WORK STUDY AND FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT

Schedule E (Form 990 or 990-EZ) (2015)

| Statement of Activities Outside the United States | efile GRAPHIC print - DO NO | OT PROCESS | As Filed Da | ta - | DLN | DLN: 93493128009147 | | |
|--|----------------------------------|--------------------|--|--|--|-----------------------|--|--|
| Department of the Treasury Internal Revenue Service Name of the organization Rochester Institute of Technology Part I General Information on Activities Outside the United States. Complete if the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria assistance outside the United States. Per grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Per grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region (b) Type) (egg. fundamising, program specific type of service(s) in region (b) Type) (egg. fundamising, program specific type of service(s) in region (c) Type) (egg. fundamising, program service) (egg.) | 31 | | | | | OMB No 1545-0047 | | |
| Inspection Ins | | ► Complete | Part IV, line | 14b, 15, or 16. | 990, | | | |
| Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. | . Intorm | ation about Schedi | ıle F (Form 990) a | nd its instructions is at w | ww.irs.gov/form990. | | | |
| General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region (b) type) (eg.) fundrating, program service, of service (s) in region (b) type) (eg.) a program service, describe an in region in region (b) type) (eg.) a program service, describe specific type of service(s) in region (b) type) (eg.) a program service (s) in region (b) type) (eg.) a program service (s) in region (b) type) (eg.) a program service (s) in region (b) type) (eg.) a program service (s) in region (b) type) (eg.) a program service (s) in region (b) type) (eg.) a program service (s) in region (b) type) (eg.) a program service (s) in region (b) type) (eg.) a program service (s) in region (b) type) (eg.) a program service (s) in region (b) to recipion (b) type) (eg.) a program service (s) in region (b) to region (b) type) (eg.) a program service (s) in region (b) to region (b) type) (eg.) a program service (s) in region (b) to region (b) type) (eg.) a program service (s) in region (b) to region (b) type) (eg.) a program service (s) in region (b) to re | | | | | | | | |
| and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region (b) Number of offices in the region (c) Number of employees, agents, and independent contractors in region (d) Activities conducted in region (by type) (e.g., agents, and independent to recipients located in the region) (1) Central America and the Caribbean (2) Europe (Including Iceland and Greenland) (3) North America (Canada & 0 Investments Mexico only) (4) (5) 3a Sub-total D Total from continuation sheets to Part I | | | | | | , | | |
| assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region (b) Number of offices in the region (b) type) (e.g., fundraising, program service, describe specific type of service(s) in region. (1) Central America and the Caribbean 0 Investments or ceipients located in the region) (2) Europe (Including Iceland and Greenland) (3) North America (Canada & 0 Investments Mexico only) (4) (5) 3a Sub-total D Total from continuation sheets to Part I | and other assistance, the g | grantees' eligibi | | | - | | | |
| (a) Region (b) Number of offices in the region offices in the region (c) Number of offices in the region (b) Number of offices in the regi | assistance outside the Unit | ted States | | | | nts and other | | |
| offices in the region offices in the region offices in the region of the | 3 Activites per Region (The foll | owing Part I, line | 3 table can be d | uplicated if additional sp | ace is needed) | | | |
| (1) Central America and the Caribbean 0 0 Investments 187,677,1 (2) Europe (Including Iceland and Greenland) 0 0 Investments 9,749,1 (3) North America (Canada & Mexico only) 0 0 Investments 271,0 (4) 0 0 Investments 197,697,3 (5) 0 197,697,3 b Total from continuation sheets to Part I 0 0 197,697,3 | (a) Region | offices in the | employees, agents, and independent contractors in | region (by type) (e g , fundraising, program services, investments, grants to recipients located in the | a program service, describ specific type of | e for and investments | | |
| Greenland | | 0 | | Investments | | 187,677,172 | | |
| Mexico only) (4) (5) 3a Sub-total 0 0 197,697,3 b Total from continuation sheets to Part I | | 0 t | 0 | Investments | | 9,749,149 | | |
| (5) 3a Sub-total | , | 0 | 0 | Investments | | 271,048 | | |
| 3a Sub-total 0 0 197,697,3 b Total from continuation sheets to Part I 0 0 0 | (4) | | | | | | | |
| b Total from continuation sheets to Part I | (5) | | | | | | | |
| to Part I | 3a Sub-total | C | C | | | 197,697,369 | | |
| c Totals (add lines 3a and 3b) 0 0 197,697,3 | | s C | C | | | 0 | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2015 | | | - | | | 197,697,369 | | |

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|---|--|---|------------------------------|---------------------------------------|------------------------------------|--|--|
| (1) | | Europe (Including Iceland and Greenland) | Research related to environmental, social and cultural change in contemporary Greenland | 54,654 | Wire | | | |
| (2) | | Europe (Including Iceland and Greenland) | CONFERENCE INTERPRETER SPONSORSHIP | 7,816 | WIRE | | | |
| (3) | | Europe (Including Iceland and Greenland) | CONFERENCE SPONSORSHIP | 9,124 | WIRE | | | |
| (4) | | | | | | | | |

Schedule F (Form 990) 2015

| | duplicated if addit | | | ed States. Complete | ir the organization a | nswered "Yes" to Form | 990, Part IV, line 16. |
|---------------------------------|---------------------|--------------------------|------------------------------|------------------------------------|--|--|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) A mount of cash grant | (e) Manner of cash disbursement | (f) A mount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |

(5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

8621)

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the

organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships

▽ (see Instructions for Form 8865) Yes

Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

5713, do not file with Form 990) Yes

Nο

Νo

Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 16-0743140

Name: Rochester Institute of Technology

Schedule F (Form 990) 2015

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

DLN: 93493128009147

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

▶ Information about Schedule G (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

Rochester Institute of Technology

16-0743140

Fundraising Activities.Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities Check all that apply
- a 🔽 Mail solicitations
 - . ✓ Internet and email solicitations
- c Phone solicitations
- d 🔽 In-person solicitations

- e ✓ Solicitation of non-government grants
 - Solicitation of government grants
 - ${f g}$ ${f ar{m ec {m ec {m ec {m v}}}}}$ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising

 ▼Yes No services?
- **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity (iii) Did fundraiser have custody or control of contributions? | | individual fundrai or entity (fundraiser) cust cont | | ser have ody or crol of | (iv) Gross receipts from activity | (v) A mount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|--|-----|---|---------|-------------------------------|--------------------------------------|--|---|
| | | Yes | No | | | | | |
| 1 BRAKELEY BRISCOE 322 W BELLEVUE AVE | CAMPAIGN CONSULTANT | | No | 0 | 52,725 | -52,725 | | |
| SAN MATEO, CA 94402 | | | | | | | | |
| 2 USEED 1898 E CARMEN ST TEMPE, AZ 85283 | CROWDSOURCE CONSULTANT | | No | 139,589 | 7,459 | 132,130 | | |
| 3 | | | | | | | | |
| | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| Total | <u> </u> | | > | 139,589 | 60,184 | 79,405 | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AK AZ CO EL ME MA MI NH OD SC WA WV

| Part II | Fundraising | Events |
|---------|-------------|---------------|

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

| | | (a) Event #1 | (b) Event #2 | (c)O ther events | (d) |
|----------|---|----------------------------|---|-----------------------|--|
| | | TIGER OPEN GOLF | RITZ DINNER | 0 | Total events (add col (a) through |
| | | TOURN (event type) | (event type) | (total number) | col (c)) |
| | | ,,,, | | | |
| Ф | | | | | |
| Reverne | | | | | |
| Rev | 1 Gross receipts | 40,120 | 14,109 | | 54,229 |
| | 2 Less Contributions | 23,155 | 2,716 | | 25,871 |
| | 3 Gross income (line 1 minus line 2) | 16,965 | 11,393 | 0 | 28,358 |
| | 4 Cash prizes | 0 | | - | 0 |
| | 5 Noncash prizes | 100 | | | 100 |
| | 6 Rent/facility costs | | | | |
| SeS | · | 6,380 | | | 6,380 |
| Expenses | 7 Food and beverages | 6,033 | | | 14,173 |
| | 8 Entertainment | 0 | | | 250 |
| Direct | 9 Other direct expenses | 5,551 | | | 15,689 |
| ۵ | 10 Direct expense summary Add lines 4 | 1 through 9 in column (d |) | | 36,592 |
| | 11 Net income summary Subtract line 1 | 0 from line 3, column (d | 1) | • | -8,234 |
| Pai | rt III Gaming. Complete if the organization Form 990-EZ, line 6a. | answered "Yes" on F | Form 990, Part IV, line | e 19, or reported mor | e than \$15,000 on |
| Revenue | | (a)Bıngo | (b)Pull tabs/Instant bingo/progressive bingo | (c)Other gaming | (d) Total gaming (add col (a) through col (c)) |
| æ | 1 Gross revenue | | | | |
| S | - Cash awar | | | | |
| nse | 2 Cash prizes | | | | |
| Expenses | 3 Noncash prizes | | | | |
| Direct E | 4 Rent/facility costs | | | | |
| △ | 5 Other direct expenses | | | | |
| | | ☐ Yes %_ | ┌ Yes% | | |
| | 6 Volunteer labor | ☐ No | No No | ☐ No | |
| | 7 Direct expense summary Add lines 2 | 2 through 5 ın column (c | 1) | | |
| | 8 Net gaming income summary Subtra | ct line 7 from line 1, col | umn (d) | • | |
| 9 | Enter the state(s) in which the organiza | tion conducts gaming ag | ctivities | | |
| а | Is the organization licensed to conduct | - | <u>'</u> | | Yes No |
| b | If "No," explain | | | | |
| | | | | | |
| 10a | Were any of the organization's gaming li | | | | Yes No |
| b | If "Yes," explain | | | | |
| | | | | | |

Mandatory distributions

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Tyes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Part IV Return Reference Explanation Brakeley Briscoe was engaged as a fundraising consultant with respect to the blended campaign A mount paid (column v) includes consulting fees and direct expenses associated with the project

Schedule G, Part I, Line 2b Brakeley Briscoe that includes travel, meals, entertainment costs, express document delivery charges, telephone conferencing costs, and document printing, photocopying, and binding Brakeley Briscoe has advised the University that it is a fundraising consultant, and not a fundraiser

2b USEED

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization Rochester Institute of Technology

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

Employer identification number

DLN: 93493128009147

Open to Public Inspection

| Rochester Institute of Fechnology | 16-0743140 | 16-0743140 | | | | | |
|---|---|---|------------------------------|---|---|--|---------------------------------------|
| Part I General Information | n on Grants an | d Assistance | | | | | |
| Does the organization maintain rethe selection criteria used to awa Describe in Part IV the organizat Part II Grants and Other Assistanthat received more than \$ | ard the grants or as tion's procedures f nce to Domestic Oi | ssistance? or monitoring the use ganizations and Dome | of grant funds in the Un | | | | ✓ Yes No |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount 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 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 503 Enter total number of other organ | | | | | | | 10 |
| For Paperwork Reduction Act Notice see | | | <u> </u> | Cat No. 50055P | <u> </u> | | le I (Form 990) 2015 |

Schedule I (Form 990) 2015

grant funds

| (1) SCHOLARSHIP | 13488 | 180,800,118 | | |
|----------------------------------|-------|-------------|--|--|
| (2) GRADUATE RESEARCH ASSISTANCE | 378 | 5,221,811 | | |
| (3) FELLO WSHIPS | 34 | 189,607 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Part IV Return Reference Explanation THE UNIVERSITY ESTIMATES THE NUMBER OF RECIPIENTS FROM RECORDS MAINTAINED IN OUR FINANCIAL AID (SCHOLARSHIPS) AND Schedule I, Part III NUMBER OF RECIPIENTS ACCOUNTS PAYABLE SYSTEM (GRADUATE RESEARCH ASSISTANCE STIPENDS AND FELLOWSHIPS) WHICH HAVE BEEN CLASSIFIED BY THE

TYPE OF ASSISTANCE

SCHOLARSHIPS, FELLOWSHIPS, AND OTHER STUDENT RELATED FINANCIAL AID MUST BE USED FOR EDUCATIONAL PURPOSES Schedule I, Part I, Line 2 Procedures for monitoring use of SCHOLARSHIPS AND GRANTS ARE CREDITED DIRECTLY TO STUDENT ACCOUNTS THROUGH AN AUTOMATED SYSTEM AUTHORIZED BY

Page **2**

THE UNIVERSITY'S OFFICE OF FINANCIAL AID AND SCHOLARSHIPS

Schedule I (Form 990) 2015

Additional Data

Software ID: 15000238
Software Version: 2015v3.0

EIN: 16-0743140

Name: Rochester Institute of Technology

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant ıf applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 53-0196644 501C3 18,000 ALEXANDER GRAHAM BELL GENERAL SUPPORT ASSOCIATION 3417 VOLTA PLACE NW WASHINGTON, DC 20007 94-2645503 501C6 7,500 CONFERENCE CALIFORNIA ASSOC FOR LOCAL ECONOMIC SPONSORSHIP DEVELOPMENT 550 BERCUT DRIVE SACRAMENTO, CA 95814 GREATER ROCHESTER 10-0000080 501C3 37,500 SPONSORSHIP ENTERPRISE INC ONE HSBC PLAZA 100 CHESTNUT ST SUITE 1919 ROCHESTER, NY 14604

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) HENRIETTA FIRE DISTRICT 16-0974231 STATE OF NY 35,000 GENERAL SUPPORT 850 BAILEY RD W HENRIETTA, NY 14586 HIGH TECH ROCHESTER 16-1195028 501C3 5,500 EVENT SPONSORSHIP

SPONSORSHIP

| INC 159 LUCIUS GORDON DR SUITE 100 W HENRIETTA,NY 14586 | | | | | |
|--|------------|-------|--------|--|-------------------------|
| NATIONAL ASSOCIATION OF THE DEAF | 94-1358295 | 501C3 | 18,500 | | EVENT AND CONFERENCE |

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

OF THE DEAT 8630 FENTON ST SUITE

820

SILVER SPRING, MD 20910

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) **NEW YORK WINE &** 20-1682175 501C3 26,000 GENERAL SUPPORT **CULINARY CTR** 800 S MAIN ST AL SUPPORT

7,100

EVENT SPONSORSHIP

| _CANANDAIGUA,NY 14424 | | | | | |
|---|------------|-------|-------|--|---------|
| FRIENDS OF GANONDAGAN INC 1488 ROUTE 444 VICTOR,NY 14564 | 16-1353895 | 501C3 | 9,000 | | GENERAL |
| | | | | | |

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

501C3

ROCHESTER GENERAL HOSPITAL

1425 PORTLAND AVE ROCHESTER, NY 14621 16-0743134

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) MK GANDHI INSTITUTE FOR 58-1902609 501C3 25,000 GENERAL SUPPORT NONVIOLENCE 929 S PLYMOUTH AVE ROCHESTER, NY 14608 PONSORSHIP

| ROCHESTER FRINGE FESTIVAL INC PO BOX 10508 ROCHESTER,NY 14610 | 45-2840652 | 501C3 | 27,500 | | EVENT SPONSORSHI |
|--|------------|-------|--------|--|------------------|
| ARNOLD AIR SOCIETY - SILVER WINGS | 53-0231491 | 501C4 | 11,000 | | GENERAL SUPPORT |

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

1501 LEE HIGHWAY-AFA

ARLINGTON, VA 22209

SUITE 400

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule J

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.

2015

DLN: 93493128009147

OMB No 1545-0047

(Form 990)

| reas | epartment of the easury ternal Revenue Service ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990 . | | | | Open to Public Inspection | | | | | |
|------|---|--|--------------|--|------------------------------|------|------|--|--|--|
| Na | me of the organiz | | | Employer identificat | ion nui | mber | | | | |
| | | <i></i> | | 16-0743140 | | | | | | |
| Pa | rt I Questi | ons Regarding Compensation | | | | | | | | |
| | | | | | | Yes | No | | | |
| 1a | | | | ny of the following to or for a person listed on Form ide any relevant information regarding these items | | | | | | |
| | First-clas | s or charter travel | ~ | Housing allowance or residence for personal use | | ļ | | | | |
| | Travel for | companions | | Payments for business use of personal residence | ļ | ļ | | | | |
| | Tax idemi | nification and gross-up payments | ~ | Health or social club dues or initiation fees | ļ | ļ | ļ | | | |
| | Discretion | nary spending account | Γ | Personal services (e g , maid, chauffeur, chef) | | | | | | |
| b | | , , | | on follow a written policy regarding payment or above? If "No," complete Part III to explain | 1b | | No | | | |
| 2 | _ | ation require substantiation prior to reimb ees, officers, including the CEO/Executiv | | ing or allowing expenses incurred by all irector, regarding the items checked in line 1a? | 2 | Yes | | | | |
| 3 | organization's | CEO/Executive Director Check all that a | pply | used to establish the compensation of the y Do not check any boxes for methods the CEO/Executive Director, but explain in Part III | | | | | | |
| | ✓ Compensa | ation committee | ~ | Written employment contract | | | | | | |
| | ✓ Independe | ent compensation consultant | ~ | Compensation survey or study | | | | | | |
| | √ Form 990 | of other organizations | ~ | Approval by the board or compensation committee | | | | | | |
| 4 | During the year or a related org | | t V I | I, Section A, line 1a with respect to the filing organization | ו | | | | | |
| а | Receive a seve | rance payment or change-of-control payr | men | t? | 4a | | No | | | |
| b | Participate in, | or receive payment from, a supplemental | non | qualified retirement plan? | 4b | | Νo | | | |
| c | Participate in, o | or receive payment from, an equity-based | cor | mpensation arrangement? | 4c | | Νo | | | |
| | If "Yes" to any | of lines 4a-c, list the persons and provid | e th | e applicable amounts for each item in Part III | | | | | | |
| _ | | , 501(c)(4), and 501(c)(29) organizations | | • | | | | | | |
| 5 | • | ted on Form 990, Part VII, Section A, line contingent on the revenues of | e 1a | a, did the organization pay or accrue any | | | | | | |
| а | The organization | n? | | | 5a | | Νo | | | |
| b | Any related org | | | | 5b | | No | | | |
| | If "Yes," on line | e 5a or 5b, describe in Part III | | | | | | | | |
| 6 | • | ted on Form 990, Part VII, Section A, line contingent on the net earnings of | e 1a | a, did the organization pay or accrue any | | | | | | |
| а | The organization | n? | | | 6a | | Νo | | | |
| b | Any related org | anızatıon? | | | 6b | | Νo | | | |
| | If "Yes," on line | e 6a or 6b, describe in Part III | | | | | | | | |
| 7 | | ted on Form 990, Part VII, Section A, line lescribed in lines 5 and 6? If "Yes," desc | | a, did the organization provide any non-fixed in Part III | 7 | | No | | | |
| В | | nts reported on Form 990, Part VII, paid nitial contract exception described in Reg | | accured pursuant to a contract that was tions section 53 4958-4(a)(3)? If "Yes," describe | 8 | | No | | | |
| 9 | If "Yes" on line | 8, did the organization also follow the rel | butt | able presumption procedure described in Regulations | | | | | | |

section 53 4958-6(c)?

| ruge = | | | | | | |
|---|--|--|--|--|--|--|
| Part III Officers, Directors, | 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 (D) Nontaxable (E) Total of columns (F) Compensation in | | | | | | |

| (A) Name and Title | (B) Breakdown o | f W-2 and/or 1099-MIS | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in |
|--------------------|-----------------------|-----------------------|------------------|--------------------|------------------------|----------------------|----------------------|
| | , (ii) | | (ıiı) | other deferred | benefits | (B)(ı)-(D) | column(B) reported |
| | Base (1) compensation | Bonus & incentive | Other reportable | compensation | | | as deferred on prior |
| | (i) compensation | compensation | compensation | | | | Form 990 |

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

Page 2

COMPENSATION Schedule J, Part I, Line 1a Housing allowance or residence for personal use Schedule J, Part I, Line 1a Health or THE UNIVERSITY PAYS SOCIAL CLUB INITIATION FEES AND DUES FOR NINE OFFICERS AND/OR HIGHLY COMPENSATED EMPLOYEES THE social club dues or initiation fees IPERSONAL USE PORTION OF THE BENEFIT IS TREATED AS TAXABLE COMPENSATION AND ADDED TO THE EMPLOYEES' FORM W-2. Schedule J, Part I, Line 1b Written EACH OF THE BENEFITS INDICATED IS AVAILABLE TO THE PRESIDENT, CERTAIN OF THESE BENEFITS ARE AVAILABLE TO SELECT

policy regarding payment or OFFICERS, AMOUNTS CONSIDERED TAXABLE ARE REPORTED COMPENSATION INCLUDED ON THE EMPLOYEE'S FORM W-2. SINCE THESE reimbursement of expenses BENEFITS ARE LIMITED TO VERY FEW INDIVIDUALS, A WRITTEN POLICY IS NOT CONSIDERED NECESSARY, HOWEVER, THE UNIVERSITY HAS SPECIFIC WRITTEN POLICIES PERTAINING TO TRAVEL EXPENDITURES AND PAYMENTS/REIMBURSEMENTS

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Page 3

Software ID: 15000238 **Software Version:** 2015v3.0

EIN: 16-0743140 **Name:** Rochester Institute of Technology

| Form 990, Schedule J, Pa | art I | | | | | | | |
|---|-------|---|--|-------------------------------|--|--------------------------------|------------------------------------|--|
| (A) Name and Title | | (B) Breakdown of (i) Base Compensation | W-2 and/or 1099-MIS (ii) Bonus & Incentive | (iii) O ther reportable | (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 |
| 1WILLIAM W DESTLER PRESIDENT | (1) | 824,376 | compensation 51,008 | compensation 9,235 | 23,850 | 69,190 | 977,659 | 0 |
| | (11) | 0 | 0 | 0 | 0 | | | 0 |
| 1GERARD BUCKLEY | (1) | 306,951 | 0 | 3,564 | 26,500 | 17,981 | 354,996 | 0 |
| PRESIDENT NTID, VP AND DEAN RIT | (11) | 0 | 0 | 0 | 0 | | | 0 |
| 2LISA A CAUDA VP DEVELOPMENT AND ALUMNI RELATIONS | (1) | 281,181 | 0 | 1,618 | 26,500 | 14,310 | 323,609 | 0 |
| , Lot III NED III olio | (11) | 0 | 0 | 0 | 0 | -0 | - 0 | 0 |
| 3JEREMY A HAEFNER PROVOST AND SVP | (1) | 447,944 | 17,179 | 2,322 | 23,850 | 24,241 | 515,536 | 0 |
| ACADEMIC AFFAIRS | (11) | 0 | 0 | 0 | 0 | - 0 | 0 | 0 |
| 4 SANDRA S JOHNSON SVP STUDENT AFFAIRS | (1) | 305,128 | 4,469 | 10,621 | 23,850 | 21,042 | 365,110 | 0 |
| | (11) | 0 | 0 | 0 | 0 | - | _ | 0 |
| 5KATHERINE J MAYBERRY VP FOR STRATEGIC | (1) | 238,217 | 0 | 16,291 | 24,305 | 16,327 | 295,140 | 0 |
| PLANNING AND SPECIAL INITIATIVES | (11) | 0 | 0 | 0 | 0 | | | 0 |
| 6KEVIN MCDONALD | (1) | 229,511 | 0 | 3,271 | 21,448 | 30,100 | 284,330 | 0 |
| VP AND ASSOC PROVOST FOR DIVERSITY AND INCLUSION | (11) | 0 | 0 | 0 | 0 | | | 0 |
| 7JAMES G MILLER | (1) | 353,678 | 8,159 | 10,538 | 26,500 | 15,766 | 414,641 | 0 |
| SVP ENROLLMENT MGMT AND CAREER SVCS | (11) | 0 | 0 | 0 | 0 | | | 0 |
| 8DANIEL ORNT | (1) | 407,654 | 0 | 3,834 | 23,850 | 17,125 | 452,463 | 0 |
| VP AND DEAN OF INST OF HEALTH SCIENCES AND TECH | (11) | 0 | 0 | 0 | 0 | | | 0 |
| 9RYNE RAFFAELLE VP FOR RESEARCH AND | (1) | 269,258 | 0 | 1,242 | 26,500 | 80,628 | 377,628 | 0 |
| ASSOC PROVOST | (11) | 0 | 0 | 0 | 0 | - | | 0 |
| 10DEBORAH M STENDARDI VP GOVT AND COMMUNITY | (1) | 251,183 | 0 | 12,129 | 25,929 | 25,299 | 314,540 | 0 |
| RELATIONS | (11) | 0 | 0 | 0 | 0 | | | 0 |
| 11JAMES H WATTERS SVP FINANCE AND | (1) | 453,603 | 17,205 | 14,236 | 26,500 | 22,807 | 534,351 | 0 |
| ADMINISTRATION | (11) | 0 | 0 | 0 | 0 | - | | 0 |
| 12DONALD F FIGER PROF AND DIR CENTER FOR | (1) | 239,891 | 0 | 39,989 | 19,665 | 19,902 | 319,447 | 0 |
| DETECTORS | (11) | 0 | 0 | 0 | 0 | | | 0 |
| 13SOPHIA MAGGELAKIS DEAN, COLLEGE OF SCIENCE | (1) | 260,241 | 0 | 2,322 | 26,441 | 9,303 | 298,307 | 0 |
| , | (11) | 0 | 0 | 0 | 0 | | | 0 |
| 14JACQUELINE MOZRALL DEAN, SAUNDERS COLLEGE | (1) | 289,002 | 0 | 1,371 | 26,500 | 14,962 | 331,835 | 0 |
| OF BUSINESS | (11) | 0 | 0 | 0 | 0 | | 0 | 0 |
| 15NABIL Z NASR ASST PROVOST, DIR | (1) | 409,127 | 0 | 3,564 | 26,500 | 20,734 | 459,925 | 0 |
| GOLISANO INST OF SUSTAINABILITY | (11) | 0 | 0 | 0 | 0 | - 0 | - 0 | 0 |
| 16HARVEY PALMER DEAN, KATE GLEASON | (1) | 270,475 | 0 | 6,858 | 26,500 | 18,087 | 321,920 | 0 |
| COLLÈGE OF ENGINEERING | (11) | 0 | 0 | 0 | 0 | | | 0 |

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DLN: 93493128009147

Schedule K (Form 990) Supple

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.

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

Rochester Institute of Technology

▶Information about Schedule K (Form 990) and its instructions is at $\underline{www.irs.qov/form990}$.

Employer identification number

| Roch | ester Institute of Technology | | | | | | | | | 16 | -07431 | .40 | | | | | | | |
|-------|--|--|-------------|-----------------|-----------------------|-----------------------|-------------------------------|------------------------|----------------------------|------------|--------------------------|------------|------------------------|----------|----------|--|--|-----------------------|--|
| Pa | rt I Bond Issues | | | | | | | | | | | | | | | | | | |
| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP# | (d) Date issued | (e) Issue p | orice | (f) Description of purpose (9 | | (f) Description of purpose | |) Description of purpose | | Description of purpose | | feased | ed (h) O n behalf of issuer | | (i) Pool financing | |
| | | | | | | | | | | Yes | No | Yes | No | Yes | No | | | | |
| A | DASNY RIT SERIES 2002B | 14-6000293 | 64983QH51 | 05-04-2006 | 15,71 | | | JPPLEMEN MATION | TAL | X | | | X | | × | | | | |
| В | DASNY RIT SERIES 2006A | 14-6000293 | 64983QF38 | 05-04-2006 | 61,70 | 6,239 S | SEE SU | JPPLEMEN MATION | TAL | | х | | Х | | Х | | | | |
| С | DASNY RIT SERIES 2008A | 14-6000293 | 6499034Y4 | 11-13-2008 | 84,35 | 2,284 S | SEE SU | JPPLEMEN | TAL | X | | | Х | | Х | | | | |
| D | DASNY RIT SERIES 2010 | 14-6000293 | 6499054S2 | 10-21-2010 | 83,32 | 4,343 S | SEE SU | MATION JPPLEMEN MATION | TAL | | Х | | Х | | Х | | | | |
| Pai | rt III Proceeds | | | | | | | | | | | | | | <u> </u> | | | | |
| | | | | | | A | | I | В | | С | | | D | | | | | |
| 1 | Amount of bonds retired | | | | | 4,190, | ,000 | | 25,785,000 | | 6,90 | 000,00 | | 6 | ,115,000 | | | | |
| 2 | Amount of bonds legally defe | ased | | | | 10,850, | ,000 | | 0 | 76,100,000 | | | 0 | | | | | | |
| 3 | Total proceeds of issue | | | | 15,720,929 61,710,620 | | | 85,041,578 | | | 83,421,727 | | | | | | | | |
| 4 | Gross proceeds in reserve fu | nds | | | | | 0 | | 0 | | | 0 | 0 | | | | | | |
| 5 | Capitalized interest from pro | ceeds | | | | | 0 | | 0 | 0 | | | 0 | | | | | | |
| 6 | Proceeds in refunding escrov | vs | | | | | 0 | | 0 | 0 | | | | | 0 | | | | |
| 7 | Issuance costs from proceed | ds | | | | 141,121 457,585 | | 457,585 | 684,437 | | | | | 559,987 | | | | | |
| 8 | Credit enhancement from pro | ceeds | | | | 5,000 470,127 | | 0 | | | | | 0 | | | | | | |
| 9 | Working capital expenditures | from proceeds . | | | | 9,808 15,809 | | | 0 | | | 0 | | | | | | | |
| 10 | Capital expenditures from pro | | | | | 0 0 | | | 83,691,277 | | | 38,134,885 | | | | | | | |
| 11 | Other spent proceeds | | | | | 15,565,000 60,767,099 | | | 665,864 | | | | 44 | ,726,855 | | | | | |
| 12 | Other unspent proceeds. | | | • | | | 0 | | 0 | | | 0 | | | 0 | | | | |
| 13 | Year of substantial completion | on | | | 2 | 004 | | 20 | 00 | Ž | 2010 | | 2013 | | | | | | |
| | | | | | Yes | No |) | Yes | No | Yes | ľ | No | Yes | | No | | | | |
| 14 | Were the bonds issued as pa | rt of a current refund | ding issue? | | X | | | | Х | | | Х | | | X | | | | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | | | | X | | X | | | | Χ | Х | | | | | | |
| 16 | Has the final allocation of proceeds been made? | | | | Х | | | Х | | Х | | | Х | | | | | | |
| 17 | allocation of proceeds? | | | | × | | | X | | X | | | х | | | | | | |
| Par | Private Business | | | | | | | | | | | | | | | | | | |
| للنظا | The state submitted soc | | | | A | | ı | В | | С | | | D | | | | | | |
| | | | | | Yes | No | | Yes | No | Yes | ľ | No | Yes | | No | | | | |
| | and the second s | and the second s | | | | | | | | | | | | | | | | | |

Was the organization a partner in a partnership, or a member of an LLC, which owned

Χ

Х

Χ

Χ

D

| | | | Yes | No | Yes | No | Yes | No | Yes | No |
|-------|--|--------|-----|-----|-----|-----|-----|--------|--------------|-----------|
| 3a | Are there any management or service contracts that may result in private business of bond-financed property? | | | | | | Х | | Х | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other or counsel to review any management or service contracts relating to the financed | ıtsıde | | | | | | × | | × |
| prope | rty? | | | | | | | | | |
| С | Are there any research agreements that may result in private business use of bond financed property? | l- | | | | | Х | | X | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other or counsel to review any research agreements relating to the financed property? | ıtsıde | | | | | | × | | × |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section $501(c)(3)$ organization or a state or local government | | | 0 % | | 0 % | | 0 26 % | 6 169% | |
| 5 | Enter the percentage of financed property used in a private business use as a resul unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | n | | 0 % | | 0 % | | 0 02 % | 6 | 0 % |
| 5 | Total of lines 4 and 5 | | | 0 % | | 0 % | | 0 28 % | 6 | 1 69 % |
| 7 | Does the bond issue meet the private security or payment test? | | | | | | | Х | | Х |
| 3a | 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 | d of | | | | | | | | |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | 5 | | | | | | | | |
| • | 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? | | | | | | Х | | Х | |
| Par | t IV Arbitrage | | | | | | | | | |
| | | Α | | | В | | С | | D | |
| | Yes | | No | Yes | No | Ye | • | No | Yes | No |
| L | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | , | X | 103 | X | 10 | | Х | 163 | × |
| 2 | If "No" to line 1, did the following apply? | | | | | | - | | | |
| a | Rebate not due yet? | | Х | | Х | | | Х | | Х |
| b | Exception to rebate? | | Х | | X | | | Х | | Х |
| С | No rebate due? | | | Х | | Х | | | Х | |
| | 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? | | Х | | Х | | | Х | | X |
| 1a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | Х | | Х | | | х | | Х |
| b | Name of provider | • | | | • | | • | | | |
| С | Term of hedge | | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | | |
| e | Was the hedge terminated? | | | | | | | | | |
| | | - | | • | • | • | | Scher | dule K (Form | 990) 2015 |

В

С

Page 3

Х

No

Χ

Yes

Х

D

Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary Х Χ Χ period?

Schedule K (Form 990) 2015

LINE 11A, SERIES 2012

Part IV Arbitrage (Continued)

Has the organization established written procedures to monitor

Х Х Х the requirements of section 148? . . . **Procedures To Undertake Corrective Action** В C No No Yes Yes Yes No

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified Х Х Х and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference Explanation

Schedule K, Part II, Line 11 OTHER SPENT PROCEEDS, INCLUDES \$75,000 FOR ISSUER/DASNY FEES

| Return Reference | Explanation |
|---------------------|--|
| Part I, | LINE D (F) THE 2010 PROJECT CONSISTS OF THE CONSTRUCTION OF A NEW ACADEMIC BUILDING, THE CONSTRUCTION OF A GREEN DATA CENTER, THE EXPANSION OF ATHLETIC FACILITIES, VARIOUS OTHER CAMPUS-WIDE IMPROVEMENTS, AND THE ADVANCE REFUNDING OF DASNY, RIT SERIES 2002A, DATED OCTOBER 31, 2002 |

| Return Reference | Explanation |
|--|---|
| Schedule K, Part I, Column (f) ISSUER NAME - DASNY, RIT SERIES 2006A | LINE B (f) THE SERIES 2006A (ADVANCE REFUNDING OF DASNY, RIT SERIES 1997, ISSUED JULY 15, 1997) - PROJECT CONSISTS OF CONSTRUCTION, RENOVATION AND IMPROVEMENTS TO VARIOUS RESIDENTIAL BUILDINGS AND APARTMENT COMPLEXES AND A FINANCIAL INFORMATION SYSTEM PURSUANT TO CODE SECTION 150(C)(3)(II), THE ISSUE REPORTED IN THE INFORMATION RETURN FOR TAX- EXEMPT PRIVATE ACTIVITY BOND ISSUES (FORM 8038) AND THE REISSUANCE OF THE SAME DATE OF THE ISSUER'S ROCHESTER INSTITUTE OF TECHNOLOGY INSURED REVENUE BONDS, SERIES 2002B AS REPORTED IN A SEPARATE 8038 DATED MAY 4, 2006, ARE TREATED AS PARTS OF A SINGLE ISSUE FOR CERTAIN PURPOSES DESCRIBED IN A CODE SECTION 150(C)(3)(II) |

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| Return Reference | Explanation |
|--|---|
| Schedule K, Part II, Line 7 LINE 7C, SERIES 2008A | ORIGINAL ISSUANCE COSTS FROM PROCEEDS OF \$697,839 WERE ADJUSTED FOR \$13,402 OF UNUSED PROCEEDS THESE PROCEEDS (\$13,402), TOGETHER WITH INVESTMENT PROCEEDS OF \$689,295, ARE INCLUDED IN PART II, LINE 10C, CAPITAL EXPENDITURES FROM PROCEEDS |

| Return Reference | Explanation |
|--|---|
| Schedule K, Part II, Line 11 LINE 11B, SERIES 2006A | OTHER SPENT PROCEEDS, INCLUDES \$75,000 FOR ISSUER/DASNY FEES, \$400,919 FOR STATE ISSUANCE FEES AND \$60,291,180 OF PROCEEDS USED TO LEGALLY DEFEASE THE OUTSTANDING AGGREGATE PRINCIPAL AMOUNT OF SERIES 1997 THE REFUNDED BONDS WERE CALLED ON JULY 1,2007 |

| Return Reference | Explanation |
|---|---|
| Schedule K, Part II, Line 11 LINE 11D, SERIES 2010 | OTHER SPENT PROCEEDS, INCLUDES \$75,000 FOR ISSUER/DASNY FEES, \$650,450 FOR STATE ISSUANCE FEES AND \$44,001,405 OF PROCEEDS USEI IN REFUNDING ESCROW FOR SERIES 2002A THE REFUNDED BONDS WERE CALLED ON JULY 1,2012 |

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| Return Reference | Explanation |
|--|--|
| Schedule K, Part II, Line 11 LINE 11A, SERIES 2002B | OTHER SPENT PROCEEDS, INCLUDES \$5,000 FOR ISSUER/DASNY FEES AND \$15,560,000 OF PROCEEDS USED TO REDEEM SERIES 2002B, REOFFERED ON MAY 4,2006 THE REOFFERED BONDS WERE CALLED ON MAY 4,2006 |

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| Return Reference | Explanation |
|--|--|
| Schedule K, Part II, Line 3 LINES 3A, 3B, 3C, 3D, SERIES 2002B, 2006A, 2008A, 2010, RESPECTIVELY | TOTAL PROCEEDS OF ISSUE, INCLUDES INVESTMENT PROCEEDS OF \$1,406,\$4,381, \$689,295,AND \$97,384, RESPECTIVELY |

| Return Reference | Explanation |
|--|---|
| Schedule K, Part I, Column (f) ISSUER NAME - DASNY, RIT SERIES 2002B | LINE A (F) THE 2002B (FIXED RATE 2002B (FIXED RATE CONVERSION AND REOFFERING OF DASNY, RIT SERIES 2002B, ISSUED OCTOBER 31, 2002 PARTIAL DEFEASANCE THROUGH THE DASNY, RIT SERIES 2012, DATED 12/12/12) - PROJECT CONSISTS OF THE RENOVATION AND IMPROVEMENT OF VARIOUS ACADEMIC AND ADMINISTRATIVE BUILDINGS AND CONSTRUCTION OF AN ATHLETIC FIELD HOUSE PURSUANT TO CODE SECTION 150(C)(3)(II), THE ISSUE REPORTED IN THE INFORMATION RETURN FOR TAX- EXEMPT PRIVATE ACTIVITY BOND ISSUES (FORM 8038) AND THE ISSUER'S ROCHESTER INSTITUTE OF TECHNOLOGY INSURED REVENUE BONDS, SERIES 2006A, AS REPORTED IN A SEPARATE FORM 8038 DATED MAY 4 2006, ARE TREATED AS PARTS OF A SINGLE ISSUE FOR CERTAIN PURPOSES DESCRIBED IN CODE SECTION 150(C)(3)(II) |

| Return Reference | Explanation |
|--|---|
| Schedule K, Part II, Line 3 LINE 3A, SERIES 2012A | TOTAL PROCEEDS OF ISSUE, INCLUDE INVESTMENT PROCEEDS OF \$111,166 |

| Return Reference | Explanation |
|--|--|
| Schedule K, Part I, Column (f) ISSUER NAME - DASNY, RIT SERIES 2012A | LINE A (F) THE 2012 PROJECT CONSISTS OF THE CONSTRUCTION OF AN ICE ARENA, RENOVATIONS AND IMPROVEMENTS TO THE INSTITUTE OF HEALTH SCIENCE AND TECHNOLOGY, RENOVATIONS OF LABS, ACQUISITION OF UNIVERSITY COMMONS II, AND PARTIAL REFUNDING OF THE SERIES 2002B AND 2008A |

| Return Reference | Explanation |
|---|--|
| Schedule K, Part II, Line 7 LINE 7A, SERIES 2012 | ORIGINAL ISSUANCE COSTS FROM PROCEEDS OF \$832,806 WERE ADJUSTED FOR \$22,052 OF ADDITIONAL PROCEEDS THESE PROCEEDS, (\$22,052), TOGETHER WITH INVESTMENT PROCEEDS OF \$111,166, ARE INCLUDED IN PART II, LINE 10A, CAPITAL EXPENDITURES FROM PROCEEDS |

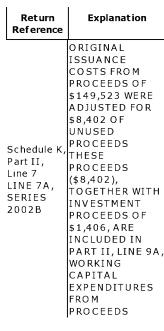
| Return Reference | Explanation |
|--|--|
| Schedule K, Part II, Line 7 LINE 7B, SERIES 2006A | ORIGINAL ISSUANCE COSTS FROM PROCEEDS OF \$469,013 WERE ADJUSTED FOR \$11,428 OF UNUSED PROCEEDS THESE PROCEEDS (\$11,428), TOGETHER WITH INVESTMENT PROCEEDS OF \$4,381, ARE INCLUDED IN PART II, LINE 9B, WORKING CAPITAL EXPENDITURES FROM PROCEEDS |

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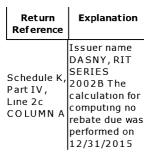
| Return Reference | Explanation |
|--|---|
| Schedule K, Part I, Column (f) ISSUER NAME - DASNY, RIT SERIES 2008A | LINE C (f) THE 2008A (PARTIAL DEFEASANCE THROUGH THE DASNY, RIT SERIES 2012, DATED 12/12/12) - PROJECT CONSISTS OF CONSTRUCTION OF A MIXED-USE HOUSING COMPLEX, THE RENEWAL, REPLACEMENT AND EXPANSION OF EXISTING HEATING AND COOLING INFRASTRUCTURE AND ENERGY MANAGEMENT SYSTEMS, AND THE RENOVATION OF ACADEMIC AND ADMINISTRATIVE BUILDINGS ON THE MAIN CAMPUS |

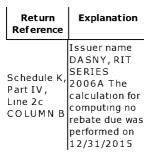
| Return Reference | Explanation |
|--|---|
| Schedule K, Part II, Line 9 LINE 9A, SERIES 2002B, LINE 9B, SERIES 2006A | WORKING CAPITAL EXPENDITURES FROM PROCEEDS REPRESENT UNUSED ORIGINAL ISSUANCE PROCEEDS OF \$8,402 AND INVESTMENT PROCEEDS OF \$1,406 FOR THE SERIES 2002B AND UNUSED ORIGINAL ISSUANCE PROCEEDS OF \$11,428 AND INVESTMENT PROCEEDS OF \$4,381 FOR THE SERIES 2006A THE INVESTMENT PROCEEDS OF \$4,381 FOR THE SERIES 2006A THE INVESTMENT PROCEEDS ARE INCLUDED IN PART II, LINE 3A (SERIES 2002B) AND B (SERIES 2006A), TOTAL PROCEEDS OF ISSUE, RESPECTIVELY |

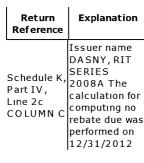


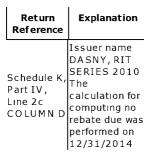
| Return Reference | Explanation |
|---|--|
| Schedule K, Part II, Line 7 LINE 7D, SERIES 2010 | ORIGINAL ISSUANCE COSTS FROM PROCEEDS OF \$597,487 WERE ADJUSTED FOR \$37,500 OF UNUSED PROCEEDS THESE PROCEEDS (\$37,500), TOGETHER WITH INVESTMENT PROCEEDS OF \$97,384, ARE INCLUDED IN PART II, LINE 10D, CAPITAL EXPENDITURES FROM PROCEEDS |

Return Explanation Reference OTHER SPENT PROCEEDS. Schedule K INCLUDES Part II. \$75,000 FOR Line 11 ISSUER/DASNY LINE 11C. FFFS AND SERIES \$590,864 FOR 2008A STATE ISSUANCE FEES









efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

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.

2015

Open to Public Inspection

DLN: 93493128009147

OMB No 1545-0047

Department of the Treasury

(Form 990)

Internal Revenue Service

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

| | e of the organization | | | | | | | | Empl | oyer id | entifica | tion nun | ber | |
|--|---|------------------------|---------------|-----------------|--------------|-------------|-------------------------|--------------|----------|---------|--------------------|----------|-------------|---------------|
| Roci | hester Institute of Technology | | | | | | | | 16-0 | 07431 | 40 | | | |
| Pa | art I Bond Issues | | | | | | | | • | | | | | |
| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue pr | ice (| (f) Description | n of purpose | (g) Defe | eased | (h) beha ISS | | ٠,, | Pool ncing |
| | | | | | | | | | Yes | No | Yes | No | Yes | No |
| A | DASNY RIT SERIES 2012A | 14-6000293 | 649907HM7 | 12-12-2012 | 168,217 | | SUPPLEMEN ORMATION | TAL | | Х | | Х | | X |
| Pa | rt III Proceeds | | | | | 12141 | OKIINTION | | | | | | | |
| | | | | | | \ | | В | | С | | | D | |
| 1 | A mount of bonds retired. | | | | | 990,00 | 00 | | | | | | | |
| 2 | A mount of bonds legally defe | ased | | | | | 0 | | | | | | | |
| 3 | Total proceeds of issue | | | | 1 | 68,328,53 | 34 | | | | | | | |
| 4 | Gross proceeds in reserve fu | | | | | | 0 | | | | | | | |
| 5 | Capitalized interest from pro- | ceeds | | | | 2,881,58 | 37 | | | | | | | |
| 6 | Proceeds in refunding escrov | vs | | | 1 | 109,309,562 | | | | | | | | |
| 7 | Issuance costs from proceed | ds | | | | 854,85 | 58 | | | | | | | |
| 8 | Credit enhancement from pro | oceeds | | | | | 0 | | | | | | | |
| 9 | Working capital expenditures | from proceeds . | | | | 0 | | | | | | | | |
| 10 | Capital expenditures from pr | | | | | 58,089,43 | 38 | | | | | | | |
| 11 | Other spent proceeds | | | | | 75,00 | 00 | | | | | | | |
| 12 | Other unspent proceeds . | | | | | | 0 | | | | | | | |
| 13 | Year of substantial completion | on | | | 20 | 15 | | | | | | | | |
| | | | | | Yes | No | Yes | No | Yes | N | lo | Yes | | No |
| 14 | Were the bonds issued as pa | rt of a current refund | ding issue? | | | Х | | | | | | | | |
| 15 | Were the bonds issued as pa | rt of an advance refu | unding issue? | | Х | | | | | | | | | |
| 16 | Has the final allocation of pro | oceeds been made? | | | Х | | | | | | | | | |
| Does the organization maintain adequate books and records to support the final allocation of proceeds? | | | | × | | | | | | | | | | |
| | Duivete Business | | | | | | | | | | | | | |
| Рa | rt III Private Business | use | | | | | | В | | c | I | | D | |
| | | | | | Yes | No | Yes | No | Yes | l N | 0 | Yes | | No |
| 1 | Was the organization a partn- property financed by tax-exe | | | | | Х | | | | | | | | |

Are there any lease arrangements that may result in private business use of bond-

Χ

| | | | - | A | | В | | С | | D | |
|--|--|--------------|-----|----------|-----|----|-----|----|-----|----|--|
| | | | Yes | No | Yes | No | Yes | No | Yes | No | |
| 3a | Are there any management or service contracts that may result in private to of bond-financed property? | ousiness use | Х | | | | | | | | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the final | | | х | | | | | | | |
| prope | , | | | | | | | | - | | |
| С | Are there any research agreements that may result in private business use financed property? | or bond- | X | | | | | | | | |
| d | 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 | | | 3 27 % | | | | | | | |
| 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 | | | 0 01 % | | | | | | | |
| 6 | Total of lines 4 and 5 | | | 3 28 % | | | | | | | |
| 7 | Does the bond issue meet the private security or payment test? | | | Х | | | | | | | |
| 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? | | | | х | | | | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or c | disposed of | | | | | | | | | |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s | sections | | | | | | | | | |
| 9 | Has the organization established written procedures to ensure that all nonq bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2? | | Х | | | | | | | | |
| Par | t IV Arbitrage | | | | | | | | | | |
| | | А | | | В | 3 | | | D | | |
| | | Yes | No | Yes | No | Ye | es | No | Yes | No | |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | × | | | | | | | | |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | | | |
| а | Rebate not due yet? | Х | | | | | | | | | |
| b | Exception to rebate? | | Х | | | | | | | | |
| С | No rebate due? | | Х | | | | | | | | |
| | 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? | | Х | | | | | | | | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | Х | | | | | | | | |
| b | Name of provider | | | | | | | | | | |
| С | Term of hedge | | | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | | | |
| е | Was the hedge terminated? | | | | | | | | | | |
| | | | | • | | | | | | | |

| С | 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 | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | | × | | | | | | | |
| Pai | rt V Procedures To Undertake Corrective Action | | | | | | | | |
| | | А | | В | | С | | D | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure | | | | | | | | | |

Х and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

that violations of federal tax requirements are timely identified

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

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Schedule L

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.

OMB No 1545-0047

DLN: 93493128009147

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(Form 990 or 990-EZ)

| partment of the easury ernal Revenue Service | | formation al | out Sche | • | n 990 or 990-EZ 1 <u>0v /form990</u> . |) and its instru | ctions | is at | | Ope In | n to Pu specti | ıblic on | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------------|----------------|----------------|--|---|------------------|---------------------------|--------|---|--|---|-------------|--|---|--------------------|--|--|--|--|--|--|--|--|--|---|--|---|--|--|--|---|--|--|--|-----------------------------------|--------------|------------------|--|
| Name of the organi Rochester Institute of T | zation | | | | | | En | ıploye | r identif | ication | number | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | -074 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | section 501(c) , Part IV, line 2 | | | | | | 10b | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | f disqualified pe | | | (b) Relationship between disqualified person and | | | | | cription | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - () | | | ` ′ | organization | | transaction | | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | unt of tax, if and | From Inte | above, rei | mbursed by Persons. | - | n | | | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | line 38a, or Fo | rm 99 | 0, Par | t IV , lin | e 26, o | r ıf the | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| interested | Relationship with organization | (c) (urpose of | (c) Purpose of | (c) Purpose of | 1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | or from the principal due | | (d) Loan to (e)Original (f)Balance (e of or from the principal due de | | (d) Loan to (e)O rigina or from the principal | | | rpose of or from th loan organizatio | (g) In default? | | | | | | | | | | 1 | | 1 | | | | 1 | | | | (h) A ppro by boa commit | ved rd or | (i)Wrı agreem | |
| | | | То | From | | | Yes | No | Yes | No | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | l | İ | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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) A mount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|---------------------------|------------------------|-------------------------------|
| (1) | | 57,219 | TUITION WAIVER | GENERAL SUPPORT |
| (2) | | 2,584 | DISCOUNTED TUITION | GENERAL SUPPORT |
| | | | | |
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| For Paperwork Reduction Act N | Notice, see the Instructions for | Form 990 or 990-F7. Ca | at No 50056A Schodul | o L (Form 000 or 000-E7) 201E |

Return Reference

(e) Sharing

of

revenues? Yes

organization's

No

Νo

Νo

Νo Nο

Νo

(d) Description of transaction

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 (c) A mount of

between interested

person and the

organization

transaction

Explanation

| TRUSTEE, THOMAS JUDSON, CHAIRMAN OF PIKE CO, WITH | 2,830,657 | PIKE PROVIDED CONSTRUCTION SERVICES | |
|--|---|---|--|
| HIS FAMILY OWN > 35% OF THE COMPANY | | TO RIT, RIT PROVIDED TRAINING TO PIKE EMPLOYEES | |
| TRUSTEE, AUSTIN MCCHORD, IS FOUNDER, CEO, AND OWNER OF >35% OF THE STOCK OF DATTO, INC | | | |
| FAMILY MEMBER OF OFFICER | 46,028 | PAYMENT OF COMPENSATION | |
| TRUSTEE, MARIANNE GOFF, HUSBAND, JAMES GOFF, IS PRESIDENT, CEO, AND OWNS > 35% OF THE COMPANY | 569,341 | LANDSMAN DEVELOPMENT CORP PROVIDED CONSTRUCTION SERVICES TO RIT | |
| FAMILY MEMBER OF TRUSTEE | 11,384 | PAYMENT OF COMPENSATION | |
| | | | |
| | 35% OF THE COMPANY TRUSTEE, AUSTIN MCCHORD, IS FOUNDER, CEO, AND OWNER OF >35% OF THE STOCK OF DATTO, INC FAMILY MEMBER OF OFFICER TRUSTEE, MARIANNE GOFF, HUSBAND, JAMES GOFF, IS PRESIDENT, CEO, AND OWNS > 35% OF THE COMPANY FAMILY MEMBER OF | 35% OF THE COMPANY TRUSTEE, AUSTIN MCCHORD, IS FOUNDER, CEO, AND OWNER OF >35% OF THE STOCK OF DATTO, INC FAMILY MEMBER OF OFFICER TRUSTEE, MARIANNE GOFF, HUSBAND, JAMES GOFF, IS PRESIDENT, CEO, AND OWNS > 35% OF THE COMPANY FAMILY MEMBER OF 11,384 | 35% OF THE COMPANY TRUSTEE, AUSTIN MCCHORD, IS FOUNDER, CEO, AND OWNER OF >35% OF THE STOCK OF DATTO, INC FAMILY MEMBER OF OFFICER TRUSTEE, MARIANNE GOFF, HUSBAND, JAMES GOFF, IS PRESIDENT, CEO, AND OWNS > 35% OF THE COMPANY FAMILY MEMBER OF 11,384 PAYMENT OF |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE M

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

(Form 990)

DLN: 93493128009147 OMB No 1545-0047

2015

| Treas | rtment of the ury nal Revenue Service | ▶Information al | bout Schedu | lle M (Form 990) and its ins | tructions is at <u>www.irs.g</u> o | ov /f or m 990 | Open to Inspe | | |
|-------|---|----------------------|----------------------------------|---|--|-------------------------|------------------|------|----|
| | e of the organiza | | | | | Employer identific | ation nu | mber | |
| Roche | ester Institute of Tec | hnology | | | | 16-0743140 | | | |
| Pa | rt I Types | of Property | | | | 10 0743140 | | | |
| | | . , | (a) Check If applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line | Method of noncash contr | | _ | ts |
| 1 | Art—Works of a | t | X | 6 | | Market value | | | |
| 2 | Art—Historical t | reasures . | | | | | | | |
| 3 | Art—Fractional | interests | | | | | | | |
| 4 | Books and publi | cations | | | | | | | |
| 5 | Clothing and ho goods | usehold • • • • • | | | | | | | |
| | Cars and other | | | | | | | | |
| | | | | | | | | | |
| 8 | Intellectual prop | • | | | | | | | |
| 9 | Securities—Pub | • | X | 55 | 1,537,940 | Market value | | | |
| | Securities—Part or trust interest | | ' | | | | | | |
| 12 | Securities—Mis | | | | | | | | |
| | Qualified conse contribution—H structures . | rvation istoric | | | | | | | |
| 14 | Qualified conse contribution—O | | | | | | | | |
| 15 | Real estate—Re | sidential . | | | | | | | |
| 16 | Real estate—Co | mmercial | | | | | | | |
| 17 | Real estate—Ot | her | | | | | | | |
| | Collectibles . | | X | 4 | 41,733 | Market value | | | |
| | Food inventory | | | | | | | | |
| | Drugs and medi | • • | | | | | | | |
| | Taxidermy . Historical artifa | | | | | | | | |
| | Scientific specii | | | | | | | | |
| | Archeological a | | | | | | | | |
| | Other ► (| | X | 33 | 1,180,72 | Market value | | | |
| | pment) ` | | | | , , | | | | |
| | Other►(sumables) | | Х | 42 | 582,888 | Market value | | | |
| | Other►(ware) | | Х | 2 | 427,000 | Market value | | | |
| O the | | | X | 13 | , | Market value | | | |
| 29 | | | | inization during the tax yea 283, Part IV, Donee Ackno | | 29 | | 1 | 2 |
| 302 | During the year | r did the organiz | ation receiv | e by contribution any prope | erty reported in Part I. lines | : 1 through 28 tha | . — | Yes | No |
| Jua | | | | | | | | | |
| | | • | | e date of the initial contribu | ition, and which is not requ | irea to be usea | | | l |
| | | | | period? | | | 30a | | Νo |
| b | If "Yes," descr | lbe the arrangem | ent in Part 1 | II | | | | ļ | ı |
| 31 | Does the organ | ization have a gi | ft acceptan | ce policy that requires the i | eview of any non-standard | l contributions? | 31 | Yes | |
| 32a | Does the organ | | e third part | les or related organizations | to solicit, process, or sell | noncash | 32a | Yes | |
| | If "Yes," descr If the organizat | | t an amount | : in column (c) for a type of | property for which column | (a) is checked, | 1 | | |

describe in Part II

Schedule M (Form 990) (2015)

Page 2

Schedule M (Form 990) (2015)

Explanation Schedule M. Part I Lines 1-28. The University is reporting the number of contributions received Column B Schedule M, Part I, Line 32b Third

The University will, on occasion, contract with a third party for the purpose of disposing of contributed

assets that it does not have further use for and which are of a specialized nature parties used to solicit, process, or sell noncash contributions



| Return Reference | Explanation |
|-----------------------------|--|
| Form 990, Part VI, Line 11b | PRIOR TO FILING THE RETURN, THE PREPARED RIT FORM 990 WAS PROVIDED TO THE MEMBERS OF THE AUDIT |
| Review of form 990 by | COMMITTEE AND SUBSEQUENTLY PRESENTED FOR REVIEW AT A REGULARLY SCHEDULED AUDIT COMMITTEE |
| governing body | MEETING PRIOR TO FILING THE RETURN, IT WAS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF |
| | TRUSTEES VIA A SECURED WEBSITE |

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 12c Conflict of interest policy | THE UNIVERSITY'S CONFLICT OF INTEREST POLICY APPLIES TO ALL MEMBERS OF THE BOARD OF TRUSTEES ALL TRUSTEES AND OFFICERS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AS SOON AS POSSIBLE ADDITIONALLY, ON AN ANNUAL BASIS, THE SECRETARY OF THE UNIVERSITY DISTRIBUTES A CONFLICT OF INTEREST DISCLOSURE FORM TO ALL TRUSTEES AND OFFICERS SOLICITING DISCLOSURE OF ANY ACTUAL OR POTENTIAL CONFLICTS FOLLOWING THE RECEIPT OF INFORMATION CONCERNING A CONTRACT OR TRANSACTION INVOLVING A POTENTIAL CONFLICT OF INTEREST, THE SECRETARY OF THE UNIVERSITY WILL ARRANGE FOR THE CONFLICT OF INTEREST SUBCOMMITTEE TO CONSIDER THE MATERIAL FACTS CONCERNING THE FAIRNESS AND BUSINESS CASE OF THE PROPOSED CONTRACT OR TRANSACTION THE COMMITTEE SHALL APPROVE ONLY THOSE CONTRACTS OR TRANSACTIONS IN WHICH THE TERMS ARE FAIR AND REASONABLE TO THE UNIVERSITY AND THE ARRANGEMENTS ARE CONSISTENT WITH THE BEST INTERESTS OF THE UNIVERSITY IN ANY EVENT, SUCH MEMBERS WILL NEITHER VOTE, NOR DISCHARGE HIS/HER DUTIES WITH RESPECT TO ANY MATTER CONCERNING A CONFLICT THE COMMITTEE SHALL SET FORTH THE BASIS FOR ITS DECISION WITH RESPECT TO APPROVAL OF CONTRACTS OR TRANSACTIONS INVOLVING CONFLICTS OF INTEREST IN THE MINUTES OF THE MEETING AT WHICH THE DECISION IS MADE, INCLUDING THE BASIS FOR DETERMINING THAT THE CONSIDERATION TO BE PAID IS FAIR TO THE UNIVERSITY. THE CONFLICT OF INTEREST CONFLICT OF COMMITMENT (ICIC) POLICY REQUIRES ALL REGULAR RIT FACULTY AND STAFF TO DISCLOSE POTENTIAL, REAL, OR PERCEIVED CONFLICTS OF INTEREST OR COMMITMENT ANNUALLY TO THEIR IMMEDIATE SUPERVISOR ADDITIONALLY, THE ICIC POLICY REQUIRES THAT EMPLOYEES SUBMIT AN ANNUAL DISCLOSURE AND/OR A DISCLOSURE WHEN CIRCUMSTANCES CHANGE THAT MAY CREATE A POTENTIAL, REAL, OR PERCEIVED CONFLICT. |

| Return Reference | Explanation |
|---------------------|--|
| Form 990, Part VI, | THE EXECUTIVE COMPENSATION SUBCOMMITTEE SHALL DECIDE UPON MATTERS OF EXECUTIVE SALARY AND |
| Line 15a Process to | BENEFITS, AND ANNUALLY SHALL REVIEW THE COMPENSATION OF THE OFFICERS OF THE UNIVERSITY, MAKING A |
| establish | RECOMMENDATION CONCERNING THE SAME TO THE EXECUTIVE COMMITTEE FOR ITS FINAL APPROVAL THE |
| compensation of top | PRESIDENT ANNUALLY WILL MEET WITH THE EXECUTIVE COMPENSATION SUBCOMMITTEE AND PROVIDE IT WITH AN |
| management official | EVALUATION OF THE OFFICERS OF THE UNIVERSITY OTHER THAN THE PRESIDENT, AND A PROPOSAL FOR THEIR |
| | COMPENSATION THE CHAIR OF THE BOARD OF TRUSTEES ANNUALLY WILL MEET WITH THE EXECUTIVE |
| | COMPENSATION SUBCOMMITTEE AND PROVIDE IT WITH AN EVALUATION OF THE PRESIDENT AND A PROPOSAL FOR |
| | THE PRESIDENT'S COMPENSATION BIENNIALLY THE EXECUTIVE COMPENSATION SUBCOMMITTEE UTILIZES VARIOUS |
| | TOOLS TO REVIEW THE COMPENSATION FOR THE OFFICERS INDEPENDENT CONSULTANT AND COMPENSATION |
| | SURVEY BASED ON A SALARY ANALYSIS OF COMPARABLE POSITIONS IN LIKE CIRCUMSTANCES |

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 15b Process to establish compensation of other employees | THE EXECUTIVE COMPENSATION SUBCOMMITTEE REVIEWS THE PROPOSED SALARIES OF THE FOLLOWING POSITIONS PRESIDENT, PROVOST AND SVP ACADEMIC AFFAIRS, SVP FINANCE AND ADMINISTRATION, SVP ENROLLMENT MANAGEMENT AND CAREER SERVICES, VP FOR RESEARCH AND ASSOC PROVOST, VP DEVELOPMENT AND ALUMNI RELATIONS, SVP STUDENT AFFAIRS, PRESIDENT NTID, VP AND DEAN RIT, VP FOR STRATEGIC PLANNING AND SPECIAL INITIATIVES, VP GOVERNMENT AND COMMUNITY RELATIONS, VP DEAN INSTITUTE HEALTH SCIENCES AND TECHNOLOGY, AND VP AND ASSOC PROVOST FOR DIVERSITY AND INCLUSION THE EXECUTIVE COMPENSATION SUBCOMMITTEE SHALL SET FORTH THE BASIS FOR ITS DECISIONS WITH RESPECT TO COMPENSATION IN THE MINUTES OF THE MEETING AT WHICH THE DECISIONS ARE MADE, INCLUDING THE PRIMARY CONCLUSIONS OF THE EVALUATION AND THE BASIS FOR DETERMINING THAT THE INDIVIDUAL'S COMPENSATION WAS REASONABLE IN LIGHT OF THE EVALUATION AND COMPARABILITY DATA THE EXECUTIVE COMPENSATION SUBCOMMITTEE REPORTS ANNUALLY TO THE FINANCE COMMITTEE AND TO THE FULL BOARD CONCERNING THE EVALUATION OF OFFICERS AND THE ESTABLISHMENT OF THEIR COMPENSATION |

| Return Reference | Explanation |
|--------------------|---|
| Required documents | THE FOLLOWING DOCUMENTS ARE AVAILABLE AT THE UNIVERSITY'S WEBSITE AT WWW RIT EDU 1) LIST OF MEMBERS OF THE BOARD OF TRUSTEES, 2) CONSOLIDATED AUDITED FINANCIAL STATEMENTS, AND 3) UNIVERSITY POLICY AND PROCEDURES MANUAL ADDITIONALLY, THESE DOCUMENTS ARE AVAILABLE UPON REQUEST |

| Return Reference | Explanation |
|-------------------------|--|
| Program Service Revenue | All Other Program Services Revenue - Total Revenue 7709568, Related or Exempt Function Revenue 7476186, Unrelated Business Revenue 14442, Revenue Excluded from Tax Under Sections 512, 513, or 514, 218940. |

| Return Reference | Explanation |
|-------------------------------------|---|
| Form 990, Part VIII, Line 11d Other | Other - Total Revenue 3638674, Related or Exempt Function Revenue 1531820, Unrelated Business |
| Miscellaneous Revenue | Revenue 1142797, Revenue Excluded from Tax Under Sections 512, 513, or 514 964057, |

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

DLN: 93493128009147 OMB No 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2015

Open to Public

Schedule R (Form 990) 2015

Employer identification number

16-0743140

Department of the Treasury Internal Revenue Service Name of the organization

Rochester Institute of Technology

► Attach to Form 990.

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

| /-> | (6) | (-) | (4) | (-) | (6) | | |
|--|--|---|----------------------------|--|--------------------------------------|--------------------------|--------------------------------------|
| (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) 5257 W HENRIETTA ROAD LLC 5257 W HENRIETTA RD HENRIETTA, NY 14586 16-1609483 | OWN REAL PROPERTY | NY | 5,504,554 | 23,587,541 | ROCHESTER INSTITUTE OF TECHNOLOGY | | |
| (2) MAGIC SPELL STUDIOS LLC ONE LOMB MEMORIAL DRIVE ROCHESTER, NY 14623 46-4163650 | DIGITAL RESEARCH CENTER | NY | 41,630 | 28,814 | ROCHESTER INSTITUTE OF TECHNOLOGY | | |
| (3) RIT VENTURE FUND I LLC 5 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623 45-5183880 | INVESTMENTS | DE | 0 | 5,794 | ROCHESTER INSTITUTE OF TECHNOLOGY | | |
| | | | | | | | |
| Part II Identification of Related Tax-Exempt Or or more related tax-exempt organizations dur | ganizations Complete if the ring the tax year. | ne organization ai | nswered "Yes" (| on Form 990, Par | t IV, line 34 because it h | ad on | e |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | Public charity stat (if section 501(c)(| | Section (13) co en | g) n 512(b) ontrolled tity? |
| (1)RIT GLOBAL DELIVERY CORPORATION 5 LOMB MEMORIAL DRIVE EASTMAN-4000 ROCHESTER, NY 14623 20-1151703 | EDUCATIONAL PURPOSES | NY | 501(c)(3 | | ROCHESTER INSTITUTE OF TECHNOLOGY | Yes | No No |
| (2)RIT CROATIA DON FRANA BULIKA 6 DUBROVNIK HR | EDUCATIONAL PURPOSES | HR | 501(c)(3 | | RIT GLOBAL DELIVERY CORPORATION | | No |
| (3)RIT CAMPUS CLUB INC 39 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623 16-1201526 | SUPPORT RIT | NY | 501(c)(3 | | ROCHESTER INSTITUTE OF TECHNOLOGY | | No |
| | | | | | | | |
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| | | 1 | 1 | | | 1 | 1 |

Cat No 50135Y

| 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) | 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 Disprop alloca |) ortionate ations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | partner | | General or managing partner? | | General or managing partner? | | General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|---|--------|---|---------------------------------|--|-------------------------|---------------------------|---|---------|----|------------------------------------|--|------------------------------------|--|------------------------------------|--|---------------------------------------|
| | | | | 314) | | | Yes | No | | Yes | No | | | | | | | |
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| Part TV Identification of Polated Organizations Taxable | | | | | | | | | | | | | | | | | | |

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 |
| | | | | | | | | | |
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| chedu | ile R (Form 990) 2015 | | Рa | ge 3 |
|--------------|--|------------|-----|-------------|
| Pari | Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. | | | |
| ı | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | Yes | No |
| 1 Dur | ring 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 l | Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity | 1a | Yes | |
| Ь | Gift, grant, or capital contribution to related organization(s) | 1 b | Yes | |
| c (| Gift, grant, or capital contribution from related organization(s) | 1 c | | No |
| d I | Loans or loan guarantees to or for related organization(s) | 1d | | No |
| e I | Loans or loan guarantees by related organization(s) | 1e | | No |
| f [| Dividends from related organization(s) | 1f | | No |
| | Sale of assets to related organization(s) | 1 g | | No |
| h I | Purchase of assets from related organization(s) | 1h | | No |
| i E | xchange of assets with related organization(s) | 1i | | No |
| j L | ease of facilities, equipment, or other assets to related organization(s) | 1j | | No |

| е | Loans of loan guarantees by related organization(s) | 1 | | 110 |
|-----|--|------------|-----|-----|
| f | Dividends from related organization(s) | 1f | | No |
| g | Sale of assets to related organization(s) | 1 g | | 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 |
| - 1 | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | Yes | |
| | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | No |
| | Sharing of paid employees with related organization(s) | 10 | | No |
| р | Reimbursement paid to related organization(s) for expenses | 1 p | | No |
| | Reimbursement paid by related organization(s) for expenses | 1 q | | No |
| r | Other transfer of cash or property to related organization(s) | 1r | Yes | |
| | Other transfer of each or property from related organization(s) | 15 | | No |

| S Other transfer of cash of property from related organization(s) | | | |
|---|----------------------------------|------------------------|--|
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete | this line, including co | vered relationships | and transaction thresholds |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
| (1)RIT CAMPUS CLUB INC | А | 610,496 | |
| (2)RIT CAMPUS CLUB INC | L | 3,115,884 | |
| (3)RIT CAMPUS CLUB INC | R | 279,809 | |
| (4)RIT GLOBAL DELIVERY CORPORATION | R | 790,485 | |
| | | | |

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

| revenue) that was not a related organization. See instructions r | | | | | | | | | | | | | |
|--|-------------------------|---|--|-----|--|------------------------------------|--|--------------------------------------|----|---|---|---------|--------------------------------|
| (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) | org | (e) all partners section (01(c)(3) anizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtiona allocations? | | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
| | | | 314) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | 1 1 | |
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