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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
THE ROCHESTER GENERAL HOSPITAL

Doing business as

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

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

D Employer identification number
16-0743134

E Telephone number
(585) 922-1595

G Gross receipts $ 1,502,631,395

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.ROCHESTERREGIONAL.ORG

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

L Year of formation: 1847

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO OPERATE A GENERAL HOSPITAL IN THE COUNTY OF MONROE, NY FOR MEDICAL AND SURGICAL AID, CARE AND TREATMENT OF PERSONS IN NEED.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	7,205
6	Total number of volunteers (estimate if necessary)	**6**	689
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	266,854
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	24,834,627	24,837,478
9	Program service revenue (Part VIII, line 2g)	974,159,791	1,012,329,250
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,163,677	17,556,611
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,924,040	19,890,529
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,030,082,135	1,074,613,868
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	245,150	290,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	573,028,190	576,221,249
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	410,168,027	432,248,671
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	983,441,367	1,008,759,920
19	Revenue less expenses. Subtract line 18 from line 12	46,640,768	65,853,948

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,316,612,374	1,573,204,069
21	Total liabilities (Part X, line 26)	746,164,892	878,416,296
22	Net assets or fund balances. Subtract line 21 from line 20	570,447,482	694,787,773

Part II Signature Block

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

Sign Here

****** 2020-11-10
Signature of officer Date

THOMAS R CRILLY CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-11-09		P00589741

Firm's name ▶ FUST CHARLES CHAMBERS LLP — Firm's EIN ▶ 16-1226221

Firm's address ▶ 5784 WIDEWATERS PARKWAY SYRACUSE, NY 13214 — Phone no. (315) 446-3600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 868,508,865 including grants of $ 290,000) (Revenue $ 1,018,954,126)
See Additional Data

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

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

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

4e **Total program service expenses ▶** 868,508,865

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		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		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	476		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	7,205		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	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	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶HOWARD GLASTONBURY 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 (585) 922-1595

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.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN M GALLINA CHAIR OF THE BOARD	1.00 1.00	X		X				0	0	0
(2) DIANNE COONEY MINER VICE CHAIR	1.00 1.00	X		X				0	0	0
(3) JEFFREY C MAPSTONE TREASURER	1.00 1.00	X		X				0	0	0
(4) JULIA TEDESCO SECRETARY	1.00 1.00	X		X				0	0	0
(5) ERIC BIEBER MD CEO	19.00 36.00	X		X				837,010	1,585,914	1,217,088
(6) KARAN SINGH ALAG MD DIRECTOR	40.00 1.00	X						348,879	0	110,953
(7) LINDA BECKER DIRECTOR	1.00 1.00	X						0	0	0
(8) RALPH DESTEPHANO DIRECTOR	1.00 1.00	X						0	0	0
(9) DANIEL MEYERS DIRECTOR	1.00 1.00	X						0	0	0
(10) ELIZABETH PATTON PHD DIRECTOR	1.00 1.00	X						0	0	0
(11) THOMAS RILEY DIRECTOR	1.00 1.00	X						0	0	0
(12) LEON T SAWYKO DIRECTOR	1.00 1.00	X						0	0	0
(13) DAWN RIEDY MD DIRECTOR	40.00 1.00	X						442,081	0	329,826
(14) MARCY C MULCONRY MD DIRECTOR	1.00 40.00	X						0	359,377	55,382
(15) PAUL BERNSTEIN MD MEDICAL STAFF PRESIDENT	40.00 0.00	X						288,686	0	176,484
(16) THOMAS CRILLY CFO	19.00 36.00			X				284,689	539,410	535,742
(17) ROBERT NESSELBUSH COO	23.00 32.00			X				828,592	1,152,825	1,301,292

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HUGH THOMAS	19.00			X				357,575	677,509	611,973
CAO	36.00									
(19) KEVIN CASEY MD	55.00			X				604,033	0	348,168
PRESIDENT	0.00									
(20) RONALD KIRSHNER	40.00					X		2,318,686	0	138,862
CHIEF, CARDIOTHORACIC	0.00									
(21) SOON PARK	40.00					X		1,522,860	0	7,534
PHYSICIAN	0.00									
(22) DANIEL ALEXANDER	40.00					X		1,607,345	0	64,117
PHYSICIAN	0.00									
(23) GORDON WHITBECK	40.00					X		1,203,659	0	133,142
PHYSICIAN	0.00									
(24) MICHAEL E PICHICHERO	40.00					X		1,212,896	0	93,572
DIRECTOR, RESEARCH INSTITUTE	0.00									
(25) WARREN HERN	0.00						X	0	250,000	0
FORMER CEO	0.00									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								11,856,991	4,565,035	5,124,135

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 913

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LECHASE CONSTRUCTION SERVICES 205 INDIGO CREEK DR ROCHESTER, NY 14626	CONSTRUCTION SERVICES	62,390,230
DGA BUILDERS LLC 1170 PITTSFORD VICTOR RD PITTSFORD, NY 14534	CONSTRUCTION SERVICES	11,502,013
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVENUE BOX 888 ROCHESTER, NY 14642	PHYSICIAN SERVICES	4,124,873
ALEX PARK SOUTH LLC 259 ALEXANDER STREET ROCHESTER, NY 14607	LEASING SERVICES	3,797,042
HARRIS BEACH PLLC 99 GARNSEY RD PITTSFORD, NY 14534	LEGAL SERVICES	2,877,463

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 85

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	1,723,479			
	e Government grants (contributions)	1e	21,365,688			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,748,311			
	g Noncash contributions included in lines 1a - 1f: $	1g				
	h **Total.** Add lines 1a-1f		24,837,478			
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUE	622110	997,449,475	997,449,475		
	b RENTAL REVENUE FROM RELATED PARTI	531120	6,077,626	6,077,626		
	c RESEARCH	541700	3,079,590	3,079,590		
	d SCHOOL OF NURSING	611600	2,817,139	2,817,139		
	e					
	f All other program service revenue.		2,905,420	2,905,420		
	g **Total.** Add lines 2a–2f.		1,012,329,250			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,536,793			9,536,793
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	7a	436,037,345			
	b Less: cost or other basis and sales expenses	7b	428,017,527			
	c Gain or (loss)	7c	8,019,818			
	d Net gain or (loss)		8,019,818			8,019,818
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a PHARMACY REVENUE	446110	10,172,631			10,172,631
	b CAFETERIA/CAFE & CATERING	722210	2,826,168			2,826,168
	c PASSTHROUGH UBIT	900099	266,157		266,157	
	d All other revenue		6,625,573	6,624,876	697	
	e **Total.** Add lines 11a–11d		19,890,529			
	12 **Total revenue.** See instructions		1,074,613,868	1,018,954,126	266,854	30,555,410

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	290,000	290,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,318,083	5,497,656	820,427	
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	465,650,798	405,115,270	60,535,528	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	39,761,967	34,592,911	5,169,056	
9 Other employee benefits	29,537,131	25,697,304	3,839,827	
10 Payroll taxes	34,953,270	30,409,345	4,543,925	
11 Fees for services (non-employees):				
a Management	128,551	83,152	45,399	
b Legal	5,526	3,574	1,952	
c Accounting	5,976	3,866	2,110	
d Lobbying	157,067	157,067		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	71,702,747	50,796,886	20,905,861	
12 Advertising and promotion	117,513	106,434	11,079	
13 Office expenses	6,200,561	5,615,972	584,589	
14 Information technology				
15 Royalties				
16 Occupancy	42,903,165	40,192,459	2,710,706	
17 Travel	381,733	345,743	35,990	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,043,695	945,295	98,400	
20 Interest	4,499,628	3,578,239	921,389	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,042,408	30,348,474	6,693,934	
23 Insurance	4,056,536	3,674,086	382,450	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	215,436,667	195,125,298	20,311,369	
b SHARED SERVICE EXPENSE	35,330,782	22,853,363	12,477,419	
c BAD DEBT EXPENSE	11,832,813	11,832,813		
d				
e All other expenses	1,403,303	1,243,658	159,645	
25 **Total functional expenses.** Add lines 1 through 24e	1,008,759,920	868,508,865	140,251,055	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		33,250,938	1	22,248,906
	2	Savings and temporary cash investments		125,955,069	2	78,645,271
	3	Pledges and grants receivable, net		897,316	3	2,317,986
	4	Accounts receivable, net		52,563,669	4	56,263,063
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,778,594	8	3,856,780
	9	Prepaid expenses and deferred charges		21,985,936	9	19,297,207
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 996,774,151			
	b	Less: accumulated depreciation	10b 493,109,307	415,132,160	10c	503,664,844
	11	Investments—publicly traded securities		102,349,477	11	99,930,530
	12	Investments—other securities. See Part IV, line 11		188,469,107	12	257,135,468
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		374,230,108	15	529,844,014
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,316,612,374	16	1,573,204,069
Liabilities	17	Accounts payable and accrued expenses		129,298,200	17	140,503,452
	18	Grants payable			18	
	19	Deferred revenue		19,121,098	19	20,246,763
	20	Tax-exempt bond liabilities		282,627,149	20	270,021,246
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		315,118,445	25	447,644,835
	26	**Total liabilities.** Add lines 17 through 25		746,164,892	26	878,416,296
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		504,652,222	27	618,649,872
	28	Net assets with donor restrictions		65,795,260	28	76,137,901
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		570,447,482	32	694,787,773
	33	Total liabilities and net assets/fund balances		1,316,612,374	33	1,573,204,069

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,074,613,868
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,008,759,920
3	Revenue less expenses. Subtract line 2 from line 1	3	65,853,948
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	570,447,482
5	Net unrealized gains (losses) on investments	5	48,420,759
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	10,065,584
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	694,787,773

Part XII Financial Statements and Reporting

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

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

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317087290

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	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 I of Schedule L (Form 990 or 990-EZ).*	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 9a) 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 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 16-0743134

Name: THE ROCHESTER GENERAL HOSPITAL

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

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		157,067
j	Total. Add lines 1c through 1i			157,067
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,995,254	8,854,278	8,819,609	8,109,429	8,107,711
b Contributions	1,539,355	140,976	34,669	710,180	1,718
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	10,534,609	8,995,254	8,854,278	8,819,609	8,109,429

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 100.000 %

c Temporarily restricted endowment ▶ 0 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,900,000		2,900,000
b Buildings		355,969,432	157,194,828	198,774,604
c Leasehold improvements		55,296,336	48,239,515	7,056,821
d Equipment		346,664,093	279,523,255	67,140,838
e Other		235,944,290	8,151,709	227,792,581
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				503,664,844

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMON COLLECTIVE TRUSTS	7,096,384	F
(B) HEDGE FUNDS	250,039,084	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	257,135,468	

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)DUE FROM AFFILIATES	146,252,006
(2)BENEFICIAL INT IN RGHF ASSETS	76,137,900
(3)OTHER ASSETS	437,605
(4)ESTIMATED THIRD PARTY REC	120,314,931
(5)SELF-INSURANCE ASSET	68,994,683
(6)OTHER RECEIVABLES	9,758,313
(7)LEASE RIGHT TO USE ASSETS	107,948,576
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	529,844,014

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	447,644,835

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS INCLUDE: 1) CAPITAL EXPANSION, AND 2) ADVANCEMENT OF MEDICAL EDUCATION AND RESEARCH AND HEALTH CARE SERVICES.

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			19,537,793	9,603,857	9,933,936	1.000 %
b Medicaid (from Worksheet 3, column a)			170,638,223	155,098,108	15,540,115	1.560 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			36,414,633	26,073,808	10,340,825	1.040 %
d **Total** Financial Assistance and Means-Tested Government Programs			226,590,649	190,775,773	35,814,876	3.600 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			455,885		455,885	0.050 %
f Health professions education (from Worksheet 5)			27,358,236	13,824,670	13,533,566	1.360 %
g Subsidized health services (from Worksheet 6)			241,332,771	202,053,270	39,279,501	3.940 %
h Research (from Worksheet 7)			390,498	390,498		
i Cash and in-kind contributions for community benefit (from Worksheet 8)			365,000		365,000	0.040 %
j **Total.** Other Benefits			269,902,390	216,268,438	53,633,952	5.390 %
k **Total.** Add lines 7d and 7j			496,493,039	407,044,211	89,448,828	8.990 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements			185,670	160,698	24,972	0 %
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			185,670	160,698	24,972	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	11,832,813		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	1,067,315		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	116,173,650		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	139,195,129		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-23,021,479		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 LATTIMORE SERVICES ORGANIZATION LLC	MANAGEMENT SERVICES	29.000 %		71.000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a ☑ Hospital facility's website (list url): WWW.ROCHESTERREGIONAL.ORG			
b ☐ Other website (list url):			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a If "Yes" (list url): WWW.ROCHESTERREGIONAL.ORG			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

ROCHESTER GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): WWW.ROCHESTERREGIONAL.ORG			
b	☑ The FAP application form was widely available on a website (list url): WWW.ROCHESTERREGIONAL.ORG			
c	☑ A plain language summary of the FAP was widely available on a website (list url): WWW.ROCHESTERREGIONAL.ORG			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

ROCHESTER GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
a ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☐ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☐ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☐ Other (describe in Section C)			
f ☑ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

ROCHESTER GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	☐ The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? **123**

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

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	THE COSTING METHODOLOGY USED FOR LINES 7A, B, C AND F WAS FROM BOTH THE HOSPITAL'S 2019 MEDICAID ICR, UTILIZING EXHIBIT 46, AND THE 2019 MEDICARE MCR, UTILIZING WORKSHEETS S-10 AND B, PART I. WORKSHEET 2 WAS USED TO CALCULATE THE RATIO OF PATIENT CARE COST-TO-CHARGES. EXHIBITS 11 AND 46 FROM THE 2019 MEDICAID ICR WERE UTILIZED TO COMPLETE THE CALCULATIONS.

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Form and Line Reference	Explanation
PART I, LINE 7G:	NO PHYSICIAN CLINIC COSTS WERE INCLUDED ON LINE 7G.

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Form and Line Reference	Explanation
PART I, LN 7 COL(F):	TOTAL EXPENSES ON FORM 990, PART IX, LINE 25, COLUMN (A) ARE $1,008,759,920. THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT IS $11,832,813. AFTER BAD DEBT WAS DEDUCTED FROM TOTAL EXPENSES, THE AMOUNT OF TOTAL EXPENSES USED TO CALCULATE THE PERCENT IN LINE 7, COLUMN (F) WAS $996,927,107.

Form and Line Reference	Explanation
PART I, LINE 7E:	DURING 2019, ROCHESTER GENERAL HOSPITAL (RGH) SPONSORED THE FOLLOWING EVENTS AND ACTIVITIE S TO PROMOTE COMMUNITY HEALTH IMPROVEMENT THAT MEET THE DEFINITION FOR DISCLOSURE ON SCHED ULE H, PART I, LINE 7E (COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERAT IONS). SPRING INTO SAFETYTHIS EVENT PROVIDES SAFETY EDUCATION INFORMATION TO THE RESIDENTS OF ROCHESTER WITH DISTRIBUTION OF BICYCLE HELMETS TO THE FIRST 500 CHILDREN AGE 4-12 (EAC H HELMET IS FITTED DIRECTLY TO THE CHILD). THE EVENT ALSO FEATURES A BIKE SAFETY RODEO; CH ILD PASSENGER RESTRAINT SEAT INSPECTION (AND REPLACEMENT AS NEEDED); CHILD FINGERPRINTING ID AND OTHER SAFETY INFORMATION FROM LOCAL COMMUNITY AGENCIES INCLUDING: MONROE COUNTY OFF ICE OF TRAFFIC SAFETY, RURAL METRO AMBULANCE, NATIONAL CENTER FOR MISSING AND EXPLOITED CH ILDREN, ROCHESTER FIRE DEPARTMENT, ROCHESTER POLICE DEPARTMENT AND WIC. CAMP BRONCHO POWER THIS EVENT PROVIDED OVER 60 CHILDREN WITH MODERATE TO SEVERE ASTHMA THE OPPORTUNITY TO PAR TICIPATE IN A THREE DAY, TWO NIGHT OVERNIGHT CAMP EXPERIENCE. THE PARTICIPANTS RECEIVE EDU CATION WITH RESPECT TO MANAGING THE SYMPTOMS OF THEIR DISEASE ALONG WITH TRADITIONAL CAMP ACTIVITIES. THIS EVENT GIVES MEDICAL STAFF AN OPPORTUNITY TO SEE THEIR PATIENT IN ANOTHER SETTING WHILE WORKING TOWARD SELF-MANAGEMENT. BREASTFEEDING CLUBTHIS PROGRAM IS DESIGNED T O HELP MOMS, INFANTS AND OLDER SIBLINGS PROVIDE A SAFE AND HEALTHY BREASTFEEDING ROUTINE F OR MOMS AND THEIR NEW BABIES. IT PROVIDES A SUPPORTIVE AND EDUCATIONAL SETTING FOR PARTICI PANTS WHO ATTEND THROUGHOUT THE YEAR. BACKPACK DRIVEAT THE COMMUNITY HEALTH FAIR, THE RGH PEDIATRIC EMERGENCY DEPARTMENT TEAM GAVE AWAY APPROXIMATELY 100 BACKPACKS TO CHILDREN IN N EED. THE RGH PEDIATRIC EMERGENCY DEPARTMENT TEAM COLLECTS BACKPACKS AND OTHER SCHOOL SUPPL IES TO GIVE TO CHILDREN. HEART CARE OPEN HOUSE PATIENTS, DOCTORS, AND STAFF GATHERED TO CE LEBRATE THE EXPANSION OF THE CENTER FOR ADVANCED HEART FAILURE AND MECHANICAL CIRCULATORY SUPPORT AT ROCHESTER GENERAL HOSPITAL. THE CENTER INCLUDES ONE OF THE ONLY FOUR-BAY INFUSI ON CENTERS IN THE COUNTRY, STATE-OF-THE-ART EXAM ROOMS AND A NEWLY DESIGNED WAITING AREA. THE EXPANSION ENABLES OUR HIGHLY-TRAINED HEART CARE TEAM TO ADDRESS THE GROWING NEED FOR C OMPREHENSIVE HEART FAILURE CARE ACROSS OUR REGION AND BEYOND. IN ADDITION TO SHOWING OFF T HE NEW SPACE, THIS EVENT PROVIDED COMMUNITY EDUCATION ON HEART HEALTH, HEART HEALTHY SNACK S AND OTHER ACTIVITIES. CHILDREN'S HEALTH AND SAFETY FAIR AND TEDDY BEAR CLINICTHIS PROGRA M OFFERS COMMUNITY EDUCATION ON FIRE SAFETY, HEALTHY EATING, COLD/FLU SEASON, DENTAL HYGIE NE AND INCLUDES FUN ACTIVITIES FOR THE KIDS.MAMMOS AND MAKEOVERS PUTTING THE GLAM IN MAMMO GRAM WITH MAMMOS AND MAKEOVERS. OFFERS WOMEN A FUN AND BENEFICIAL EVENT THAT FEATURES A MA MMOGRAM SCREENING, FREE MAKEOVER, CHAIR MASSAGE AND HORS D'OEUVRES!CENTERING PREGNANCY IS AN EVIDENCE-BASED MODEL OF PRENATAL CARE PROVEN TO REDUCE PRETERM DELIVERIES AND IMPROVE B IRTH OUTCOMES FOR MOTHERS AND THEIR BABIES. IN THIS INNOVATIVE CARE MODEL, GROUPS OF EIGHT TO 12 WOMEN IN SIMILAR GESTATIONAL STAGES MEET TOGETHER WITH THEIR HEALTHCARE PROVIDER TO LEARN CARE SKILLS, PARTICIPATE IN A FACILITATED DISCUSSION AND DEVELOP A SUPPORT NETWORK WITH FELLOW MEMBERS. EACH GROUP MEETS FOR 10 SESSIONS THROUGHOUT PREGNANCY AND EARLY POSTP ARTUM. PLACENTA DONATION PROGRAM ROCHESTER GENERAL IS THE FIRST HOSPITAL IN THE AREA TO PA RTICIPATE IN A PLACENTA DONATION PROGRAM WITH MTF BIOLOGICS. MOTHERS WHO GIVE BIRTH AT RGH MAY BE ASKED TO DONATE THEIR PLACENTAS, WHICH CAN BE USED TO CREATE TISSUE GRAFTS FOR PEO PLE WITH WOUNDS, A SPECIAL GIFT THAT CAN HELP HEAL UP TO 20 PEOPLE.RGH SPONSORED AN EARTH DAY EVENT WHICH FEATURED A TREE SAPLING GIVEAWAY, SUSTAINABILITY PLEDGE, COMPOSTING QUESTI ONS AND ANSWERS, AND MORE FUN ACTIVITIES RELATED TO SUSTAINABILITY AND CONSERVATION. ELECT RIC VEHICLE CHARGING STATIONS - NEW ELECTRIC VEHICLE CHARGING STATIONS ARE NOW AVAILABLE A T THE RGH CAMPUS. RRH RECEIVED A GRANT TO HELP FUND THESE STATIONS. THIS INITIATIVE HELPS STAFF AND PATIENTS REDUCE THEIR ENVIRONMENTAL FOOTPRINTS, AND IT SUPPORTS THE GREENING OF OUR COMMUNITIES' TRANSPORTATION INFRASTRUCTURE.CARDIAC AND PULMONARY REHABILITATION CHALLE NGE TO PATIENTS AND EMPLOYEES TO A FUN PLANT-BASED FOOD MATCH UP IN HONOR OF CARDIAC REHAB ILITATION WEEK. CARDIAC REHABILITATION IS A MEDICALLY SUPERVISED PROGRAM THAT HELPS INDIVI DUALS WITH HEART PROBLEMS OR THOSE LOOKING TO LOWER THEIR HEART DISEASE RISK BY DEVELOPING SPECIALIZED EXERCISE AND RISK FACTOR MODIFICATION PROGRAMS.NUMEROUS BLOOD DRIVES AND HEAL TH FAIRS AT THE FARMER'S MARKETOFFERS HELPFUL INFORMATION AND EDUCATION TO THE COMMUNITY O N HEALTH RISKSIN ADDITION TO THOSE EVENTS SPONSORED SPECIFICALLY BY ROCHESTER GENERAL HOSP ITAL, ROCHESTER REGIONAL HEALTH, THE PARENT ORGANIZATION, SPONSORED THE FOLLOWING EVENTS A S A MEANS OF IMPROVING THE HEALTH OF ALL OF THE COMMUNITIES SERVED BY THE HEALTH SYSTEM: S CHOOL BASED CLINICS - ROCHESTER REGIONAL HEALTH SP

Form and Line Reference	Explanation
PART I, LINE 7E:	ONSORS MANY SCHOOL BASED HEALTH CLINICS WITHIN THE ROCHESTER CITY SCHOOL DISTRICT THAT PRO VIDE HEALTHCARE SERVICES AND EDUCATION FOR STUDENTS INCLUDING PHYSICAL EXAMINATIONS FOR WO RK OR SPORTS, TREATMENT OF INJURIES AND ILLNESSES, PRESCRIPTION MANAGEMENT, IMMUNIZATIONS, LABORATORY TESTING, AND MENTAL HEALTH SERVICES. THESE CLINICS ARE FREE FOR ANY STUDENTS E NROLLED IN THE SCHOOL.NEW VISIONS HEALTHCARE PROGRAM IS A COLLABORATIVE EFFORT BETWEEN EAS TERN MONROE CAREER CENTER, BOCES 1 SCHOOL DISTRICT, AND ROCHESTER REGIONAL HEALTH, WHERE H IGH SCHOOL STUDENTS PARTICIPATE IN A RIGOROUS ACADEMIC PROGRAM WITH HAND-ON EXPERIENCE IN MEDICAL CAREERS BY SHADOWING SOMEONE AT ONE OF OUR FACILITIES. THE PROGRAM ALLOWS FOR AN I N DEPTH LOOK AT THE RESPONSIBILITIES OF PATIENT CARE IN A HEALTHCARE FACILITY WHERE STUDEN TS EXPLORE VARIOUS CAREER OPTIONS BY WORKING SIDE-BY-SIDE WITH HEALTHCARE PROFESSIONALS IN FOUR 10-WEEK ROTATIONS.YOUTH APPRENTICE PROGRAM (SCHOOL-TO-WORK)THE ROCHESTER CITY SCHOOL DISTRICT AND ROCHESTER REGIONAL HEALTH HAVE PARTNERED TOGETHER WITH A VISION TO GIVE HIGH SCHOOL STUDENTS IN THE ROCHESTER CITY SCHOOL DISTRICT THE OPPORTUNITY TO GAIN "REAL-LIFE" EXPERIENCES IN HEALTHCARE. STUDENTS GAIN ACCESS TO THE DIFFERENT POSITIONS WITHIN A HEALT HCARE ORGANIZATION, AND BECOME CERTIFIED BY NEW YORK STATE THAT THEY HAVE HAD YOUTH EMPLOY MENT COMPETENCY TRAINING WHEN THEY EARN THEIR HIGH SCHOOL DIPLOMA. IN THE PAST 9 YEARS, 10 0% OF STUDENTS WHO WENT THROUGH THIS PROGRAM HAVE GRADUATED HIGH SCHOOL. UPON GRADUATION A ND COMPLETION OF THE PROGRAM, PARTICIPANTS ARE ELIGIBLE TO APPLY FOR ENTRY LEVEL POSITIONS AS A PATIENT CARE TECHNICIAN, PEDIATRIC TECHNICIAN, MATERIAL RECORD ASSISTANT, RESPIRATOR Y CARE AIDE, AND A TRANSPORTER AND LAB ASSISTANT. HILLSIDE WORK SCHOLARSHIP PROGRAM ROCHES TER REGIONAL PROUDLY PARTNERS WITH HILLSIDE THROUGH THEIR WORK-SCHOLARSHIP PROGRAM. THIS S CHOLARSHIP WAS STARTED AS A WAY TO EMPLOY TEENAGE STUDENTS IDENTIFIED WITH A HIGH RISK OF NOT GRADUATING HIGH SCHOOL, AND PROVIDES THEM MENTORSHIP AND A CHANCE TO GAIN VALUABLE HAN DS-ON EXPERIENCE. STUDENTS ENTER THE PROGRAM FROM SEVENTH THROUGH NINTH GRADE AND ARE OFFE RED AN OPPORTUNITY TO GAIN REAL-WORLD JOB EXPERIENCES AT ROCHESTER REGIONAL TO ASSIST IN B UILDING AN ACADEMIC AND CAREER PATHWAY IN HEALTHCARE. THANKS TO THE COMPREHENSIVE SUPPORT THEY RECEIVE FROM HILLSIDE AND PARTNERS AT ROCHESTER REGIONAL HEALTH, STUDENTS ENROLLED IN THE PROGRAM ARE ABLE TO COMPLETE HIGH SCHOOL AT ALMOST DOUBLE THE RATE OF THEIR ROCHESTER CITY SCHOOL DISTRICT PEERS.RIT ROCHESTER REGIONAL HEALTH ALLIANCEROCHESTER REGIONAL PARTN ERS WITH ROCHESTER INSTITUTE OF TECHNOLOGY (RIT) ON MANY INITIATIVES INCLUDING BIOMEDICAL RESEARCH, HEALTHCARE EDUCATIONAL PROGRAMS, RESEARCH AND DEVELOPMENT OF INNOVATIVE TECHNOLO GY, AND OTHER SUSTAINABILITY INITIATIVES WITHIN THE ROCHESTER COMMUNITY. ROCHESTER REGIONA L PROVIDES REAL WORLD EXPERIENCE FOR STUDENTS WHO WILL EXPAND THE CARE WE PROVIDE TO OUR C OMMUNITIES. TO LEARN MORE VISIT THE RIT ROCHESTER REGIONAL HEALTH ALLIANCE WEBSITESOCIAL M EDIA SPOTLIGHTS FEATURING TOPICS SUCH AS CARDIOLOGY CARE, FITTING IN FITNESS, DENTAL CARE, WOMEN AND HEART DISEASE, HEART FAILURE TREATMENT, EDUCATION AND AWARENESS ABOUT ORGAN AND TISSUE DONATION, OPIOID FREE AND CONTROLLING CHRONIC PAIN, DEBUNKING MYTHS ON COLONOSCOPI ES AND COLORECTAL CANCER, HERNIAS AND HOW THEY ARE TREATED, OBESITY AND BARIATRIC SURGERY, WOMEN AND INCONTINENCE, LYME DISEASE, LIFESTYLE MEDICINE, SKIN CANCER AND SKIN PROTECTION , EARLY SIGNS OF A HEART ATTACK, ROCHESTER PRIDE PARADE AND FESTIVAL, AWARENESS OF SERVICE S AVAILABLE TO THE DEAF POPULATION, OVERCOMING ADDICTION, PEANUT ALLERGY TREATMENT, AMONG OTHERS.

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Form and Line Reference	Explanation
PART I, LINE 7E (CON'T):	SPONSORSHIPS - ROCHESTER REGIONAL HEALTH, AS A SYSTEM, INCLUDING ROCHESTER GENERAL HOSPITAL, IS COMMITTED TO GIVING BACK TO THE COMMUNITY BY SUPPORTING THE MANY ORGANIZATIONS THAT ARE ALREADY WORKING SO HARD TO IMPROVE COMMUNITY HEALTH. AS SUCH, WE PROVIDE CASH AND IN-KIND SPONSORSHIPS, SERVICES AND STAFF TO LOCAL ORGANIZATIONS AND COMMUNITY EVENTS INCLUDING THE AMERICAN HEART WALK, THE CENTER FOR YOUTH, JORDAN HEALTH CENTER, ROCHESTER INTERNATIONAL JAZZ FESTIVAL, ST. JOSEPH'S NEIGHBORHOOD, THE AMERICAN DIABETES ASSOCIATION, MERCY FLIGHT CENTRAL, INTERVOL, GREATER NEWARK CHAMBER OF COMMERCE, AND OTHERS.

Form and Line Reference	Explanation
PART II, LINE 4	AT ROCHESTER REGIONAL HEALTH, WE UNDERSTAND THAT THE HEALTH OF OUR COMMUNITY, ENVIRONMENT, AND FINANCES ARE ALL INTERTWINED. WE'RE MANAGING ALL OF OUR RESOURCES TO REDUCE OUR OVERA LL ENVIRONMENTAL FOOTPRINT AND LEAD SUSTAINABILITY EFFORTS IN THE NORTHEAST. HOSPITALS CAN USE MORE THAN DOUBLE THE AMOUNT OF ENERGY AS COMMERCIAL BUILDINGS AND ON AVERAGE GENERATE MORE THAN THIRTY-THREE POUNDS OF WASTE PER PATIENT PER DAY. WE'RE MAKING ROCHESTER REGION AL HEALTH THE EXCEPTION.OUR SUSTAINABILITY DEPARTMENT IS DEDICATED TO HELPING IMPROVE THE HEALTHCARE EXPERIENCE, ENSURE A HEALTHY ENVIRONMENT, AND LOWER HEALTHCARE COSTS. WE'RE RED UCING WASTE, ELIMINATING TOXINS, AND CREATING A MORE SUSTAINABLE COMMUNITY NOW AND FOR THE FUTURE. A FEW OF THE MANY SUSTAINABILITY PROJECTS AN INITIATIVES UNDERWAY AT ROCHESTER RE GIONAL HEALTH INCLUDE:ENERGY EFFICIENT EQUIPMENT AND LIGHTING UPGRADES - ROCHESTER REGIONA L IS INCREASING ENERGY EFFICIENCY THROUGH EQUIPMENT UPGRADES IN OUR BUILDINGS. WE ARE RETR OFITTING INTERNAL AND EXTERNAL LIGHTING WITH LED LIGHTING, A TECHNOLOGY THAT CONSUMES A TH IRD OF THE ENERGY OF TRADITIONAL LIGHTING AND LASTS THREE TIMES AS LONG SAVING MONEY ON BO TH ENERGY AND MAINTENANCE. OTHER ENERGY EFFICIENCY UPGRADES ARE FOCUSED ON REDUCING THE EL ECTRICAL AND HEATING LOADS OF OUR HVAC SYSTEMS AND OTHER EQUIPMENT. WE ARE UPGRADING SEVER AL PIECES OF ENERGY INTENSIVE EQUIPMENT THAT ARE OFTEN NOT CONSIDERED, INCLUDING VENDING M ACHINES, AND REFRIGERATION UNITS. SOLAR INSTALLATIONS - OPPORTUNITIES FOR ON-SITE SOLAR IN STALLATIONS ARE BEING INVESTIGATED TO PROVIDE POWER TO FACILITIES ACROSS OUR ORGANIZATION. AT OUR HEADQUARTERS, THE RIEDMAN CAMPUS, WE HAVE CONSTRUCTED A 486 KW PHOTOVOLTAIC ARRAY THAT WILL PRODUCE AROUND 550,000 KWH ANNUALLY, PROVIDING POWER TO 20 OF OUR LOCATIONS. THI S WILL OFFSET APPROXIMATELY 848,000 LBS OF CO2 EMISSIONS PER YEAR. COMMUNITY SUPPORTIVE AG RICULTURE - ROCHESTER REGIONAL IS CURRENTLY WORKING WITH LOCAL ORGANIZATIONS TO OFFER COMM UNITY SUPPORTIVE AGRICULTURE (CSA) FOOD SHARE DROP-OFF LOCATIONS ACROSS THE ORGANIZATION. THESE CSA ORGANIZATIONS PARTNER WITH CREDENTIALED FARMERS AND WHOLESALERS THAT ENSURE THE BEST QUALITY LOCAL PRODUCE AND SUSTAINABLE FOOD, ADHERING TO THE HIGHEST STANDARDS IN OUR FACILITIES AND COMMUNITIES. THUS FAR, FIVE FOOD SHARE LOCATIONS WERE ESTABLISHED AT OUR FA CILITIES.LOCAL FOOD PURCHASING AND FARMERS MARKET - ROCHESTER REGIONAL ACTIVELY SUPPORTS P URCHASES FROM LOCAL FARMS TO SUPPORT OUR LOCAL ECONOMY. CURRENTLY, WE PURCHASE PRODUCE FRO M A NUMBER OF LOCAL VENDORS, ANNUALLY AMOUNTING TO AROUND 20% OF THE ORGANIZATION'S TOTAL SPENT ON PRODUCE. ADDITIONALLY, ROCHESTER REGIONAL'S RIEDMAN LOCATION HOLDS WEEKLY FARMERS MARKETS TO ENCOURAGE THE COMMUNITY AND EMPLOYEES TO PURCHASE MORE LOCALLY GROWN FOOD. WE ARE ACTIVELY SEEKING TO EXPAND THE PROGRAM AND START FARMERS MARKETS AT OTHER FACILITIES.W ASTE TO ENERGY - FOOD WASTES AND OTHER ORGANIC MATERIALS THAT COULD BE DIVERTED MAKE UP 25 % OF TRASH SENT TO LANDFILLS. SEVERAL FOOD WASTE AUDITS RECENTLY CONDUCTED AT ROCHESTER GE NERAL HOSPITAL, UNITY HOSPITAL, AND THE RIEDMAN CAMPUS SUGGEST THAT WE COULD BE DIVERTING UP TO 705,925 LBS OF FOOD WASTE FROM LANDFILLS A YEAR ACROSS OUR ORGANIZATION. WHEN ORGANI C WASTE IS SENT TO LANDFILLS, IT BREAKS DOWN INTO METHANE, WHICH IS 20 TIMES MORE POTENT G REENHOUSE GAS THAN CO2. THAT MEANS 1 LB OF METHANE EMITTED IS LIKE PUTTING 20 LBS OF CO2 I NTO THE AIR. ROCHESTER REGIONAL BEGAN DIVERTING ORGANIC WASTE FROM OUR RIEDMAN CAMPUS TO A N ANAEROBIC DIGESTER JUST SOUTH OF ROCHESTER. BACTERIA IN THE ANAEROBIC DIGESTER BREAK DOW N ORGANIC WASTE INTO METHANE THAT IS THEN COMBUSTED ON-SITE TO PRODUCE ELECTRICITY. THE PR OCESS ALSO PRODUCES A NUTRIENT-RICH SLURRY THAT IS USED IN AGRICULTURAL APPLICATIONS TO HE LP DISPLACE SYNTHETIC CHEMICAL FERTILIZERS.ELECTRONICS RECYCLING - HEALTHCARE DATA STORED ON ELECTRONIC DEVICES IS EXTREMELY SENSITIVE, AND WE TAKE SECURING THAT INFORMATION VERY S ERIOUSLY AT ROCHESTER REGIONAL. FOR ALL OF OUR ELECTRONIC DEVICES IN NEED OF REPLACEMENT, USUALLY BECAUSE THEY ARE OUTDATED OR TOO COSTLY TO REPAIR, WE HAVE TO FIND A REPLACEMENT W HILE TAKING THE UTMOST CARE THAT WE SECURELY REMOVE ANY SENSITIVE INFORMATION FROM THE OLD DEVICE. FOR PIECES OF EQUIPMENT THAT MAY HAVE SENSITIVE INFORMATION, WE REMOVE THE DATA S TORAGE PORTION, SHRED IT, AND RECYCLE THE PIECES. THE REST OF THE DEVICE MAY BE COMPLETELY FINE WHERE THE COMPONENTS INCLUDING THE HOUSING AND ON-BOARD SENSORS CAN STILL BE USED. R ATHER THAN THROW OUT THE REMAINDER OF THE EQUIPMENT, WE WORK WITH ORGANIZATIONS THAT RE-SE LL/REFURBISH THE HOUSING AND OTHER CRITICAL COMPONENTS, INTO NEW DEVICES, ELIMINATING THE NEED FOR MANY RAW MATERIALS TO BE CONSUMED. SUSTAINABLE PURCHASING CRITERIA IS A BROAD TOP IC THAT ULTIMATELY AIMS TO ENSURE THE ENTITIES WE PROCURE PRODUCTS AND SERVICES FROM ARE C OMMITTED TO THE SAME CORE VALUES AS ROCHESTER REGIONAL, INCLUDING QUALITY, COMPASSION, RES PECT, COLLABORATION, AND FORESIGHT. IN ADDITION, W

Form and Line Reference	Explanation
PART II, LINE 4	E UNDERSTAND THAT AS THE SECOND LARGEST EMPLOYER IN OUR AREA, WE ARE A SIGNIFICANT ECONOMI C DRIVER WITHIN OUR COMMUNITY, AND AIM TO USE THIS INFLUENCE FOR GOOD. NOT ONLY DO WE WORK TOWARDS IMPROVING THE PHYSICAL HEALTH OF OUR COMMUNITY MEMBERS, BUT WE ALSO SEEK TO IMPRO VE THE ECONOMIC AND ENVIRONMENTAL HEALTH OF THE COMMUNITY AS WELL. WITH THAT IN MIND, WE H AVE A DEDICATED TEAM THAT IS DEVELOPING SUSTAINABLE PURCHASING CRITERIA THAT WILL SET GUID ELINES AROUND THE SOCIAL, ECONOMIC, AND ENVIRONMENTAL IMPACTS OF THE PRODUCTS AND SERVICES WE PROCURE. THE PRIMARY STRATEGIES FOR THESE CRITERIA ARE TO BUY MORE LOCALLY PRODUCED IT EMS, PURCHASE PRODUCTS THAT ARE MADE WITH SAFER MATERIALS, AND WORK MORE WITH COMPANIES TH AT TREAT THEIR EMPLOYEES WELL.

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Form and Line Reference	Explanation
PART III, LINE 4:	IN 2019, THE ORGANIZATION CONTINUED ITS ENHANCED PROCESS FOR OBTAINING ADDITIONAL FINANCIAL INFORMATION FOR UNINSURED AND UNDER-INSURED PATIENTS WHO HAVE NOT SUPPLIED THE REQUISITE INFORMATION TO DETERMINE IF THEY QUALIFY FOR CHARITY CARE. THE ADDITIONAL INFORMATION OBTAINED WAS USED BY THE ORGANIZATION TO DETERMINE WHETHER TO QUALIFY PATIENTS FOR CHARITY CARE IN ACCORDANCE WITH THE ORGANIZATION'S POLICY. THE APPLICATION OF THIS ADDITIONAL INFORMATION IN 2019 RESULTED IN ADDITIONAL PATIENTS QUALIFYING FOR CHARITY CARE AND THUS RE-CLASSIFYING THIS AMOUNT FROM BAD DEBT EXPENSE. BAD DEBT EXPENSE ON PART III, LINE 2 REPRESENTS ESTIMATED UNCOLLECTIBLE CHARGES FOR THOSE PATIENTS UNWILLING, NOT UNABLE, TO PAY.BAD DEBT COSTING METHODOLOGY:THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, THE HOSPITAL FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY THE HOSPITAL. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE HOSPITAL'S POLICIES.BAD DEBT EXPENSE IS RECORDED USING THE VALUATION METHOD AS OUTLINED IN HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) STATEMENT 15, WHICH REQUIRES BAD DEBT EXPENSE TO BE RECORDED AT THE AMOUNT THAT THE PAYER IS EXPECTED TO PAY. THE PROVISION FOR BAD DEBTS REPRESENTS ESTIMATED UNCOLLECTIBLE CHARGES OF PATIENTS UNWILLING TO PAY. IN 2019, THE ORGANIZATION CONTINUED ITS ENHANCED PROCESS FOR OBTAINING ADDITIONAL FINANCIAL INFORMATION FOR UNINSURED AND UNDERINSURED PATIENTS WHO HAVE NOT SUPPLIED THE REQUISITE INFORMATION TO DETERMINE IF THEY QUALIFY FOR CHARITY CARE. THE APPLICATION OF THIS ADDITIONAL INFORMATION IN 2019 RESULTED IN ADDITIONAL PATIENTS QUALIFYING FOR CHARITY CARE AND A REDUCTION TO BAD DEBT EXPENSE.

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Form and Line Reference	Explanation
PART III, LINE 8:	MEDICARE COSTING METHODOLOGY: THE ORGANIZATION USED THE FILED 2019 CMS COST REPORT TO DETERMINE THE MEDICARE ALLOWABLE COSTS OF CARE RELATING TO PAYMENTS RECEIVED FROM MEDICARE. MEDICARE SHORTFALLS, WHICH ARE COSTS INCURRED BY THE HOSPITAL TO PROVIDE QUALITY CARE AND TREATMENT TO ITS PATIENTS, SHOULD BE TREATED AS A COMMUNITY BENEFIT. TO NOT INCUR THESE COSTS WOULD POTENTIALLY LIMIT OR EVEN COMPROMISE THE QUALITY OF SERVICE PROVIDED.

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Form and Line Reference	Explanation
PART III, LINE 9B:	AT SUCH TIME THAT A PATIENT EXPRESSES A FINANCIAL CONCERN, THE PATIENT WILL BE OFFERED THE OPPORTUNITY TO APPLY FOR CHARITY CARE. ONCE THE PATIENT SUBMITS THE COMPLETED CHARITY CARE APPLICATION, THE ACCOUNT IS PLACED ON HOLD AND ALL COLLECTION ACTIVITIES ARE SUSPENDED UNTIL AN ELIGIBILITY DETERMINATION IS MADE. IF THE PATIENT IS ELIGIBLE FOR CHARITY CARE, THEN THE PATIENT IS NOTIFIED OF THE LEVEL OF CHARITY CARE AWARDED. IF 100% CHARITY CARE IS AWARDED, THAN NO BILL IS SENT TO THE PATIENT. IF LESS THAN 100% CHARITY CARE IS AWARDED, THAN THE PATIENT WILL RECEIVE A BILL PURSUANT TO THE PRIVATE PAY COLLECTION POLICY. ONLY AFTER PATIENT'S LIABILITY HAS BEEN DETERMINED FOLLOWING PROCESSING OF APPLICATIONS FOR GOVERNMENT ASSISTANCE, CHARITY CARE, AND/OR INSURANCE CARRIER REMITTANCE WILL THE PATIENT STATEMENT BE MAILED FOR PAYMENT RECOVERY. THE HOSPITAL'S COLLECTION PRACTICES SET FORTH IN ITS WRITTEN DEBT COLLECTION POLICY APPLY TO ALL PATIENT TYPES OF THE HOSPITAL.

Form and Line Reference	Explanation
PART VI, LINE 2:	DURING 2019, A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED JOINTLY BY THE HOSPI TALS SERVING MONROE COUNTY, NY IN COLLABORATION WITH MONROE COUNTY DEPARTMENT OF PUBLIC HE ALTH (MCDPH). ALSO INSTRUMENTAL IN THE COMMUNITY HEALTH IMPROVEMENT PROCESS ARE SEVERAL PA RTNERS INCLUDING THE LOCAL DSRIP ORGANIZATION FINGER LAKES PERFORMING PROVIDER SYSTEM (FLP PS), COMMON GROUND HEALTH (OUR LOCAL POPULATION HEALTH IMPROVEMENT PROGRAM (PHIP) AND MONR OE COUNTY OFFICE OF MENTAL HEALTH (MCOMH). ROCHESTER REGIONAL HEALTH (THE PARENT OF ROCHES TER GENERAL HOSPITAL) AND THE FOLLOWING OTHER HOSPITALS OF MONROE COUNTY ARE PARTNERS IN H ELPING TO IDENTIFY UNMET AND EMERGING HEALTH CARE NEEDS IN THE MONROE COUNTY COMMUNITY:1) UNITY HOSPITAL2) STRONG MEMORIAL HOSPITAL3) HIGHLAND HOSPITALTHE COMMUNITY HEALTH IMPROVEM ENT WORKGROUP (CHIW) IS THE OVERSIGHT BODY FOR THE ASSESSMENT PROCESS AND DEVELOPMENT OF T HE CHNA REPORT. THE CHIW IS MADE UP OF REPRESENTATIVES FROM EACH HOSPITAL AS WELL AS PUBLI C HEALTH EXPERTS FROM THE MCDPH AND COMMUNITY MEMBER EXPERTS FROM FLPPS, PHIP AND MCOMH. I N ADDITION TO THE CHIW, SEVERAL OTHER ORGANIZATIONS COLLABORATED IN THE DEVELOPMENT OF THE CHNA. THESE ORGANIZATIONS AND PROGRAMS INCLUDE: AFRICAN AMERICAN HEALTH COALITION; LATINO HEALTH COALITION; MATERNAL CHILD HEALTH ADVISORY GROUP; AND THE COMMUNITY ADVISORY COUNCI L. THE MONROE COUNTY CHNA BEGAN WITH A REVIEW OF THE 2016 CHNA AND THE STATE-REQUIRED PROG RESS REPORT OF 2016 OF THE COMMUNITY HEALTH IMPROVEMENT PLAN BASED ON THE 2016 CHNA. THE P RIMARY CONSISTENT SOURCE OF DATA USED TO PRIORITIZE THE HEALTH NEEDS OF OUR COMMUNITY WAS THE COUNTY LEVEL DASHBOARDS OF THE NEW YORK STATE PREVENTION AGENDA. IN ADDITION, OTHER KE Y SOURCES OF DATA INCLUDED:- BUREAU OF VITAL RECORDS (2016) VITAL RECORDS, VITAL STATISTIC S UNITY, NYS DEPARTMENT OF HEALTH- COMMON GROUND HEALTH (2018) "HEALTH EQUITY CHARTBOOK"- EDUCATION, N.D. (2016-2017) HIGH SCHOOL GRADUATION RATES NYS DEPARTMENT OF EDUCATION- MC-C HIW (2016) MONROE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN 2016-2018- METRO COUNCIL FOR TE EN POTENTIAL (2017) NEEDS AND RESOURCE ASSESSMENT: TEEN PREGNANCY PREVENTION, ROCHESTER NY IN PARTNERSHIP WITH THE CITY OF ROCHESTER BUREAU OF YOUTH SERVICES- MONROE COUNTY (2017) CHRONIC DISEASE REPORT ROCHESTER NY MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH - MONROE COU NTY DEPARTMENT OF PUBLIC HEALTH (2017) MONROE COUNTY YOUTH RISK BEHAVIOR SURVEY- MONROE CO UNTY DEPARTMENT OF PUBLIC HEALTH (2017) "YOUTH RISK BEHAVIOR SURVEY REPORT: ROCHESTER CITY SCHOOL DISTRICT"- MONROE COUNTY OFFICE OF MENTAL HEALTH (2018) "LOCAL SERVICES PLAN FOR M ENTAL HYGIENE SERVICES"- NYS DEPARTMENT OF HEALTH (2018) COMMUNITY HEALTH PLANNING GUIDANC E- NYS DEPARTMENT OF EDUCATION (2017-2018) HIGH SCHOOL GRADUATION RATES- NYS DEPARTMENT OF HEALTH (2018) "NYS PREVENTION AGENDA DASHBOARD COUNTY LEVEL: MONROE COUNTY" - ROCHESTER M ONROE ANTI-POVERTY INITIATIVE (2017) "RAMAPI A YEAR IN REVIEW 2017"- STATEWIDE PLANNING AN D RESEARCH COOPERATIVE SYSTEM (SPARCCS) (2016) "SPARCS DATA"- US BUREAU (2017) "2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES: MONROE COUNTY, NY- US BUREAU (2017) "2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES: ROCHESTER CITY, NYSEVERAL AREAS OF CONCERN WE RE IDENTIFIED AND LISTED DURING THIS TIME OF DATA REVIEW, CONSISTENT WITH HOSPITAL NEEDS A S WELL AS THE PRIORITIZATION CRITERIA. IN ORDER TO DETERMINE WHICH AREAS OF NEED AND DISPA RITY AMONG VULNERABLE POPULATIONS WERE MOST IN LINE WITH NEW YORK'S COMMUNITY HEALTH GOALS , THE PREVENTION AGENDA DASHBOARD AND 2018 GOALS WERE EXAMINED. MAIN AREAS OF CONCERN WERE IDENTIFIED FOR COMMUNITY HEALTH IN MONROE COUNTY. THE CHIW IDENTIFIED AREAS WHERE THERE W AS A DEMONSTRATED NEED, ESPECIALLY AMONG VULNERABLE POPULATIONS AND WHERE MONROE COUNTY (1) FELL SHORT OF THE STATE GOAL FOR THE PREVENTION AGENDA 2024; (2) FACES SIGNIFICANT DISPA RITY IN RACE, ETHNICITY, GEOGRAPHY OR SOCIOECONOMIC STATUS; AND (3) CONTAINS A DOWNWARD TR END OF "WORSE OR "SIGNIFICANTLY WORSE." AFTER EXTENSIVE DISCUSSION OF THE DATA SUMMARIES A ND OTHERS, THE CHIW CONDENSED ALL OF THE INFORMATION INTO A LIST OF TOP PRIORITIES FOR THE 2019-2021 TIME FRAME AND LINKED THE GOALS FROM THE NYS PREVENTION AGENDA. THE TOP NINE AR EAS WERE DISCUSSED AND BASED ON A SET OF CRITERIA, INCLUDING NEED AMONG VULNERABLE POPULAT IONS; ABILITY TO HAVE A MEASUREABLE IMPACT; ABILITY TO INTERVENE AT A PREVENTION LEVEL; CO MMUNITY CAPACITY AND WILLINGNESS TO ACT AND THE IMPORTANCE OF THE PROBLEM TO COMMUNITY MEM BERS, THOSE BEST SUITED FOR THE 2019-2021 PLAN WERE IDENTIFIED. IN 2018, COMMON GROUND HEA LTH CONDUCTED A REGIONAL SURVEY OF COMMUNITY MEMBERS TO LEARN MORE ABOUT HEALTH BEHAVIORS AND BARRIERS TO HEALTHY LIVES. WITH PARTICULAR ATTENTION TO GATHERING INPUT FROM A DIVERSE GROUP OF PARTICIPANTS, OVER 4,000 PEOPLE WERE SURVEYED. THE RESULTS INDICATED THAT THE TO P CONCERN FOR ADULTS IN MONROE COUNTY ACROSS ALL RACES, GEOGRAPHIES, AND SOCIOECONOMIC STA TUS LEVELS WAS MENTAL HEALTH. AFTER REVIEWING THE

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PART VI, LINE 2:	DATA THE CHIW SET THE GENERAL DIRECTION FOR THE CHNA/CHIP IDENTIFYING THE TOP TWO PRIORITY AREAS FOR 2019-2021 WILL BE FOCUSED ON PROMOTING THE HEALTHY WOMEN, INFANTS AND CHILDREN PARTICULARLY MATERNAL HEALTH AND A FOCUS ON PROMOTING WELL-BEING AND RESILIENCE, THE PROCE SS EXPANDED TO INCLUDE THE GATHERING OF FEEDBACK FROM COMMUNITY GROUPS. THE FOLLOWING QUES TIONS WERE CREATED TO INITIATE CONVERSATION AROUND MENTAL HEALTH AND MATERNAL-CHILD HEALTH DISPARITIES: 1. WHAT SPECIFIC AREAS OF MENTAL AND EMOTIONAL HEALTH/MATERNAL CHILD HEALTH ARE MOST IMPORTANT FOR THE HOSPITALS, HEALTH DEPARTMENT, AND COMMUNITY TO ADDRESS?2. WHAT IS THE MOST IMPORTANT THING THE HEALTH DELIVERY SYSTEM CAN DO TO IMPROVE THIS PRIORITY ARE A?3. HOW CAN THE HEALTH SYSTEMS IMPROVE COLLABORATION WITH EXISTING PROGRAMS AND INITIATIV ES?COMMUNITY INPUT WAS STRONGLY CONSIDERED THROUGHOUT THIS PROCESS. THE CHIW REVIEWED RESU LTS FROM VARIOUS PROJECTS THAT RECENTLY GATHERED COMMUNITY INPUT RELATED TO HEALTH ISSUES AFFECTING RESIDENTS. CHIW ALSO CONSIDERED SERVICES ALREADY BEING PROVIDED IN THE COMMUNITY , AND HOW WE COULD BEST DEVELOP SYNERGY WITH EXISTING PROCESSES. OVERALL, AFTER CONSIDERIN G THE OPINIONS OF THE CHIW MEMBERS, THE COMMUNITY, THE STATE OF NEW YORK AND THE HEALTH DA TA, THE FOLLOWING TWO PRIORITIES WERE IDENTIFIED: 1. PROMOTE HEALTHY WOMEN, INFANTS AND CH ILDREN2. PROMOTE WELL-BEING TO PREVENT MENTAL AND SUBSTANCE USE DISORDERSADDITIONALLY, THE CHIW IDENTIFIED SECONDARY PRIORITIES THAT IT WILL FOLLOW AND SUPPORT AS NEEDED INCLUDING: 1. SMOKING CESSATION2. FOOD INSECURITY3. OPIOID CRISIS4. SEXUALLY TRANSMITTED INFECTION RA TES5. VIOLENCE PREVENTION THE 2019-2021 COMMUNITY HEALTH IMPROVEMENT PLAN OUTLINES THE PRI ORITIES IDENTIFIED IN THE CHNA AND PROVIDES INTERVENTIONS TO IMPACT THE HEALTH PRIORITIES AS FOLLOWS: PRIORITY 1: PROMOTE HEALTHY WOMEN, INFANTS AND CHILDREN: REDUCE RACIAL, ETHNIC , ECONOMIC AND GEOGRAPHIC DISPARITIES IN MATERNAL AND CHILD HEALTH OUTCOMES AND PROMOTE HE ALTH EQUITY FOR MATERNAL AND CHILD POPULATIONS (SPECIFICALLY FOR UNPLANNED PREGNANCY INCOM E DISPARITY, PRETERM BIRTH RACIAL DISPARITIES AND ADVERSE CHILDHOOD EXPERIENCES). PRIORITY 2: PROMOTE WELL-BEING TO PREVENT MENTAL AND SUBSTANCE USE DISORDERS: STRENGTHEN OPPORTUNI TIES TO BUILD WELL-BEING AND RESILIENCE ACROSS THE LIFESPAN AND FACILITATE SUPPORTIVE ENVI RONMENTS THAT PROMOTE RESPECT AND DIGNITY FOR PEOPLE OF ALL AGES.

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PART VI, LINE 3:	ROCHESTER REGIONAL INFORMS INDIVIDUALS OF AVAILABLE FREE OR REDUCED PRICE SERVICES AT THE TIME OF REGISTRATION INTO INPATIENT, OUTPATIENT, AND EMERGENCY DEPARTMENTS. POSTERS INFORMING THE PATIENT/FAMILY OF ASSISTANCE ARE POSTED IN BOTH ENGLISH AND SPANISH AND AVAILABLE THROUGHOUT ROCHESTER REGIONAL LOCATIONS. BROCHURES AND PAMPHLETS, IN BOTH ENGLISH AND SPANISH, INFORMING THE COMMUNITY ARE WIDELY DISTRIBUTED IN THE COMMUNITY AT HEALTH FAIRS, CHURCHES, SCHOOLS AND OTHER PUBLIC LOCATIONS. INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE IS ALSO AVAILABLE THROUGH ROCHESTER REGIONAL'S WEBSITE AND PATIENTS WITH A SELF-PAY BALANCE ARE NOTIFIED OF OUR FINANCIAL ASSISTANCE PROGRAM VIA THE PATIENT'S STATEMENT. ROCHESTER REGIONAL OFFERS SEVERAL INITIATIVES TO HELP INDIVIDUALS IN OUR COMMUNITY ACCESS AFFORDABLE HEALTH CARE, INCLUDING: - FACILITATED ENROLLMENT - TO ASSIST ELIGIBLE INDIVIDUALS WITH HEALTH INSURANCE ENROLLMENT BY OFFERING EDUCATION AND APPLICATION ASSISTANCE FOR MEDICAID, CHILD HEALTH PLUS, FAMILY HEALTH PLUS, PRENATAL CARE ASSISTANCE PROGRAM, AND STATE AID FOR CHILDREN WITH SPECIAL NEEDS. A DEDICATED TELEPHONE NUMBER IS AVAILABLE AND INFORMATION IS PUBLISHED IN PAMPHLETS AT RRH SITES AND AT VARIOUS LOCATIONS THROUGHOUT THE COMMUNITY. - FINANCIAL ASSISTANCE PROGRAM - THE ROCHESTER REGIONAL FINANCIAL ASSISTANCE PROGRAM OFFERS FREE OR REDUCED-PRICES FOR PATIENTS TREATED AT A ROCHESTER REGIONAL HOSPITAL, OUTPATIENT, EMERGENCY ROOM, OR LONG-TERM CARE FACILITY. DISCOUNTS ARE AWARDED BASED UPON INCOME AND ASSET VERIFICATION. INDIVIDUALS WHO DO NOT QUALIFY FOR MEDICAID, CHILD HEALTH PLUS, FAMILY HEALTH PLUS, PRENATAL CARE ASSISTANCE PROGRAM, AND/OR STATE AID FOR CHILDREN WITH SPECIAL NEEDS ARE CONSIDERED FOR FINANCIAL ASSISTANCE (CHARITY CARE).

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PART VI, LINE 4:	ROCHESTER GENERAL HOSPITAL SERVES MORE THAN ONE MILLION PEOPLE EACH YEAR, PRIMARILY FROM THE CITY OF ROCHESTER AND SURROUNDING AREAS OF MONROE COUNTY. IN 2019, RGH PROVIDED CARE TO OVER 90,000 PATIENTS WHO VISITED THE EMERGENCY DEPARTMENT, EXPERIENCED MORE THAN 41,100 INPATIENT/OBSERVATION DISCHARGES AND 1,411,000 OUTPATIENT ENCOUNTERS. IN MONROE COUNTY, OUR PRIMARY SERVICE AREA, THE POPULATION TOTALED OVER 747,000 PEOPLE (2017 CENSUS) AND IS 76.8% WHITE, 16.2% AFRICAN AMERICAN AND 3.9% ASIAN, WITH 8.8% OF THE POPULATION IDENTIFYING AS HISPANIC OR LATINO. FROM AMERICAN COMMUNITY SURVEY 2013-2017 INFORMATION, APPROXIMATELY 14.8% OF HOUSEHOLDS IN MONROE COUNTY ARE LIVING AT OR BELOW THE POVERTY LEVEL. IN THE CITY OF ROCHESTER ITSELF, HOWEVER, THE POPULATION IS MUCH MORE DIVERSE: 46.6% ARE WHITE AND 40.7% ARE AFRICAN AMERICAN. THE CITY OF ROCHESTER HAS A POVERTY RATE IS MORE THAN DOUBLE THAT OF THE ENTIRE COUNTY AT 33.1%. MORE THAN 51% OF CHILDREN IN ROCHESTER LIVE IN POVERTY. ROCHESTER IS ALSO ONE OF ONLY FOURTEEN CITIES NATIONWIDE (AND ONE OF TWO IN NEW YORK STATE) THAT IS DESIGNATED BY THE FEDERAL OFFICE OF REFUGEE RESETTLEMENT FOR THE UNACCOMPANIED REFUGEE MINORS PROGRAM, AND BECAUSE OF THIS AND OTHER SIGNIFICANT PROGRAMS FOR REFUGEE RESETTLEMENT, WE HAVE AN UNUSUALLY LARGE NUMBER OF INDIVIDUALS WHO ARE FOREIGN-BORN AND SPEAK A LANGUAGE OTHER THAN ENGLISH. IN ADDITION TO PROVIDING HIGH-QUALITY SERVICES TO INDIVIDUALS FROM THROUGHOUT THE AREA, BECAUSE ROCHESTER GENERAL HOSPITAL IS LOCATED IN ONE OF THE POOREST AREAS WITHIN THE CITY, WE PROVIDE A HEALTH CARE "SAFETY NET" FOR A SUBSTANTIAL AND DIVERSE POPULATION OF LOW INCOME AND UN- OR UNDERINSURED INDIVIDUALS IN THE ROCHESTER AREA.

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PART VI, LINE 5:	MEDICAL STAFFRGH MEDICAL STAFF HAS OVER 1,500 CURRENTLY ACTIVE STAFF MEMBERS. THESE PHYSICIANS REPRESENT A BROAD SPECTRUM OF PRIMARY CARE AND SPECIALTY SERVICES. AS AN AFFILIATE OF ROCHESTER REGIONAL HEALTH, OUR PATIENTS HAVE SEAMLESS ACCESS TO ADDITIONAL SPECIALISTS INCLUDING THE WORLD-CLASS PROVIDERS AT THE SANDS-CONSTELLATION HEART INSTITUTE AND THE LIPSON CANCER INSTITUTE.VOLUNTEERS/AUXILIANSMEMBERS OF COMMUNITIES FROM ACROSS MONROE AND SURROUNDING COUNTIES HAVE ALWAYS PLAYED AN IMPORTANT ROLE IN ADVOCATING FOR, AND OFFERING ASSISTANCE AT RGH. IN 2019, MORE THAN 689 VOLUNTEERS PROVIDED MORE THAN 70,000 HOURS OF SERVICE AT RGH.BOARD OF DIRECTORS AND COMMUNITY GUIDANCERGH ENSURES COMMUNITY CONTROL OVER THE CORPORATION THROUGH ITS BOARD OF DIRECTORS, COMPRISED OF COMMUNITY AND FAITH LEADERS, AND LEADERS IN BUSINESS AND INDUSTRY, HEALTHCARE, AND PHYSICIANS REPRESENTING THE MEDICAL STAFF OF THE ORGANIZATION. THE MAJORITY OF THE DIRECTORS RESIDE IN THE ROCHESTER AREA AND EACH DIRECTOR SERVES A THREE-YEAR TERM.USE OF SURPLUS FUNDSSURPLUS FUNDS ARE USED TO FURTHER THE MISSION AND OPERATIONS OF THE ORGANIZATION, SUCH AS REINVESTING IN COMMUNITY BENEFIT PROGRAMS, AND MAKING IMPROVEMENTS IN FACILITIES, PATIENT CARE, MEDICAL, NURSING AND ALLIED HEALTH TRAINING, EDUCATION AND RESEARCH IN SUPPORT OF THE HEALTH NEEDS OF THE COMMUNITY AS WELL AS USED FOR CHARITY CARE.

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PART VI, LINE 7, REPORTS FILED WITH STATES	NY

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PART VI, LINE 6:	ROCHESTER REGIONAL HEALTH (ROCHESTER REGIONAL) (I.E. THE PARENT ORGANIZATION AND ITS RELAT ED AFFILIATES) HAS PROVIDED HIGH QUALITY HEALTHCARE SERVICES TO THE GREATER ROCHESTER NY A REA AND SURROUNDING REGIONS FOR MORE THAN 160 YEARS. IT IS THE SECOND LARGEST EMPLOYER IN ROCHESTER AND AN INTEGRAL PART OF THE COMMUNITY. ROCHESTER REGIONAL HAS A NATIONALLY RECOG NIZED HEART PROGRAM AND A NATIONALLY ACCREDITED CANCER CENTER, AND OFFERS PATIENTS MANY OF THE SAME LEADING EDGE TREATMENT OPTIONS FOUND AT THE COUNTRY'S FINEST MEDICAL CENTERS. FR OM SURGERY TO ORTHOPEDICS, WOMEN'S HEALTH TO EMERGENCY CARE, PEOPLE ALL ACROSS WESTERN NY TURN TO ROCHESTER REGIONAL FOR THEIR EXPERIENCE, COMPASSION AND EXPERTISE IN HELPING THEM GET BACK TO LIVING THEIR LIVES. POVERTY TRENDS, COMMUNITY HEALTH RESEARCH AND NEEDS ASSESS MENTS ARE REVIEWED ON A REGULAR BASIS WHILE PLANNING COMMUNITY HEALTH PROGRAMS. ROCHESTER REGIONAL REPRESENTATIVES ARE ACTIVELY ENGAGED IN VARIOUS COMMUNITY HEALTH COLLABORATIONS W ITH THE LOCAL HEALTH DEPARTMENTS, STATE HEALTH DEPARTMENT, AND LOCAL NOT-FOR-PROFIT HEALTH AND HUMAN SERVICE AGENCIES, AND ACTIVELY WORKS TO RESPOND TO COMMUNITY PRIORITIES AND DEV ELOP PROGRAMS AND SERVICES THAT FILL A GAP OR SUPPLEMENT AN EXISTING PROGRAM. MOST ROCHEST ER REGIONAL COMMUNITY HEALTH OUTREACH PROGRAMS ARE OFFERED IN PARTNERSHIP WITH OTHER COMMU NITY ORGANIZATIONS OR GOVERNMENTAL AGENCIES, IN ORDER TO LEVERAGE RESOURCES TO MEET COMMUN ITY NEEDS. INFORMATION REGARDING THE AVAILABILITY OF COMMUNITY HEALTH PROGRAMS, ASSISTANCE WITH HEALTH INSURANCE ENROLLMENT AND FINANCIAL ASSISTANCE FOR MEDICAL CARE RECEIVED AT RO CHESTER REGIONAL HOSPITALS, EMERGENCY DEPARTMENTS, OUTPATIENT DEPARTMENTS OR LONG-TERM CAR E FACILITIES ARE DISSEMINATED TO THE PUBLIC IN ELECTRONIC (WEBSITE) FORM.IMPROVING ACCESS TO KEY OUTPATIENT SERVICES, RRH OPENED THE RIEDMAN HEALTH CENTER IN 2019. THE 74,355 SQUAR E FOOT FACILITY SERVES AS A ONE-STOP DESTINATION FOR NON-SURGICAL CARE OFFERING PERSONALIZ ED SERVICE IN A SETTING THAT'S SOOTHING, MODERN AND DESIGNED TO REDUCE WAIT TIMES WHILE AL LOWING PROVIDERS TO SPEND MORE TIME WITH PATIENTS. LOCATED IN A NEWLY REVITALIZED AND EXPA NDED IRONDEQUOIT RETAIL SPACE, THE RIEDMAN HEALTH CENTER IS EASILY ACCESSIBLE AND PROVIDES RESIDENTS WITH A NUMBER OF OUTPATIENT SERVICES INCLUDING PRIMARY CARE, OPHTHALMOLOGY, DEN TAL AS WELL AS THE ABILITY TO OBTAIN IMAGING AND LAB SERVICES. THE OVERALL HEALTH SYSTEM C ONTINUES TO GROW THROUGH THE ADDITION OF MEDICAL PRACTICES STRENGTHENING THE SERVICE OFFER INGS TO THOSE THROUGHOUT THE COMMUNITIES WE SERVE. NEW AND EXPANDED SERVICE OFFERINGS INCL UDE: ADDITIONAL PRIMARY CARE SITES; DERMATOLOGY AND MOHS SURGERY CENTER; PULMONARY AND SLE EP MEDICINE; FAMILY AND LIFESTYLE MEDICINE PRACTICE; EXPANSION OF THE BREAST CENTER; EXPAN DED PHARMACY LOCATIONS; MIDWIFERY PRACTICE; AND THE ADDITION OF REED EYE ASSOCIATES OFFERI NG COMPREHENSIVE OPHTHALMOLOGY, OPTOMETRY AND EYE EVALUATION SERVICES. ROCHESTER GENERAL H OSPITAL (RGH), THE FLAGSHIP OF ROCHESTER REGIONAL HEALTH, IS A REGIONAL LEADER IN HEALTH C ARE. THIS 528-BED ACUTE CARE, TEACHING HOSPITAL SERVES THE GREATER ROCHESTER, NY REGION AN D BEYOND. ROCHESTER GENERAL HOSPITAL'S NATIONALLY RECOGNIZED PROGRAMS HAVE CONSISTENTLY DE MONSTRATED QUALITY OUTCOMES THAT POSITIVELY IMPACT PATIENTS, THEIR FAMILIES AND THE ENTIRE COMMUNITY. ROCHESTER GENERAL PROVIDES CARE TO MORE MONROE COUNTY RESIDENTS THAN ANY OTHER HOSPITAL IN THE REGION AND, AS A TERTIARY CARE FACILITY, HAS STRONG REFERRAL RELATIONSHIP S WITH SEVERAL REGIONAL HOSPITALS. ROCHESTER GENERAL OFFERS A FULL ARRAY OF SERVICES TO ME ET THE MEDICAL NEEDS OF UPSTATE NEW YORK, INCLUDING NATIONALLY RECOGNIZED PROGRAMS IN CARD IAC, CANCER, ORTHOPEDIC, VASCULAR, SURGICAL, STROKE AND DIABETES CARE. RGH IS HOME TO A NU MBER OF CENTERS OF EXCELLENCE INCLUDING THE LIPSON CANCER INSTITUTE AND THE SANDS-CONSTELL ATION HEART INSTITUTE. HIGH QUALITY CLINICAL CARE PROVIDED AT ROCHESTER GENERAL IS AMPLIFI ED BY RELATIONSHIPS AND AFFILIATIONS WITH NATIONALLY RENOWNED INSTITUTIONS SUCH AS THE CLE VELAND CLINIC (FOR CARDIAC CARE) AND ROSWELL PARK CANCER INSTITUTE.AS WITH THE OVERALL HEA LTH SYSTEM, ROCHESTER GENERAL HOSPITAL WORKS TIRELESSLY TO EXPAND CARE AND IMPROVE ITS FAC ILITIES AND BRING STATE-OF-THE-ART MEDICAL EQUIPMENT AND PROCEDURES TO OUR PATIENTS AND CO MMUNITY. DURING 2019 SOME OF THE MAJOR IMPROVEMENTS INCLUDE THE FOLLOWING: - NEW STATE-OF- THE-ART GE SIGNA ARTIST MRI SYSTEM. IT'S THE ONLY SYSTEM OF ITS KIND IN THE GREATER ROCHES TER AREA. THE GE SIGNA ARTIST OFFERS THE HIGHEST RESOLUTION IMAGING AND MOST ADVANCED MRI TECHNOLOGY. IT WILL HELP IMPROVE WORKFLOW EFFICIENCIES AND PROVIDE A MORE COMFORTABLE AND ENHANCED PATIENT EXPERIENCE. - RGH'S CENTER FOR RISK PREVENTION AND WELLNESS OPENED ITS FO URTH LOCATION. THIS TEAM OFFERS PATIENTS COMPASSIONATE, CONFIDENTIAL CARE FROM A TEAM OF P HYSICIANS AND NURSE PRACTITIONERS CERTIFIED IN INFECTIOUS DISEASES, AND EXPERIENCED IN THE TREATMENT OF HIV, HEPATITIS C, AND HIGH-RISK BEHA

Form and Line Reference	Explanation
PART VI, LINE 6:	VIORS. EDUCATION AND COUNSELING REGARDING HIV RELATED MEDICATIONS IS ALSO AVAILABLE. - RGH UNVEILED ITS NEW BIPLANE SUITE IN 2019 ALLOWING UNINTERRUPTED 24/7 CARE FOR EVEN MORE STR OKE PATIENTS IN OUR COMMUNITY. - THE UROLOGY DEPARTMENT AT ROCHESTER GENERAL HOSPITAL IS T HE FIRST IN THE REGION AND FIFTH IN THE NATION WITH FOCAL ONE HIGH-INTENSITY FOCUSED ULTRA SOUND. THIS NEW TECHNOLOGY PROVIDES QUICKER RECOVERY TIMES, PRECISION TREATMENT OF THE DIA GNOSED TUMOR AND PRESERVATION OF QUALITY OF LIFE. DURING 2019 ROCHESTER GENERAL HOSPITAL W AS RECOGNIZED BY THE FOLLOWING: - HEALTHGRADES RGH WAS NAMED ONE OF THE TOP 50 HOSPITALS I N THE NATION AND THE ONLY HOSPITAL IN UPSTATE NEW YORK. THIS RECOGNITION IS AWARDED TO THE TOP 1% OF HOSPITALS THAT CONSISTENTLY EXHIBIT EXCEPTIONAL, COMPREHENSIVE, HIGH-QUALITY CA RE. - BEACON AWARD FOR EXCELLENCE RGH'S INTENSIVE CARE UNIT, TELEMEDICAL CARDIAC UNIT, ORT HOPAEDIC UNIT AND THE NEONATAL INTENSIVE CARE UNIT ACHIEVED THE AACN (AMERICAN ASSOCIATION OF COLLEGES OF NURSING) BEACON AWARD FOR EXCELLENCE. ADDITIONALLY, THE POST-ANESTHESIA CA RE UNIT WON THE SILVER-LEVEL AND THE 5800 UNIT WON THE BRONZE-LEVEL AWARDS OF EXCELLENCE. THE ACHIEVEMENT RECOGNIZES HOSPITAL UNITS THAT EMPLOY EVIDENCE-BASED PRACTICE TO IMPROVE P ATIENT AND FAMILY OUTCOMES AS WELL AS RECOGNIZES HOSPITAL UNITS THAT EXEMPLIFY EXCELLENCE IN PROFESSIONAL PRACTICE, PATIENT CARE, AND OUTCOMES. - AMERICAN HEART ASSOCIATION'S QUALI TY ACHIEVEMENT AWARD RGH WAS SELECTED FOR THE AHA'S STROKE GOLD PLUS ELITE PLUS HONOR ROLL . THIS NATIONAL AWARD RECOGNIZES HOSPITALS THAT ARE ABOVE COMPLIANCE LEVELS FOR QUALITY ST ROKE MEASURES DURING THE AWARD TIME FRAME. - BREAST CENTER OF EXCELLENCE ROCHESTER GENERAL ONCE AGAIN RECEIVED NATIONAL CERTIFICATION AS A QUALITY BREAST CENTER OF EXCELLENCE FROM THE NATIONAL QUALITY MEASURES FOR BREAST CENTERS PROGRAM. THE BREAST CENTER TEAM IS RECOGN IZED AS A LEADER FOR PROVIDING THE HIGHEST STANDARDS OF BREAST HEALTH CARE FOR PATIENTS. - 2019 ADVOCACY AWARD FROM THE NEPHROLOGY NURSING CERTIFICATION COMMISSION (NNCC) RGH'S DIA LYSIS TEAM RECEIVED THIS NATIONAL AWARD FOR SUPPORTING ONGOING EDUCATION OF ITS NURSES, AS WELL AS DEMONSTRATING AN UNPARALLELED APPRECIATION FOR NURSES WHO HAVE EARNED THEIR CERTI FICATION. ALMOST 90% OF ELIGIBLE RNS ARE CERTIFIED!ADDITIONALLY, ROCHESTER GENERAL HOSPITA L ACHIEVED THE FOLLOWING CERTIFICATIONS AND ACCREDITATIONS DURING 2019: - FIRST ADVANCED T HROMBECTOMY-CAPABLE STROKE CENTER (TSC) IN NEW YORK STATE. THIS CERTIFICATION CONFIRMS THA T RGH IS PROVIDING THE MOST ADVANCED LEVEL OF STROKE CARE IN THE REGION AND MEETING THE HI GH STANDARDS OF EXCELLENCE SET BY THE JOINT COMMISSION. THE TSC CERTIFICATION IDENTIFIES R GH AS A FACILITY THAT PERFORMS ENDOVASCULAR THROMBECTOMY (EVT) THE EMERGENCY PROCEDURE TO REMOVE BLOOD CLOTS, IMPROVING QUALITY OF LIFE FOR STROKE PATIENTS IN THE REGION BY PROVIDI NG ACCESS TO THIS DISABILITY-SAVING PROCEDURE. - AMERICAN COLLEGE OF SURGEON'S COMMISSION ON CANCER (COC) ACCREDITATION THIS NOTABLE RECOGNITION MARKS THE 40TH CONSECUTIVE YEAR RGH HAS RECEIVED THIS ACCREDITATION MAKING RGH THE FIRST AND LONGEST RUNNING COMMISSION ON CA NCER-ACCREDITED PROGRAM IN OUR REGION. THE COC ACCREDITATION RECOGNIZES CANCER CARE PROGRA MS FOR THEIR COMMITMENT TO PROVIDING COMPREHENSIVE, HIGH-QUALITY, PATIENT-CENTERED CARE. T HIS OUTSTANDING RECOGNITION REFLECTS THE DEDICATED, HIGH-QUALITY CANCER CARE THAT THE LIPS ON CANCER INSTITUTE AND RGH TEAMS PROVIDE DAILY. -COMPREHENSIVE STROKE CENTER CERTIFICATIO N FROM DNV GL HEALTHCARE RGH NOW JOINS AN ELITE GROUP OF HOSPITALS TO EARN THIS PRESTIGIOU S DESIGNATION. THE INTENSE AND RIGOROUS PROCESS REQUIRED COLLABORATION AND HARD WORK FROM A MULTI-DISCIPLINARY GROUP OF PHYSICIANS, NURSES AND TEAM MEMBERS ACROSS THE ORGANIZATION. WITH THIS CERTIFICATION, RRH CONTINUES TO LEAD THE WAY IN ELEVATING THE LEVEL OF STROKE C ARE BY IMPROVING ACCESS TO IMMEDIATE, LIFE-SAVING

Form and Line Reference	Explanation
PART VI, LINE 6 (CON'T):	TREATMENT. - THE SPIRITUAL CARE TEAM AT ROCHESTER GENERAL HOSPITAL HAS RECEIVED ACCREDITED CENTER STATUS BY THE ASSOCIATION FOR CLINICAL PASTORAL EDUCATION (ACPE). THIS NATIONAL ST ATUS ALLOWS THE TEAM TO PROVIDE CLINICAL PASTORAL EDUCATION IN-HOUSE AT RGH FOR GRADUATE-L EVEL STUDENTS AND INTERNS. - ROCHESTER GENERAL HOSPITAL ACHIEVED ITS FOURTH CONSECUTIVE DE SIGNATION AS A MAGNET HOSPITAL, ALONG WITH FIVE EXEMPLARS FOR INDUSTRY-LEADING PERFORMANCE . MAGNET RECOGNIZES ORGANIZATIONS THAT PROVIDE THE HIGHEST QUALITY CARE. THE RIGOROUS APPR AISAL PROCESS INVOLVES SITE VISITS AND INTERVIEWS, AS WELL AS QUALITY MEASURES DEMONSTRATI NG NURSING LEADERSHIP AND COORDINATION ACROSS SPECIALTIES. RGH'S REMARKABLE ACHIEVEMENT IS A TESTAMENT TO THE EXCELLENCE OF OUR NURSES AND THE ENTIRE CARE TEAM.ROCHESTER GENERAL ME DICAL GROUP (RGMG) OPERATES AS A DIVISION OF RGH. RGMG HAS MORE THAN 40 PRACTICES IN MONRO E AND WAYNE COUNTIES WITH SPECIALTIES IN ALLERGY/RHEUMATOLOGY, DERMATOLOGY, DIABETES/ENDOC RINOLOGY, FAMILY MEDICINE, GERIATRICS, INTERNAL MEDICINE, NUTRITION & WEIGHT MANAGEMENT, O RTHOPEDICS, PEDIATRICS, PHYSICAL MEDICINE & REHABILITATION, VASCULAR SURGERY & VEIN CARE A ND WOMEN'S HEALTH (OB/GYN). IN ADDITION TO HOSPITAL LOCATIONS, RGMG ALSO OPERATES TWO FULL -SERVICE OUTREACH CAMPUSES AT ALEXANDER PARK AND LINDEN OAKS.UNITY HOSPITAL (UH) IS A 287- BED RECENTLY RENOVATED HOSPITAL LOCATED IN THE TOWN OF GREECE. KEY PROGRAMS AND CENTERS IN CLUDE CHEMICAL DEPENDENCY, BRAIN INJURY & REHABILITATION, JOINT REPLACEMENT CENTER, FAMILY BIRTH PLACE, SPINE CENTER, DIABETES CENTER, STROKE CENTER, AND EMERGENCY CENTER. NOT TO B E OUTDONE BY ITS FELLOW AFFILIATES, UNITY HOSPITAL HAS CONTINUED TO EXPAND CARE AND IMPROV E ITS PATIENT FOCUSED SERVICES. DURING 2019 SOME OF THE MAJOR PROGRAM INITIATIVES INCLUDE THE FOLLOWING: - UNITY HOSPITAL'S BEHAVIORAL HEALTH ACCESS & CRISIS CENTER LOCATED ON THE ST. MARY'S CAMPUS LAUNCHED A NEW JAIL DIVERSION PROGRAM IN PARTNERSHIP WITH LOCAL LAW ENFO RCEMENT. THIS VOLUNTARY PROGRAM ENABLES POLICE TO WORK WITH AN INDIVIDUAL TO IDENTIFY IF M ENTAL HEALTH TREATMENT IS MORE BENEFICIAL THAN JAIL. - UNITY HOSPITAL IS THE FIRST IN NEW YORK STATE TO USE THE NEW 7D NEUROSURGERY NAVIGATION SYSTEM FOR SPINE AND CRANIAL SURGERIE S. THIS NEW TECHNOLOGY ACTS AS A DETAILED GPS AND EMITS ZERO RADIATION. - IMAGING CAPABILI TIES ARE EXPANDING AT UH WITH TWO NEW 64-SLICE CT SCANNERS. RENOVATIONS AND CONSTRUCTION A RE EXPECTED TO BE COMPLETED IN JANUARY 2021. THE NEW SCANNERS WILL ENHANCE UNITY'S ABILITY TO SERVE PATIENTS WITH HIGHER QUALITY IMAGING AND FASTER TURNAROUND TIMES. UNITY TEAMS WI LL ALSO HAVE THE ABILITY TO PERFORM CT INTERVENTIONAL PROCEDURES INSIDE THE HOSPITAL AND W ILL HAVE A DEDICATED CT FOR STROKES WHEN NEEDED. A NEW IMAGING ULTRASOUND SUITE WILL IMPRO VE THE EXPERIENCE OF BOTH PATIENTS AND STAFF, AND WILL MEET ADA COMPLIANCE. - HEALTH REACH HEALTHCARE FOR THE HOMELESS' NEW MOBILE MEDICAL UNIT WAS OPERATIONAL IN DECEMBER 2019, RE PLACING ITS CURRENT BUS. THE MOBILE CAPABILITIES WILL PROVIDE COMPREHENSIVE PRIMARY MEDICA L AND DENTAL SERVICES ON THE ROAD. RECOGNITIONS AND AWARDS BESTOWED UPON UNITY HOSPITAL IN 2019 INCLUDE: - BEACON AWARD FOR EXCELLENCE UH'S INTENSIVE CARE UNIT AND THEIR INTENSIVE NURSING CARE UNIT ACHIEVED THE AACN (AMERICAN ASSOCIATION OF COLLEGES OF NURSING) BEACON A WARD FOR EXCELLENCE. ADDITIONALLY, THE CHARLES J. AUGUST JOINT REPLACEMENT CENTER WON THE SILVER-LEVEL BEACON AWARD OF EXCELLENCE. THE ACHIEVEMENT RECOGNIZES HOSPITAL UNITS THAT EM PLOY EVIDENCE-BASED PRACTICE TO IMPROVE PATIENT AND FAMILY OUTCOMES AS WELL AS RECOGNIZES HOSPITAL UNITS THAT EXEMPLIFY EXCELLENCE IN PROFESSIONAL PRACTICE, PATIENT CARE, AND OUTCO MES. - AMERICAN HEART ASSOCIATION (AHA) QUALITY ACHIEVEMENT AWARD - UNITY HOSPITAL WAS SEL ECTED FOR THE AHA STROKE GOLD PLUS ELITE PLUS HONOR ROLL. THIS NATIONAL AWARD RECOGNIZES H OSPITALS THAT ARE ABOVE COMPLIANCE LEVELS FOR QUALITY STROKE MEASURES DURING THE AWARD TIM E FRAME. - AMERICAN COLLEGE OF SURGEONS NATIONAL SURGICAL QUALITY IMPROVEMENT PROGRAM (ACS NSQIP) HONORED UNITY HOSPITAL NATIONALLY FOR "MERITORIOUS" SURGICAL PATIENT CARE OUTCOMES . OUT OF 592 ELIGIBLE HOSPITALS, ACS DEEMED ONLY 88 "MERITORIOUS", INCLUDING UNITY HOSPITA L, THE ONLY HOSPITAL TO EARN THIS RECOGNITION IN THE ROCHESTER AREA. ACS NSQIP IS THE ONLY NATIONALLY VALIDATED QUALITY IMPROVEMENT PROGRAM THAT MEASURES AND ENHANCES THE CARE OF S URGICAL PATIENTS. - UNITY HOSPITAL HAS LONG BEEN A RECOGNIZED LEADER IN THE CARE OF WOMEN AND NEWBORNS AND BECAUSE OF THIS EXCEPTIONAL CARE UNITY HAS EARNED THE HIGHLY PRESTIGIOUS INTERNATIONAL BABY-FRIENDLY DESIGNATION. THIS DISTINGUISHED HONOR FOLLOWED A RIGOROUS REVI EW PROCESS BY BABY-FRIENDLY USA. WITH UNITY HOSPITAL'S DESIGNATION, ALL OF ROCHESTER REGIO NAL HEALTH'S LABOR AND DELIVERY HOSPITALS (ROCHESTER GENERAL, NEWARK-WAYNE AND UNITED MEMO RIAL) ARE NOW CERTIFIED AS BABY-FRIENDLY.ADDITIONALLY, UNITY HOSPITAL RECEIVED THE FOLLOWI NG CERTIFICATIONS AND ACCREDITATIONS DURING 2019:

Form and Line Reference	Explanation
PART VI, LINE 6 (CON'T):	- GOLISANO REHABILITATION CENTER RECEIVED THE CARF RE-ACCREDITATION (COMMISSION OF REHABIL ITATION FACILITIES). REPRESENTING THE ORGANIZATIONS COMMITMENT TO THE HIGHEST LEVEL OF PER FORMANCE EXCELLENCE THROUGH IMPROVING EFFICIENCY, FISCAL HEALTH AND SERVICE DELIVERY. THIS ACCREDITATION IS ONLY ACHIEVED BY 3% OF THOSE SURVEYED. - AMERICAN COLLEGE OF EMERGENCY P HYSICIANS' (ACEP) GERIATRIC EMERGENCY DEPARTMENT ACCREDITATION PROGRAM (GEDA) RECOGNIZES U NITY HOSPITAL WITH ITS SILVER STANDARD ACCREDITATION. UNITY IS ONE OF ONLY THREE HOSPITALS IN NEW YORK STATE TO RECEIVE THIS ACCREDITATION. SILVER LEVEL ACCREDITATION REPRESENTS TH AT UNITY HOSPITAL IS A FACILITY THAT INTEGRATES AND SUSTAINS ELDER CARE INITIATIVES INTO T HEIR DAILY OPERATIONS, AND DEMONSTRATES THE INTERDISCIPLINARY COOPERATION FOR THE DELIVERY OF EXCELLENT EMERGENCY DEPARTMENT SERVICES FOR THE ELDERLY. - THE JOINT COMMISSION'S ADVA NCED CERTIFICATION IN PALLIATIVE CARE HAS BEEN AWARDED TO UNITY HOSPITAL. THIS CERTIFICATI ON SERVES AS A TESTAMENT OF THE CLINICAL EXCELLENCE AND REMARKABLE PATIENT-CENTERED CARE O UR HEALTH SYSTEM DELIVERS DAY IN AND DAY OUT. THE JOINT COMMISSION SURVEYOR WAS EXTREMELY IMPRESSED WITH THE EXTENT PALLIATIVE CARE IS INTEGRATED INTO THE FABRIC OF UNITY'S PATIENT -CENTERED APPROACH TO CARE.UNITY MEDICAL GROUP OPERATES AS A DIVISION OF UNITY HOSPITAL. U NITY MEDICAL GROUP HAS 28 OFFICE- AND HOSPITAL-BASED LOCATIONS IN MONROE AND GENESEE COUNT Y. THE SERVICES OFFERED BY UNITY MEDICAL GROUP INCLUDE GERIATRICS, PALLIATIVE CARE, SKILLE D NURSING HOME SUPPORT, ENDOCRINOLOGY, DENTAL CARE, INTERNAL MEDICINE, PEDIATRICS, FAMILY MEDICINE, OBSTETRICS, GYNECOLOGY, PULMONARY SERVICES, SLEEP SERVICES, INFECTIOUS DISEASE T REATMENT, ORTHOPEDIC SPINE TREATMENT, PROGRESSIVE NEUROVASCULAR SERVICE WITH NEUROLOGY SPE CIALTY OUTPATIENT CARE AND ENDOVASCULAR SURGICAL ACUTE CARE. THERE ARE ALSO A SPECIALIZED VASCULAR SURGERY GROUP AND NEPHROLOGY WITH COMPREHENSIVE DIALYSIS SERVICES. NEWARK-WAYNE C OMMUNITY HOSPITAL (NWCH) HAS SERVED GENERATIONS OF WAYNE COUNTY RESIDENTS SINCE 1957, AND MANY HAVE BECOME MEMBERS OF OUR GROWING HEALTHCARE FAMILY. WITH NEW, LEADING-EDGE MEDICAL TECHNOLOGY, A DIRECT PARTNERSHIP WITH ROCHESTER REGIONAL HEALTH, AND HIGHLY TRAINED STAFF, NWCH CONTINUES TO GROW IN EVERY ASPECT OF ITS HEALTHCARE DELIVERY. THE HOSPITAL IS LICENS ED TO OPERATE 300 BEDS OFFERING SERVICES INCLUDING CARDIOLOGY, OBSTETRICS AND GYNECOLOGY, ORTHOPAEDICS AND PULMONARY CARE, AS WELL AS AN INNOVATIVE TELEMEDICINE PROGRAM. NWCH ALSO OFFERS A FULL ARRAY OF OUTPATIENT SERVICES INCLUDING AN EMERGENCY DEPARTMENT, CARDIAC REHA BILITATION, LAB SERVICES, DIAGNOSTIC IMAGING, REHABILITATION SERVICES, AND LAB DRAW STATIO NS AND PATIENT IMAGING UNITS IN OTHER PARTS OF WAYNE COUNTY. IN 1997, NWCH ESTABLISHED THE WAYNE COUNTY RURAL HEALTH NETWORK (WCRHN) TO ENCOURAGE GREATER COLLABORATION AMONG HEALTH AND SOCIAL SERVICE AGENCIES WITHIN WAYNE COUNTY IN ORDER TO PROVIDE GREATER ACCESS TO NEE DED SERVICES AND TO DEVELOP INNOVATIVE PROGRAMS TO BETTER MEET IDENTIFIED NEEDS. WCRHN IS ONE OF 35 SUCH NETWORKS IN NYS. NWCH WAS CHOSEN AS A BENCHMARK IN THE SOCIOECONOMIC FACTOR S CATEGORY OF THE AMERICAN HOSPITAL ASSOCIATION (AHA) PUBLICATION, COMMUNITY CONNECTIONS: IDEAS & INNOVATIONS FOR HOSPITAL LEADERS: CASE EXAMPLES. ADDITIONALLY, NEWARK-WAYNE IS A N EW YORK STATE-DESIGNATED STROKE CENTER, A NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM EL DERS) EXEMPLAR HOSPITAL. REHABILITATIVE AND LONG-TERM CARE SERVICES ARE PROVIDED THROUGH D EMAY LIVING CENTER, AN ATTACHED FACILITY.

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PART VI, LINE 6 (CON'T):	RECOGNITIONS AND AWARDS GRANTED TO NWCH IN 2019 INCLUDE: - BEACON AWARD FOR EXCELLENCE NWC H'S INTENSIVE CARE UNIT ACHIEVED THE AACN (AMERICAN ASSOCIATION OF COLLEGES OF NURSING) BE ACON AWARD FOR EXCELLENCE. THE ACHIEVEMENT RECOGNIZES HOSPITAL UNITS THAT EMPLOY EVIDENCE- BASED PRACTICE TO IMPROVE PATIENT AND FAMILY OUTCOMES AS WELL AS RECOGNIZES HOSPITAL UNITS THAT EXEMPLIFY EXCELLENCE IN PROFESSIONAL PRACTICE, PATIENT CARE, AND OUTCOMES. - NWCH RE CEIVED HIGH PRAISE FROM JOINT COMMISSION SURVEY - THE JOINT COMMISSION RECENTLY COMPLETED AN ON-SITE SURVEY AT NEWARK-WAYNE COMMUNITY HOSPITAL. THE RESULTS OF THE SURVEY WERE NOTED AS "A RARITY" FROM THE SURVEYORS WITH NEWARK-WAYNE ACHIEVING THE BEST COMPLIANCE POSSIBLE . THIS RECOGNITION AND LEVEL OF SUCCESS DEMONSTRATES THE COMMITMENT OF THE ENTIRE STAFF TO DELIVERING CARE THAT EXCEEDS EXPECTATIONS. - THE AMERICAN BOARD OF PERIANESTHESIA NURSING CERTIFICATION (ABPANC) HAS HONORED POST-ANESTHESIA CARE UNIT (PACU) AT NWCH WITH THEIR AC HIEVEMENT AWARD. THIS DISTINCTION IS A TESTAMENT TO THE HIGH-QUALITY PATIENT CARE OUR NURS ES PROVIDE. THE PRESTIGIOUS, NATIONAL AWARD RECOGNIZES THAT 75-100 PERCENT OF ALL ELIGIBLE PERIANESTHESIA NURSES WITHIN A GIVEN DEPARTMENT HOLD CERTIFIED POST ANESTHESIA NURSE (CPA N) AND/OR CERTIFIED AMBULATORY PERIANESTHESIA NURSE (CAPA) CERTIFICATION. CLIFTON SPRINGS HOSPITAL AND CLINIC (CSHC) IS A 262-BED HOSPITAL WITH A LEVEL OF TECHNOLOGY CONSISTENT WIT H THAT OF LARGE URBAN HOSPITALS. THE MAIN HOSPITAL IS PHYSICALLY LOCATED IN CLIFTON SPRING S, MIDWAY BETWEEN (BUT NORTH OF) GENEVA AND CANANDAIGUA. CSHC'S PRIMARY SERVICE AREA CONSI STS OF FOUR COUNTIES IN THE CENTRAL FINGER LAKES REGION OF UPSTATE NEW YORK: ONTARIO, WAYN E, SENECA AND YATES. CLIFTON SPRINGS HOSPITAL & CLINIC IS A NOT-FOR-PROFIT HEALTH CARE SYS TEM PROVIDING GENERAL ACUTE CARE, PRIMARY CARE, NURSING HOME CARE, CANCER CARE, PROGRAMS F OR BEHAVIORAL HEALTH AND ADDICTION RECOVERY, AND SPECIALTY CARE TO RESIDENTS OF AND VISITO RS TO THE CENTRAL FINGER LAKES REGION. THE FINGER LAKES COMMUNITY CANCER CENTER (FLCCC) IS LOCATED ON THE MAIN CAMPUS AND WAS THE FIRST FULL TREATMENT CANCER CENTER IN THE FINGER L AKES REGION. FLCCC PARTICIPATES IN CLINICAL TRIALS, OFFERS MONTHLY CANCER CONFERENCES, YEA RLY SYMPOSIUMS AND SUPPORT GROUPS. THE FINGER LAKES RADIATION ONCOLOGY HAS ONE OF FIVE INT ENSITY MODULATED RADIATION THERAPY UNITS IN NEW YORK STATE FOR TREATING PROSTATE CANCER. T HE RADIOLOGY DEPARTMENT HAS THE LATEST TECHNOLOGY AND SOPHISTICATED EQUIPMENT FOR THE EARL Y DETECTION OF CANCER AND OTHER DISEASES. THE BEHAVIORAL HEALTH DEPARTMENT IS THE AREA'S L ARGEST AND HAS OFFERED MENTAL HEALTH AND ADDICTION RECOVERY SERVICES LONGER THAN ANY OTHER ORGANIZATION IN THE REGION. CSHC OFFERS NUMEROUS SUBSPECIALTIES INCLUDING BLOOD DISORDERS , RENAL DISEASE, DIABETES, AND REHABILITATION. IN ADDITION, THE SPRINGS OF CLIFTON IS AN I NTEGRATED HEALTH CARE PROGRAM, COMBINING BOTH CONVENTIONAL AND ALTERNATIVE/COMPLEMENTARY M EDICINE. COMPLEMENTARY THERAPIES SUPPORT THE MAINTENANCE OF HEALTH AND WELL-BEING AND THE PROCESS OF HEALING AND INCLUDE ACUPUNCTURE, CHIROPRACTIC SERVICES, HYDROTHERAPY, MASSAGE T HERAPY, NATUROPATHY, CHINESE MEDICINE, QI GONG, HERBOLOGY, AND REIKI THERAPEUTIC TOUCH. DU RING 2019, CONSTRUCTION CONTINUED ON THE CLIFTON MEDICAL VILLAGE WITH THE COMPLETION OF PH ASE I OF THE TWO-PHASE PROJECT. THIS RENOVATION PROJECT CHANGES THE WAY THE FACILITY WILL DELIVER CARE TO PATIENTS AND FAMILIES. PHASE I HAS ALLOWED THE CREATION OF PROGRAMS THAT A RE FOCUSED ON COMMUNITY WELLNESS. PHASE II, WHICH OPENS IN 2020, WILL FEATURE NEW OPERATIN G ROOMS, PROCEDURE ROOMS, IMPROVE PATIENT ACCESS, AND PRIMARY CARE OFFICES WITH DENTAL ADD ITIONS.AS WITH ALL OF THE HOSPITAL AND PATIENT CARE FACILITIES UNDER THE RRH UMBRELLA, CSH C WORKS DILIGENTLY TO CONTINUOUSLY PROVIDE TOP-QUALITY CARE. DURING 2019, CSHC WAS THE REC IPIENT OF SEVERAL RECOGNITIONS AND AWARDS SHINING A LIGHT ON THESE EFFORTS INCLUDING: - BE ACON AWARD FOR EXCELLENCE CSHC'S INTENSIVE CARE UNIT ACHIEVED THE AACN (AMERICAN ASSOCIATI ON OF COLLEGES OF NURSING) BEACON AWARD FOR EXCELLENCE. THE ACHIEVEMENT RECOGNIZES HOSPITA L UNITS THAT EMPLOY EVIDENCE-BASED PRACTICE TO IMPROVE PATIENT AND FAMILY OUTCOMES AS WELL AS RECOGNIZES HOSPITAL UNITS THAT EXEMPLIFY EXCELLENCE IN PROFESSIONAL PRACTICE, PATIENT CARE, AND OUTCOMES. - THE AMERICAN BOARD OF PERIANESTHESIA NURSING CERTIFICATION (ABPANC) HAS HONORED POST-ANESTHESIA CARE UNIT (PACU) AT CSHC WITH THEIR ACHIEVEMENT AWARD. THIS DI STINCTION IS A TESTAMENT TO THE HIGH-QUALITY PATIENT CARE OUR NURSES PROVIDE. THE PRESTIGI OUS, NATIONAL AWARD RECOGNIZES THAT 75-100 PERCENT OF ALL ELIGIBLE PERIANESTHESIA NURSES W ITHIN A GIVEN DEPARTMENT HOLD CERTIFIED POST ANESTHESIA NURSE (CPAN) AND/OR CERTIFIED AMBU LATORY PERIANESTHESIA NURSE (CAPA) CERTIFICATION. - CSHC RECEIVED THE BRONZE STANDARD FOR GERIATRIC EMERGENCY DEPARTMENT CARE FROM THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS. THE GEDA PROGRAM RECOGNIZES EMERGENCY DEPARTMENTS THA

Form and Line Reference	Explanation
PART VI, LINE 6 (CON'T):	T PROVIDE EXCELLENT CARE FOR OLDER ADULTS THROUGH SEVERAL MEASURES, INCLUDING ENHANCED EDU CATION, GERIATRIC-FOCUSED POLICIES AND PROTOCOLS THAT FOCUS ON TRANSITIONS OF CARE, QUALIT Y IMPROVEMENT EFFORTS, AND OPTIMAL PREPARATION OF THE PHYSICAL ENVIRONMENT.ADDITIONALLY, N EWARK WAYNE COMMUNITY HOSPITAL AND CLIFTON SPRINGS HOSPITAL AND CLINIC, COLLECTIVE REFERRE D TO AS THE EASTERN REGION, WERE TOGETHER HONORED BY WITH THE 2019 PLATINUM PARTNERSHIP AW ARD COMPLIMENTS OF THE 2019 WORKPLACE PARTNERSHIP FOR LIFE CAMPAIGN. THIS IS A GREAT ACHIE VEMENT AND DEMONSTRATES THE EASTERN REGION'S DEDICATION TO HELPING PATIENTS IN EVERY WAY P OSSIBLE, ESPECIALLY BY SUPPORTING ORGAN, EYE AND TISSUE DONATION.UNITED MEMORIAL MEDICAL C ENTER (UMMC) SERVES RESIDENTS OF GENESEE COUNTY AND SURROUNDING RURAL COMMUNITIES. THE 131 -BED HOSPITAL IN BATAVIA FEATURES A NEW, STATE-OF-ART SURGICAL DEPARTMENT, A WOUND CARE CE NTER, A TELEMEDICINE PROGRAM FOR INTENSIVE CARE, A JOINT REPLACEMENT CENTER OF EXCELLENCE, TWO URGENT CARE CENTERS AND A NUMBER OF PRIMARY AND SPECIALTY PHYSICIAN OFFICES. UNITED M EMORIAL IS A NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) HOSPITAL AND A NEW YORK STATE-DESIGNATED STROKE CENTER. UNITED MEMORIAL IS THE SOLE MATERNITY SERVICES PROVIDER F OR GENESEE AND ORLEANS COUNTIES. IT MANAGES THE NEW YORK STATE CANCER SERVICES PARTNERSHIP GRANT FOR ORLEANS AND GENESEE COUNTIES AND PROVIDES ORTHOPEDIC SERVICES IN GENESEE, ORLEA NS AND WYOMING COUNTIES.DURING 2019 UMMC RECEIVED SEVERAL RECOGNITIONS AND AWARDS FOR ITS EXEMPLARY SERVICES AND PATIENT CARE. THESE INCLUDE: - CENTERS FOR DISEASE CONTROL (CDC) AN D PREVENTION'S PRELIMINARY RECOGNITION OF UMMC'S HEALTHY LIVING DIABETES PREVENTION TEAM F OR DELIVERING QUALITY, EVIDENCE-BASED DIABETES PREVENTION PROGRAM. - NYSPQC QUALITY IMPROV EMENT AWARD - BABY FRIENDLY HOSPITAL DESIGNATION HONORS UMMC WITH THE BABY FRIENDLY HOSPIT AL DESIGNATION. THIS DESIGNATION RECOGNIZES BIRTH FACILITIES THAT OFFER BREASTFEEDING MOTH ERS THE INFORMATION, CONFIDENCE AND SKILLS NEEDED TO SUCCESSFULLY INITIATE AND CONTINUE BR EASTFEEDING THEIR BABIES BASED ON THE 10 STEPS TO SUCCESSFUL BREASTFEEDING. - BEACON AWARD FOR EXCELLENCE UMMC'S INTENSIVE CARE UNIT ACHIEVED THE AACN (AMERICAN ASSOCIATION OF COLL EGES OF NURSING) BEACON AWARD FOR EXCELLENCE. THE ACHIEVEMENT RECOGNIZES HOSPITAL UNITS TH AT EMPLOY EVIDENCE-BASED PRACTICE TO IMPROVE PATIENT AND FAMILY OUTCOMES AS WELL AS RECOGN IZES HOSPITAL UNITS THAT EXEMPLIFY EXCELLENCE IN PROFESSIONAL PRACTICE, PATIENT CARE, AND OUTCOMES. - ROBERT A. WARRINER III CENTER OF EXCELLENCE AWARD RECOGNIZES UMMC AS WOUND CAR E CENTER OF EXCELLENCE. THIS NATIONAL HONOR RECOGNIZES WOUND CARE CENTERS THAT MEET THE HI GHEST LEVEL OF QUALITY STANDARDS FOR A MINIMUM OF TWO CONSECUTIVE YEARS. - GREATER ROCHEST ER QUALITY COUNCIL (GRQC) HONORS UMMC AT THE 13TH ANNUAL PERFORMANCE EXCELLENCE AWARDS FOR TEAM EXCELLENCE - GOLD - FOR MANAGING AN OUTBREAK AND WINNING THE BATTLE. - THE GENESEE C OUNTY BUSINESS EDUCATION ALLIANCE SELECTED UMMC TO RECEIVE ITS BUSINESS PARTNER OF THE YEA R AWARD. UMMC HAS PARTNERED WITH THE BUSINESS EDUCATION ALLIANCE FOR MORE THAN 15 YEARS TO HELP LOCAL STUDENTS PREPARE FOR THE WORLD OF WORK. IN THAT TIME, UMMC HOSTED A SUMMER CAR EER EXPLORATION CAMP, PARTICIPATED IN HEALTH CAREER TALKS, OFFERED JOB SHADOWING AND MORE. - UMMC RECEIVED THE BRONZE STANDARD FOR GERIATRIC EMERGENCY DEPARTMENT CARE FROM THE AMER ICAN COLLEGE OF EMERGENCY PHYSICIANS. THE GEDA PROGRAM RECOGNIZES EMERGENCY DEPARTMENTS TH AT PROVIDE EXCELLENT CARE FOR OLDER ADULTS THROUGH SEVERAL MEASURES, INCLUDING ENHANCED ED UCATION, GERIATRIC-FOCUSED POLICIES AND PROTOCOLS THAT FOCUS ON TRANSITIONS OF CARE, QUALI TY IMPROVEMENT EFFORTS, AND OPTIMAL PREPARATION OF THE PHYSICAL ENVIRONMENT.

Form and Line Reference	Explanation
PART VI, LINE 6 (CON'T):	ROCHESTER MENTAL HEALTH CENTER (RMHC) HAS NINE LOCATIONS ACROSS THE COMMUNITY, INCLUDING T WO OF THE AREA'S BEST MENTAL HEALTH CENTERS, GENESEE MENTAL HEALTH CENTER AND ROCHESTER ME NTAL HEALTH CENTER, AND OVER 40 YEARS OF EXPERIENCE AND TRADITION. RMHC HAS COMPREHENSIVE SERVICES AND DEDICATED MENTAL HEALTH AND SUBSTANCE ABUSE PROFESSIONALS, WORKING TO HELP PA TIENTS ACHIEVE THEIR FULL POTENTIAL TO LIVE AND WORK AS PRODUCTIVE MEMBERS OF THE COMMUNIT Y. THEY OFFER A COMPREHENSIVE SYSTEM OF CLINICAL MENTAL HEALTH SERVICES; READILY-ACCESSIBL E, CULTURALLY-SENSITIVE SERVICES UNIQUELY MATCHED TO THE INDIVIDUAL NEEDS OF EACH PATIENT AND THEIR FAMILY; CONVENIENT ACCESS TO MENTAL HEALTH OUTPATIENT SERVICES WITH LOCATIONS TH ROUGHOUT THE GREATER ROCHESTER AREA; AN UNWAVERING COMMITMENT TO SERVE THOSE IN THE COMMUN ITY WHO HAVE EMOTIONAL NEEDS.PRCD, INC. IS HOME TO BARBARA WOLK SCHWARZ WOMEN'S COMMUNITY RESIDENCE THAT PROVIDES A SAFE, HOME-LIKE ENVIRONMENT FOR WOMEN UNDERGOING TREATMENT FOR C HEMICAL DEPENDENCY. SPECIALIZED PROGRAM HIGHLIGHTS INCLUDE SUBSTANCE ABUSE AND DRUG ADDICT ION TREATMENT (SPECIALIZING IN OPIOID TREATMENT); SOBER LIVING AFTER COMPLETION PROGRAM; S PECIALIZED PROGRAMMING FOR THOSE WHO IDENTIFY AS LGBT, MILITARY, SENIORS, TRAUMA AND REFER RALS FROM THE JUDICIAL SYSTEM. SERVICES ARE PROVIDED IN A VARIETY OF SETTINGS TO ENSURE PA RTICIPANTS RECEIVE THE NEEDED SERVICES. INDEPENDENT LIVING FOR SENIORS, (ILS) OFFERS A PRO GRAM THAT GIVES THE FRAIL ELDERLY AN ALTERNATIVE TO NURSING HOME PLACEMENT. IT IS DESIGNED TO ENABLE SENIORS TO LIVE IN THEIR OWN HOME SERVED BY A NETWORK OF SUPPORTIVE SERVICES. T HE ILS PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) HAS PROVEN THAT INTEGRATING HE ALTH CARE SERVICES CAN HAVE A POWERFUL AND BENEFICIAL IMPACT ON INDIVIDUAL HEALTH AND WELL -BEING. SENIORS NOW HAVE A CHOICE TO LIVE OUT THEIR LIVES IN THEIR COMMUNITY - ENJOYING FA MILY, MANAGING THEIR HEALTH, MAKING NEW FRIENDS SIMPLIFYING HOW THEY CHOOSE AND PAY FOR NE EDED LONG-TERM CARE. ILS OFFERS ALL OF THE HEALTH, MEDICAL AND SOCIAL SERVICES NEEDED TO H ELP AN AGING LOVED ONE MAINTAIN THEIR INDEPENDENCE, DIGNITY AND QUALITY OF LIFE. A RANGE O F SERVICES ARE AVAILABLE TO AN ILS PARTICIPANT, INCLUDING ADULT DAY CARE; PRIMARY CARE; LA BORATORY, X-RAY AND AMBULANCE SERVICES; REHABILITATIVE AND SUPPORT SERVICES; MEDICAL SPECI ALTY SERVICES; SKILLED NURSING CARE; ACUTE HOSPITAL CARE; IN-HOME SERVICES; INTERDISCIPLIN ARY CONSULTATION; AND NURSING HOME CARE SHOULD THE NEED ARISE.LIFETIME CARE AND HOME CARE PLUS (LIFETIME CARE) JOINED THE RRH FAMILY IN OCTOBER 2019. SERVING APPROXIMATELY 33,000 H OME CARE AND HOSPICE PATIENTS PER YEAR AT SEVEN LOCATIONS IN THE ROCHESTER AND FINGER LAKE S REGION INCLUDING THE COUNTIES OF: MONROE, WAYNE, SENECA, CAYUGA, YATES, SCHUYLER, ONTARI O AND LIVINGSTON. THE LIFETIME CARE FOCUS IS ON THE DELIVERY OF COMPASSIONATE, PERSONALIZE D CARE TO ADULTS AND CHILDREN WHO ARE ILL, INJURED, DYING OR GRIEVING. LIFETIME CARE PROVI DES PRIMARY IN-HOME SERVICES INCLUDING SKILLED NURSING, REHAB THERAPIES, MEDICAL SOCIAL WO RK, INFUSION THERAPIES AND HOME HEALTH AIDE SERVICES; SPECIALTY CARE SERVICES INCLUDING CA RDIOPULMONARY, DIABETES, CANCER, PARKINSON'S DISEASE, WOUND, JOINT REPLACEMENT AND WOMEN'S AND CHILDREN'S HEALTH; HOSPICE CARE IS PROVIDED IN MONROE, WAYNE AND SENECA COUNTIES FOR THE TERMINALLY ILL; PALLIATIVE CARE SUPPORT FOR SERIOUSLY ILL CHILDREN AND ADULTS; AS WELL AS EDUCATION THAT PROMOTES HEALING AND WELLNESS. CLIFTON SPRINGS LIVING CENTER IS A 108-B ED SKILLED NURSING FACILITY LOCATED IN CLIFTON SPRINGS, NY. THE 108-BED FACILITY PROVIDES SPECIALIZED SERVICES INCLUDING TRADITIONAL SNF CARE, AS WELL AS SPECIALTY UNITS FOR RESIDE NTS WHO REQUIRE POST-ACUTE CARE, VENTILATOR CARE, AND DEMENTIA CARE. THE SERVICES OF REIKI AND HEALING TOUCH THERAPIES ARE OFFERED BY THE NURSING HOME, AND ADDITIONAL SERVICES INCL UDING ACUPUNCTURE, HYDROTHERAPY, MASSAGE THERAPY, AND NATUROPATHY ARE AVAILABLE THROUGH TH E SPRINGS INTEGRATIVE MEDICINE CENTER AND SPA. DE MAY LIVING CENTER LOCATED IN NEWARK IS A 180-BED SKILLED NURSING RESIDENCE THAT PROVIDES BOTH CALM AND STIMULATING ATMOSPHERES FOR RESIDENTS. SERVICES INCLUDE: POST-ACUTE CARE, SHORT-TERM REHABILITATION, VENTILATOR CARE, DEMENTIA CARE, PERITONEAL DIALYSIS, WOUND CARE, TELEMEDICINE, NEUROBEHAVIORAL CARE, LONG TERM SKILLED NURSING CARE AND ADULT DAY CARE.EDNA TINA WILSON LIVING CENTER IN ROCHESTER I S A 120-BED SKILLED NURSING FACILITY THAT USES INNOVATIVE NEIGHBORHOOD DESIGN, WITH RESIDE NT ROOMS CLUSTERED AROUND THE ACTIVITY CENTER AND THE LIVING AND DINING AREAS TO PROMOTE M ORE SOCIAL AND INTERACTIVE LIVING. THE CENTER SPECIALIZES IN LONG-TERM CARE, REHABILITATIV E SERVICES, PAIN MANAGEMENT, RESPIRATORY THERAPY, IV THERAPY, PERITONEAL DIALYSIS SERVICES , RESPITE AND HOSPICE CARE.HILL HAVEN LIVING AND NURSING CENTER IN WEBSTER IS A 288-BED FA CILITY WITH A COMPREHENSIVE RANGE OF MEDICAL AND ASSISTED LIVING SENIOR SERVICES, INCLUDIN G SHORT-TERM REHABILITATION, SKILLED NURSING, RESP

Form and Line Reference	Explanation
PART VI, LINE 6 (CON'T):	IRATORY, IV THERAPY, CENTRAL LINE MEDICATIONS AND MAINTENANCE, POST-SURGICAL WOUND CARE, O N-SITE HEMODIALYSIS, PERITONEAL DIALYSIS, TELEMEDICINE, DEMENTIA, ALZHEIMER'S, AND HOSPICE CARE. IN 2019, HILL HAVEN RECEIVED THE U.S. NEWS & WORLD REPORT BEST NURSING HOMES DESIGN ATION. TO QUALIFY, NURSING HOMES MUST EARN AN AVERAGE RATING OF 4.5 OUT OF 5 DURING 10 MON THS OF FEDERAL REPORTS. OUT OF 48 FACILITIES REVIEWED IN THE ROCHESTER AREA, HILL HAVEN RE CEIVED ONE OF THE THREE AREA DESIGNATIONS.PARK RIDGE LIVING CENTER IS LOCATED IN ROCHESTER . IT RECEIVED A FIVE-STAR RATING FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) , A DESIGNATION GIVEN TO ONLY 10 PERCENT OF NURSING HOMES NATIONWIDE. THIS 120 BED FACILIT Y IS HOME TO THE 40-BED TIMOTHY R. MCCORMICK TRANSITIONAL CARE CENTER, SPECIALIZING IN JOI NT REPLACEMENT AND COMPLEX FRACTURE RECOVERY, STROKE AND NEUROLOGICAL REHABILITATION, PHYS ICAL, OCCUPATIONAL AND SPEECH THERAPY, IV THERAPY, AND CENTRAL LINE MEDICATIONS. THE FACIL ITY'S WEGMAN FAMILY COTTAGES SERVES 80 ELDERS. THE COTTAGES ALLOW ELDERS TO LIVE IN A HOME -LIKE ENVIRONMENT WHILE RECEIVING SKILLED NURSING CARE. PARK RIDGE LIVING CENTER (PRLC) RE CEIVED THE U.S. NEWS & WORLD REPORT BEST NURSING HOMES DESIGNATION. TO QUALIFY, NURSING HO MES MUST EARN AN AVERAGE RATING OF 4.5 OUT OF 5 DURING 10 MONTHS OF FEDERAL REPORTS. OUT O F 48 FACILITIES REVIEWED IN THE ROCHESTER AREA, PRLC RECEIVED ONE OF THE THREE AREA DESIGN ATIONS. THIS IS THE THIRD CONSECUTIVE YEAR PRLC HAS RECEIVED THIS OUTSTANDING RECOGNITION. UNITY LIVING CENTER IN ROCHESTER IS A 120-BED STATE-OF-THE-ART SKILLED NURSING FACILITY FO CUSED ON TREATMENT AND REHABILITATIVE CARE FOR PATIENTS WITH MEDICALLY COMPLEX NEEDS, DEME NTIA, AND BEHAVIORAL CHALLENGES. SPECIAL SERVICES INCLUDE SHORT-TERM REHABILITATION, PULMO NOLOGY, RESPIRATORY THERAPY, TRACHEOTOMY CARE, WOUND CARE, PAIN CONTROL, AND IV THERAPY, A ND PERITONEAL DIALYSIS, ACCESS TO HEMODIALYSIS, VENTILATOR BEDS, BARIATRIC CARE AND RELAXA TION THERAPY TO MEET THE NEEDS OF THOSE WITH CHRONIC DISEASES.IN 2019 THE HEALTHCARE ASSOC IATION OF NEW YORK STATE (HANYS) HONORED RRH'S LONG-TERM CARE DIVISION WITH THEIR PATIENT SAFETY AWARD - 2019 PINNACLE AWARD FOR QUALITY AND PATIENT SAFETY. THIS AWARD RECOGNIZES O RGANIZATIONS THAT ARE LEADERS IN IMPROVING THE DELIVERY OF QUALITY CARE. HANYS RECOGNIZED RRH FOR ITS HIGH FIVE: ACHIEVING CONTINUOUS QUALITY MEASURE IMPROVEMENTS ACROSS SIX SKILLE D NURSING FACILITIES PROGRAM, WHICH PRODUCED THE IMPRESSIVE RESULTS OF 13 CONSECUTIVE QUAR TERS OF IMPROVEMENT AND FIVE OUT OF SIX FACILITIES WITHIN THE DIVISION ACHIEVED FOUR STARS FOR THE CENTERS FOR MEDICARE AND MEDICAID SERVICES NURSING HOME COMPARE FIVE-STAR QUALITY RATINGS.UNITY'S HOUSING GROUP OFFERS 261 AFFORDABLE AND SUBSIDIZED APARTMENTS IN FIVE LOC ATIONS. OUR AFFORDABLE SENIOR LIVING COMMUNITIES OFFER COMFORTABLE AND CONVENIENT HOUSING OPTIONS FOR INDEPENDENT ADULTS AGES 55 AND OLDER AT PRICES THAT FIT EVERY BUDGET. PARK RID GE CHILD CARE CENTER CARES FOR CHILDREN BETWEEN EIGHT WEEKS TO TWELVE YEARS OF AGE. LOCATE D ON THE UNITY HOSPITAL CAMPUS, THE CENTER OFFERS A SAFE AND NURTURING ENVIRONMENT A HAPPY HOME AWAY FROM HOME WHERE EVERYONE TRULY CARES ABOUT YOUR CHILD'S GROWTH, DEVELOPMENT, AN D WELL-BEING. EACH OF OUR HIGHLY TRAINED TEACHERS AND STAFF FOCUSES ON MEETING YOUR CHILD' S PHYSICAL, SOCIAL, EMOTIONAL AND COGNITIVE NEEDS.ROCHESTER AMBULATORY SURGERY CENTER (RAS C) IS A 29,000 SQUARE-FOOT FACILITY THAT INCLUDES SIX OPERATING ROOMS AND TWO MINOR PROCED URE ROOMS EQUIPPED WITH STATE OF THE ART EQUIPMENT AND INSTRUMENTATION. ACCREDITED BY THE ACCREDITATION ASSOCIATION FOR AMBULATORY HEALTHCARE, THE NEW YORK STATE DEPARTMENT OF HEAL TH AND IS A MEDICARE-CERTIFIED FACILITY. THE MISSION OF RASC IS TO PROVIDE A SAFE, CONVENI ENT AND COST-EFFECTIVE ALTERNATIVE TO TRADITIONAL SURGICAL CARE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6 (CON'T):	LINDEN OAKS SURGERY CENTER IS A FREESTANDING, MULTISPECIALTY AMBULATORY SURGERY CENTER WHERE A BROAD RANGE OF OUTPATIENT SURGICAL PROCEDURES ARE PERFORMED. THE CENTER OFFERS FOUR OPERATING ROOMS AND TWO PROCEDURE ROOMS WHICH ARE FULLY EQUIPPED WITH PREOPERATIVE AND POST-ANESTHESIA CARE AREAS IN ORDER TO PROVIDE HIGH QUALITY CARE AND SAFETY IN A CONVENIENT OUTPATIENT SURGERY CENTER. WESTFALL SURGERY CENTER, OFFERS WIDE RANGE OF SURGICAL SERVICES - FROM GENERAL SURGERY TO PLASTIC SURGERY. WESTFALL SURGERY CENTER PROVIDES HIGH-QUALITY CARE AND SAFETY IN A CONVENIENT OUTPATIENT SURGERY SETTING. ROCHESTER REGIONAL HEALTH IMMEDIATE CARE OPERATING NINE LOCATIONS IN MONROE COUNTY, IS COMMITTED TO PROVIDING THE HIGHEST QUALITY HEALTHCARE FOR RESIDENTS AND VISITORS OF MONROE AND SURROUNDING COUNTIES. THE DEDICATION TO PROVIDING AN EXCEPTIONAL PATIENT EXPERIENCE IS SEEN FROM THE HONOR OF BEING VOTED "BEST URGENT CARE CENTER" IN ROCHESTER BY THE ROCHESTER BUSINESS JOURNAL AND DAILY RECORD FOR TWO CONSECUTIVE YEARS. THESE IMMEDIATE CARE CENTERS OFFER FULL-SERVICE URGENT CARE AND OCCUPATIONAL MEDICINE SERVICES WITH PHYSICIANS, DIAGNOSTIC TOOLS, AND LABS ON-SITE.ACM MEDICAL LABORATORY IS A FULL SERVICE CLINICAL AND PATHOLOGY LABORATORY CONDUCTING MORE THAN 20 MILLION TESTS EVERY YEAR FOR PHYSICIANS, NURSING HOMES AND HOSPITALS; PHARMACEUTICAL, BIOTECH AND RESEARCH ORGANIZATIONS; COLLEGES AND UNIVERSITY HEALTH CENTERS; AND OCCUPATIONAL HEALTH GROUPS. ACM HAS OPERATIONS IN THE U.S., U.K., INDIA, CHINA AND SINGAPORE. OPERATIONS EXTEND TO MORE THAN 60 COUNTRIES AND OFFER A BROAD MENU OF CLINICAL, PATHOLOGY AND MOLECULAR TESTING. ACM IS ONE OF THE LARGEST REGIONAL REFERENCE LABORATORIES IN NEW YORK STATE.ROCHESTER REGIONAL HEALTH FOUNDATION, NEWARK WAYNE COMMUNITY HOSPITAL FOUNDATION, CLIFTON SPRINGS HOSPITAL AND CLINIC FOUNDATION AND UNITED MEMORIAL MEDICAL CENTER FOUNDATION: THE VITAL SERVICES THAT ROCHESTER REGIONAL PROVIDES TO THE COMMUNITY WOULD NOT BE POSSIBLE WITHOUT THE SUPPORT OF THE FOUNDATIONS. IN THE NONPROFIT ORGANIZATIONAL STRUCTURE THE FOUNDATIONS ARE CRITICAL TO THE ABILITY TO MAKE ONGOING INVESTMENTS IN STATE-OF-THE-ART MEDICAL TECHNOLOGY, CLINICAL PROGRAMS, FACILITIES, RESEARCH, AND EDUCATION THAT BENEFIT THE COMMUNITY AS A WHOLE. THE IMPACTS OF THE FOUNDATIONS' EFFORTS ARE VISIBLE THROUGHOUT THE HOSPITALS, AND IN THEIR DISTINGUISHED CENTERS OF EXCELLENCE. THE FOUNDATIONS' FUNDRAISING PROGRAMS DIRECTLY BENEFIT THE ONGOING NEEDS OF THE COMMUNITY THROUGH IMPROVED AND EXPANDED PATIENT CARE PROGRAMS, SERVICES, AND FACILITIES AND HELP PURCHASE EQUIPMENT. THIS ENHANCES THE HIGH-TOUCH AND COMPASSIONATE CARE AVAILABLE TO ALL WHO ARE SERVED IN THE COMMUNITY.

Additional Data

Software ID:

Software Version:

EIN: 16-0743134

Name: THE ROCHESTER GENERAL HOSPITAL

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	ROCHESTER GENERAL HOSPITAL 1425 PORTLAND AVENUE ROCHESTER, NY 14621	X	X		X	X	X	X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ROCHESTER GENERAL HOSPITAL	PART V, SECTION B, LINE 5: THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED JOINTLY BY THE HOSPITAL SYSTEMS SERVING MONROE COUNTY, NY IN COLLABORATION WITH THE MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH. REPRESENTATIVES FROM EACH OF THESE ORGANIZATIONS CONSTITUTE THE COMMUNITY HEALTH IMPROVEMENT WORKGROUP (CHIW), THE OVERSIGHT BODY FOR THE DEVELOPMENT OF THE CHNA. INFORMATION DISCUSSED BY THE CHIW IS SHARED, AS IS APPROPRIATE, WITH HOSPITAL LEADERSHIP AND TO VARIOUS COMMUNITY GROUPS FOR INPUT AND COMMENT.
ROCHESTER GENERAL HOSPITAL	PART V, SECTION B, LINE 6A: ROCHESTER GENERAL HOSPITAL, UNITY HOSPITAL, STRONG MEMORIAL HOSPITAL AND HIGHLAND HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ROCHESTER GENERAL HOSPITAL	PART V, SECTION B, LINE 6B: MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH, COMMON GROUND HEALTH (THE LOCAL POPULATION HEALTH IMPROVEMENT PROGRAM (PHIP)), MONROE COUNTY OFFICE OF MENTAL HEALTH AND FINGER LAKES PERFORMING PROVIDER SYSTEM
ROCHESTER GENERAL HOSPITAL	PART V, SECTION B, LINE 11: THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE MOST RECENTLY CONDUCTED CHNA ARE ALL BEING ADDRESSED BY THE HOSPITAL FACILITY. SEE THE DISCLOSURES IN PART VI AS WELL AS THE HOSPITAL FACILITY'S IMPLEMENTATION PLAN FOUND AT WWW.ROCHESTERREGIONAL.ORG FOR MORE INFORMATION.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ROCHESTER GENERAL HOSPITAL	PART V, SECTION B, LINE 16J: ALSO LOCATED IN OUTPATIENT SETTINGS.

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

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

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

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

	Name and address	Type of Facility (describe)
1	1 - RGH LINDEN OAKS DEXA 10 HAGAN DRIVE SUITE 130 ROCHESTER, NY 14625	RGH SPECIALTY PRACTICE
1	2 - RGMG DERMATOLOGY & MOHS SURGERY AT LINDEN 10 HAGAN DRIVE SUITE 300 ROCHESTER, NY 14625	RGMG SPECIALTY PRACTICE
2	3 - RGH BARIATRICS AT NEWARK 1200 DRIVING PARK AVENUE NEWARK, NY 14513	RGH SPECIALTY PRACTICE
3	4 - RGH NEPHROLOGY AT NEWARK 1200 DRIVING PARK AVENUE NEWARK, NY 14513	RGH SPECIALTY PRACTICE
4	5 - RGH PULMONARY AT NEWARK 1200 DRIVING PARK AVENUE NEWARK, NY 14513	RGH SPECIALTY PRACTICE
5	6 - RGH INFECTIOUS DISEASES AT NEWARK 1202 DRIVING PARK AVENUE NEWARK, NY 14513	RGH SPECIALTY PRACTICE
6	7 - RGH UROLOGY AT NEWARK 1202 DRIVING PARK AVENUE NEWARK, NY 14513	RGH SPECIALTY PRACTICE
7	8 - RGH OT PT AND SPEECH THERAPY 1381 EAST RIDGE ROAD ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
8	9 - RGH ULTRASOUND AT TWC 1415 PORTLAND AVENUE SUITE 400/490 ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
9	10 - RGH BARIATRICS OF WESTERN NY 1415 PORTLAND AVENUE SUITE 225 ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
10	11 - RGHS DEPARTMENT OF SURGERY 1415 PORTLAND AVENUE SUITE 245 ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
11	12 - RGH SANDS CONSTELLATION HEART INSTITUTE 1415 PORTLAND AVENUE SUITE 350 ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
12	13 - RGH NEUROLOGY AT THE MOB 1415 PORTLAND AVENUE SUITE 445 ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
13	14 - RGMG ORTHOPAEDIC CLINIC 1425 PORTLAND AVENUE ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
14	15 - RGMG MED ASSOCIATES - TWIG SITE 1425 PORTLAND AVENUE ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE

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

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

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

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

	Name and address	Type of Facility (describe)
16	16 - RGMG ORTHOPAEDICS AT WILSON 1425 PORTLAND AVENUE WILSON BUILDING ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
1	17 - RGMG PHYSICAL MEDICINE AND REHAB AT WILSON 1425 PORTLAND AVENUE WILSON BUILDING ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
2	18 - RGMG RGPA ADOLESCENT 1425 PORTLAND AVENUE ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
3	19 - RGMG RGPA COUNSELING 1425 PORTLAND AVENUE ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
4	20 - RGMG RGPA PEDS INFECTIOUS DISEASE 1425 PORTLAND AVENUE ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
5	21 - RGMG RGPA RHEUMATOLOGY 1425 PORTLAND AVENUE ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
6	22 - RGH RADIOLOGY AT RHC 1455 EAST RIDGE ROAD ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
7	23 - RGH ULTRASOUND AT RHC 1455 EAST RIDGE ROAD ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
8	24 - RGMG GENERAL MEDICINE AT RHC 1455 EAST RIDGE ROAD ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
9	25 - RGMG RGPA ADOLESCENT - RHC 1455 EAST RIDGE ROAD ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
10	26 - RGMG PEADIATRIC ASSOCIATES AT RHC 1455 EAST RIDGE ROAD ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
11	27 - RGMG RGPA COUNSELING AT RHC 1455 EAST RIDGE ROAD ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
12	28 - RGMG RGPA PEDS INFECTIOUS DISEASE AT RHC 1455 EAST RIDGE ROAD ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
13	29 - RGMG RHEUM AT RHC 1455 EAST RIDGE ROAD ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE
14	30 - RGMG GENERAL MED - TWIG AT RHC 1455 EAST RIDGE ROAD ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICE

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

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

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

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

	Name and address	Type of Facility (describe)
31	31 - RGH MAMMO AT RHC 1455 EAST RIDGE ROAD ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
1	32 - RGH BARIATRICS AT LOCKPORT 15 ELIZABETH DRIVE LOCKPORT, NY 14094	RGH SPECIALTY PRACTICE
2	33 - RGH SPEECH LANGUAGE PATH AT EAST RIDGE 1850 EAST RIDGE ROAD ROCHESTER, NY 14622	RGH SPECIALTY PRACTICE
3	34 - RGH CARDIAC REHABILITIATION 1850 EAST RIDGE ROAD ROCHESTER, NY 14622	RGH SPECIALTY PRACTICE
4	35 - RGH PT AND OT AT EAST RIDGE 1850 EAST RIDGE ROAD ROCHESTER, NY 14622	RGH SPECIALTY PRACTICE
5	36 - RGH PULMONARY REHAB AT EAST RIDGE 1850 EAST RIDGE ROAD ROCHESTER, NY 14622	RGH SPECIALTY PRACTICE
6	37 - RGMG DIABETES EDUCATION AT CLIFTON SPRINGS 2 COULTER ROAD SUITE 1620 CLIFTON SPRINGS, NY 14432	RGMG SPECIALTY PRACTICE
7	38 - RGH - ONCOLOGY AT LINDEN OAKS 20 HAGAN DRIVE SUITE 100 ROCHESTER, NY 14625	RGH SPECIALTY PRACTICE
8	39 - RGH DEPT OF SURGERY AND LINDEN OAKS 20 HAGAN DRIVE SUITE 320 ROCHESTER, NY 14625	RGH SPECIALTY PRACTICE
9	40 - RGH GENEVA HEART INSTITUTE 200 NORTH STREET GENEVA, NY 14456	RGH SPECIALTY PRACTICE
10	41 - RGMG DIABETES EDUCATION AT BAY CREEK 2000 EMPIRE BLVD WEBSTER, NY 14580	RGMG SPECIALTY PRACTICE
11	42 - RGH RADIOLOGY AND ULTRASOUND AT BAY CREEK 2000 EMPIRE BLVD WEBSTER, NY 14580	RGH SPECIALTY PRACTICE
12	43 - RGMG PM&R AT BAY CREEK 2000 EMPIRE BLVD WEBSTER, NY 14580	RGMG SPECIALTY PRACTICE
13	44 - RGMG MIDWIFE AT BAY CREEK 2000 EMPIRE BLVD WEBSTER, NY 14580	RGMG SPECIALTY PRACTICE
14	45 - RGH DIALYSIS AT BAY CREEK 2010 EMPIRE BLVD WEBSTER, NY 14580	RGH SPECIALTY PRACTICE

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

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

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

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

	Name and address	Type of Facility (describe)
46	46 - RGH PHYSICAL THERAPY AT MIDTOWN 210 EAST HIGHLAND DRIVE ROCHESTER, NY 14610	RGH SPECIALTY PRACTICE
1	47 - RGH RADIOLOGY AND ULTRASOUND AT ALEXANDER 214 ALEXANDER STREET SUITE 1000 ROCHESTER, NY 14607	RGH SPECIALTY PRACTICE
2	48 - RGH PODIATRY AT ALEXANDER PARK 222 ALEXANDER STREET SUITE 5000 ROCHESTER, NY 14607	RGH SPECIALTY PRACTICE
3	49 - RGMG PLANT BASED NUTRITION AT SCHI CLINTON 2365 SOUTH CLINTON AVENUE SUITE 100 ROCHESTER, NY 14618	RGMG SPECIALTY PRACTICE
4	50 - RGH SCHI AT CLINTON WOODS 2365 SOUTH CLINTON AVENUE SUITE 100 ROCHESTER, NY 14618	RGH SPECIALTY PRACTICE
5	51 - RGH CLINTON PHLEBOTOMY 293 UPPER FALLS BLVD ROCHESTER, NY 14605	RGH SPECIALTY PRACTICE
6	52 - RGMG DIABETES EDUCATION AT LINDEN 30 HAGEN DRIVE SUITE 200 ROCHESTER, NY 14625	RGMG SPECIALTY PRACTICE
7	53 - RGH WOUND AND VEIN CARE AT LINDEN OAKS 30 HAGEN DRIVE SUITE 120 ROCHESTER, NY 14625	RGH SPECIALTY PRACTICE
8	54 - RGH SCHI AT LINDEN OAKS 30 HAGEN DRIVE SUITE 100 ROCHESTER, NY 14625	RGH SPECIALTY PRACTICE
9	55 - RGMG OFFICE OF COMMUNITY MEDICINE CLINTO 309 UPPER FALLS BLVD ROCHESTER, NY 14605	FAMILY MEDICINE
10	56 - RGH SPEECH LANGUAGE OT AND PT AT LINDEN 360 LINDEN OAKS DRIVE SUITE 200 ROCHESTER, NY 14625	RGH SPECIALTY PRACTICE
11	57 - RGH PAIN CLINIC AT LINDEN OAKS 360 LINDEN OAKS DRIVE SUITE 200 ROCHESTER, NY 14625	RGH SPECIALTY PRACTICE
12	58 - RGMG PM&R AT 360 LINDEN OAKS 360 LINDEN OAKS DRIVE SUITE 200 ROCHESTER, NY 14625	RGMG SPECIALTY PRACTICE
13	59 - RGH HEMODIALYSIS OUTPATIENT CENTER 370 EAST RIDGE ROAD SUITE 30 ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
14	60 - RGH HOME DIALYSIS 370 EAST RIDGE ROAD SUITE 30 ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE

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

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

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

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

	Name and address	Type of Facility (describe)
61	61 - RGH DEPARTMENT OF NEPHROLOGY 370 EAST RIDGE ROAD SUITE 20 ROCHESTER, NY 14621	RGH SPECIALTY PRACTICE
1	62 - RGH SCHI CANANDAIGUA 401 SOUTH MAIN STREET CANANDAIGUA, NY 14424	RGH SPECIALTY PRACTICE
2	63 - RGH FAMILY & LIFESTYLE MEDICINE CANANDAIGU 401 SOUTH MAIN STREET CANANDAIGUA, NY 14424	RGH SPECIALTY PRACTICE
3	64 - RGH RADIOLOGY MAMMO AND ULTRASOUND HENRIE 50 MIDDLE ROAD HENRIETTA, NY 14467	RGH SPECIALTY PRACTICE
4	65 - RGH PRIMARY CARE - HENRIETTA 50 MIDDLE ROAD HENRIETTA, NY 14467	RGH SPECIALTY PRACTICE
5	66 - RGH REHAB AND NEURO HENRIETTA 50 MIDDLE ROAD HENRIETTA, NY 14467	RGH SPECIALTY PRACTICE
6	67 - RGH ORTHOPAEDICS AND SPINE CENTER HENRIETT 50 MIDDLE ROAD HENRIETTA, NY 14467	RGH SPECIALTY PRACTICE
7	68 - RGH SCHI AT HENRIETTA MEDICAL CENTER 50 MIDDLE ROAD HENRIETTA, NY 14467	RGH SPECIALTY PRACTICE
8	69 - RGH OBGYN AT HENRIETTA 50 MIDDLE ROAD HENRIETTA, NY 14467	RGH SPECIALTY PRACTICE
9	70 - RGMG DERM SODUS INTERNAL MEDICINE 6692 MIDDLE ROAD SODUS, NY 14551	RGMG SPECIALTY PRACTICE
10	71 - RGMG DIABETIC EDUCATION 224 ALEXANDER STREET ROCHESTER, NY 14607	RGMG SPECIALTY PRACTICES
11	72 - RGMG CLINTON FAMILY DIABETES 293 UPPER FALLS BLVD ROCHESTER, NY 14605	RGMG SPECIALTY PRACTICES
12	73 - RGMG OPTIFAST 224 ALEXANDER STREET ROCHESTER, NY 14607	RGMG SPECIALTY PRACTICES
13	74 - RGH RGMG ORTHOPAEDIC BAY CREEK 2000 EMPIRE BLVD WEBSTER, NY 14580	RGMG SPECIALTY PRACTICES
14	75 - RGMG LYONS DIABETESEDUCATION 12 LEACH RD LYONS, NY 14889	RGMG SPECIALTY PRACTICES

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

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

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

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

	Name and address	Type of Facility (describe)
76	76 - RGH WOLCOTT RADIOLOGY 6254 LAWVILLE RD WOLCOTT, NY 14590	RGH PRIMARY CARE
1	77 - RGMG LYONS AIR 10 LEACH ROAD LYONS, NY 14889	RGMG SPECIALTY PRACTICES
2	78 - RGMG TWC NW ANTENATAL 1250 DRIVING PARK AVE NEWARK, NY 14513	RGMG OBGYN
3	79 - RGMG FAMILY MEDICINE AT RIT 181 LOMB MEMORIAL DRIVE SUITE 78-A670 ROCHESTER, NY 14623	RGH PRIMARY CARE
4	80 - RGMG GHS PRIMARY CARE 222 ALEXANDER STREET SUITE 5000 ROCHESTER, NY 14607	RGH PRIMARY CARE
5	81 - RGMG WILLIAMSON PEDIATRICS 4425 OLD RIDGE RD WILLIAMSON, NY 14589	RGMG PEDIATRICS
6	82 - RGMG SODUS INTERNAL MEDICINE 6692 MIDDLE RD SODUS, NY 14551	RGH PRIMARY CARE
7	83 - RGMG WOLCOTT PEDIATRICS 6254 LAWVILLE RD WOLCOTT, NY 14590	RGMG PEDIATRICS
8	84 - RGMG VEIN CARE CENTER 20 HAGEN DR SUITE 210 ROCHESTER, NY 14625	RGMG SPECIALTY PRACTICES
9	85 - RGMG WOMENS CTR AT CLINTON 309 UPPER FALLS BLVD ROCHESTER, NY 14605	RGMG OBGYN
10	86 - RGMG SODUS PEDIATRICS 6692 MIDDLE RD SODUS, NY 14551	RGMG PEDIATRICS
11	87 - RGMG GANANDA FAMILY PRACTICE 1200 FAIRWAY SEVEN MACEDON, NY 14502	RGH PRIMARY CARE
12	88 - RGH PM&R 1415 PORTLAND AVE SUITE 445 ROCHESTER, NY 14621	RGH PRIMARY CARE
13	89 - RGH RGMG ORTHOPAEDICS 800 CARTER STREET ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICES
14	90 - RGMG LYONS HEALTH CENTER 12 LEACH RD LYONS, NY 14889	RGH PRIMARY CARE

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

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

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

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

	Name and address	Type of Facility (describe)
91	91 - RGMG GI AT NEWARK 1304 DRIVING PARK AVE NEWARK, NY 14513	RGMG SPECIALTY PRACTICES
1	92 - RGMG WILLIAMSON FAM PRACTICE 4425 OLD RIDGE RD WILLIAMSON, NY 14589	RGH PRIMARY CARE
2	93 - RGMG AIR LINDEN 10 HAGEN DR SUITE 20 ROCHESTER, NY 14625	RGMG SPECIALTY PRACTICES
3	94 - RGMG GENESEE IM PORTLAND AVE 1299 PORTLAND AVENUE SUITE 17 ROCHESTER, NY 14621	RGH PRIMARY CARE
4	95 - RGMG WOLCOTT INTERNAL MEDICINE 6254 LAWVILLE RD WOLCOTT, NY 14590	RGH PRIMARY CARE
5	96 - RGMG PENN FAIR PRIMARY CARE 2200 PENFIELD ROAD PENFIELD, NY 14526	RGH PRIMARY CARE
6	97 - RGMG RIDGEWAY FAMILY MEDICINE 2350 RIDGEWAY AVENUE SUITE A ROCHESTER, NY 14626	RGH PRIMARY CARE
7	98 - RGMG AIR GREECE 2300 WEST RIDGE ROAD 5TH FLOOR ROCHESTER, NY 14626	RGMG SPECIALTY PRACTICES
8	99 - RGMG NORTHRIDGE MEDICAL GROUP 1338 E RIDGE ROAD SUITE 101 ROCHESTER, NY 14621	RGH PRIMARY CARE
9	100 - RGMG WOMENS CTR AT ALEX PARK 222 ALEXANDER STREET SUITE 1100 ROCHESTER, NY 14607	RGMG OBGYN
10	101 - RGMG CLINTON FAMILY HEALTH CTR 293 UPPER FALLS BLVD ROCHESTER, NY 14605	RGH PRIMARY CARE
11	102 - RGMG GERIATRICS CONSULT SVC 1415 PORTLAND AVE SUITE 200 ROCHESTER, NY 146213022	RGMG GERIATRICS
12	103 - RGMG PENN FAIR PEDIATRIC GROUP 2067 FAIRPORT NINE MILE POINT RD SUITE PENFIELD, NY 14526	RGMG PEDIATRICS
13	104 - RGMG BAY CREEK MEDICAL GROUP 2000 EMPIRE BLVD WEBSTER, NY 14580	RGH PRIMARY CARE
14	105 - RGMG BAY CREEK PEDIATRIC GRP 2000 EMPIRE BLVD WEBSTER, NY 14580	RGMG PEDIATRICS

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

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

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

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

	Name and address	Type of Facility (describe)
106	106 - RGMG WHITE PINES MEDICAL GROUP 370 RIDGE RD EAST SUITE 400 ROCHESTER, NY 14621	RGH PRIMARY CARE
1	107 - RGMG RGMG CTR FOR DERMATOLOGY 20 HAGEN DR SUITE 220 ROCHESTER, NY 14625	RGMG SPECIALTY PRACTICES
2	108 - RGMG TWC RGH ANTENATAL 1415 PORTLAND AVE SUITE 480 ROCHESTER, NY 14621	RGMG OBGYN
3	109 - RGMG GENESEE IM AT ALEXANDER 222 ALEXANDER STREET SUITE 5000 ROCHESTER, NY 14607	RGH PRIMARY CARE
4	110 - RGMG REFUGEE COMMUNITY MED 222 ALEXANDER STREET 4TH FLR SUITE 41 ROCHESTER, NY 14607	RGMG REFUGEE COMMUNITY MED
5	111 - RGMG VASCULAR SURGERY ASSOC 1445 PORTLAND AVENUE SUITE 108 ROCHESTER, NY 14621	RGMG SPECIALTY PRACTICES
6	112 - RGMG WOMENS CTR AT NEWARK 1250 DRIVING PARK AVE NEWARK, NY 14513	RGMG OBGYN
7	113 - RGMG NEWARK PEDIATRICS NWCH 1200 DRIVING PARK AVE NEWARK, NY 14513	RGMG PEDIATRICS
8	114 - RGH LINDEN MEDICAL GROUP 30 HAGEN DR SUITE 300 ROCHESTER, NY 14625	RGH PRIMARY CARE
9	115 - RGMG DIABETIC CARE RES CTR 224 ALEXANDER STREET ROCHESTER, NY 14607	RGMG SPECIALTY PRACTICES
10	116 - RGMG NEWARK INTERNAL MEDICINE NWCH 1208 DRIVING PARK AVENUE NEWARK, NY 14513	RGH PRIMARY CARE
11	117 - RGMG LONG POND INTERNAL MED 2350 RIDGEWAY AVENUE SUITE B ROCHESTER, NY 14626	RGH PRIMARY CARE
12	118 - RGMG AIR ALEXANDER PARK 222 ALEXANDER ST SUITE 3000 ROCHESTER, NY 14607	RGMG SPECIALTY PRACTICES
13	119 - RGMG GENESEE PEDIATRICS (GHS) 222 ALEXANDER STREET 4TH FLR ROCHESTER, NY 14607	RGMG PEDIATRICS
14	120 - RGH RGMA OPD TWIG 1425 PORTLAND AVENUE ROCHESTER, NY 14621	RGH PRIMARY CARE

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

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

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

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

	Name and address	Type of Facility (describe)
121	121 - RGMG THE WOMENS CENTER AT RGH 1415 PORTLAND AVE SUITE 400 ROCHESTER, NY 14621	RGMG OBGYN
1	122 - RGMG ROCH GEN PEDIATRIC ASSOC 1425 PORTLAND AVENUE ROCHESTER, NY 14621	RGMG PEDIATRICS
2	123 - RGMG RHEUMATOLOGY INFUSION CTR 10 HAGEN DR SUITE 330 ROCHESTER, NY 14625	RGMG SPECIALTY PRACTICES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	CHECK REQUEST AND PURCHASE ORDERS ARE REVIEWED FOR APPROPRIATE AUTHORIZATION AND USE OF FUNDS PRIOR TO ISSUANCE OF PAYMENT. RGH ONLY MAKES CONTRIBUTIONS TO OTHER 501(C)(3) ORGANIZATIONS.

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	15,000				SPONSORSHIP
AMERICAN DIABETES ASSOCIATION 160 ALLENS CREEK ROAD ROCHESTER, NY 14618	13-1623888	501(C)(3)	7,500				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GEVA THEATRE CENTER 75 WOODBURY BLVD ROCHESTER, NY 14607	23-7202906	501(C)(3)	50,000				SPONSORSHIP
INTERVOL INC 100 KINGS HIGHWAY SOUTH SUITE 1200 ROCHESTER, NY 14617	16-1347201	501(C)(3)	25,000				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROCHESTER INSTITUTE OF TECHNOLOGY 1 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623	16-0743140	501(C)(3)	25,000				SPONSORSHIP
ROCHESTER PHILHARMONIC ORCHESTRA 108 EAST AVENUE ROCHESTER, NY 14604	16-0765613	501(C)(3)	50,000				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROCHESTER INTERNATIONAL JAZZ FESTIVAL LLC 250 EAST AVENUE 2ND FLOOR ROCHESTER, NY 14604	20-2498272	501(C)(3)	55,000				SPONSORSHIP
ANTHONY J JORDAN FOUNDATION 82 HOLLAND STREET ROCHESTER, NY 14620	16-1408256	501(C)(3)	20,000				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTER FOR YOUTH 905 MONROE AVENUE ROCHESTER, NY 14620	16-0992259	501(C)(3)	10,000				SPONSORSHIP
MFC FOUNDATION LLC 2420 BRICKYARD ROAD CANANDAIGUA, NY 14424	16-1427751	501(C)(3)	12,500				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST JOSEPH'S NEIGHBORHOOD CENTER 417 SOUTH AVENUE ROCHESTER, NY 14620	46-1176719	501(C)(3)	10,000				SPONSORSHIP
SUNY COLLEGE AT BROCKPORT 350 NEW CAMPUS DRIVE BROCKPORT, NY 14420	14-6013200	501(C)(3)	10,000				SPONSORSHIP

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Schedule J (Form 990)

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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIALS IS ESTABLISHED USING THE FOLLOWING: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - COMPENSATION SURVEYS AND STUDIES - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE ON AN ANNUAL BASIS, THE ORGANIZATION USES AN INDEPENDENT COMPENSATION CONSULTANT TO REVIEW THE SALARIES FOR ALL EXECUTIVES TO ENSURE SUCH SALARIES ARE CONSISTENT WITH MARKET SALARIES PAID TO SIMILARLY SITUATED EXECUTIVES. IN ADDITION, A COMPENSATION COMMITTEE REVIEWS THIS INFORMATION ANNUALLY AND IT IS THEN APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD. FINALLY, EXECUTIVES RECEIVE A WRITTEN LETTER OUTLINING THE SPECIFICS OF THE COMPENSATION AGREEMENT AND THEIR EXPECTED PERFORMANCE.
PART I, LINES 4A-B	SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS PROVIDE BENEFITS TO CERTAIN KEY EXECUTIVE EMPLOYEES OF ROCHESTER REGIONAL HEALTH. THE ORGANIZATION MAINTAINS A SECTION 457(F) PLAN WHICH WOULD BE CONSIDERED A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. THERE WERE NO DISTRIBUTIONS PAID FROM THIS PLAN IN 2019. THE TOTAL COMPENSATION PAID TO THE FORMER CEO REPRESENTED A DISTRIBUTION OF DEFERRED COMPENSATION FROM A 457(B) PLAN. THIS DISTRIBUTION TO THE FORMER CEO SHOWN IN THE 2019 TAX RETURN REPRESENTS COMPENSATION WHICH WAS RECOGNIZED IN PREVIOUS TAX YEARS. THERE WAS NO INCREMENTAL EXPENSE RECOGNIZED BY THE ORGANIZATION IN 2019 FOR PAYMENTS MADE TO THE FORMER CEO. COMPENSATION TO THE CHIEF OPERATING OFFICER INCLUDES PAYMENTS AGREED TO UNDER A SEPARATION AGREEMENT EXECUTED IN APRIL 2019. THIS AGREEMENT CALLS FOR PAYMENTS TO BE MADE THROUGH EARLY 2021. THESE PAYMENTS HAVE BEEN ACCRUED AND REPORTED AS OTHER DEFERRED COMPENSATION.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ERIC BIEBER MD CEO	(i)	416,330	384,300	36,380	416,303	4,146	1,257,459	367,208
	(ii)	788,836	728,147	68,931	788,784	7,855	2,382,553	695,763
1KARAN SINGH ALAG MD DIRECTOR	(i)	146,623	202,256	0	98,590	12,363	459,832	0
	(ii)	0	0	0	0	0	0	0
2DAWN RIEDY MD DIRECTOR	(i)	352,381	89,700	0	318,398	11,428	771,907	0
	(ii)	0	0	0	0	0	0	0
3MARCY C MULCONRY MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	96,952	262,425	0	44,382	11,000	414,759	0
4PAUL BERNSTEIN MD MEDICAL STAFF PRESIDENT	(i)	201,132	87,554	0	176,484	0	465,170	0
	(ii)	0	0	0	0	0	0	0
5THOMAS CRILLY CFO	(i)	168,784	115,905	0	180,929	4,146	469,764	94,887
	(ii)	319,800	219,610	0	342,812	7,855	890,077	179,786
6ROBERT NESSELBUSH COO	(i)	101,917	250,759	475,916	541,535	2,642	1,372,769	227,833
	(ii)	141,798	348,883	662,144	753,440	3,675	1,909,940	316,985
7HUGH THOMAS CAO	(i)	208,298	149,277	0	207,324	4,085	568,984	138,509
	(ii)	394,669	282,840	0	392,824	7,740	1,078,073	262,437
8KEVIN CASEY MD PRESIDENT	(i)	566,701	37,332	0	337,070	11,098	952,201	160,704
	(ii)	0	0	0	0	0	0	0
9RONALD KIRSHNER CHIEF, CARDIOTHORACIC	(i)	1,222,486	1,096,200	0	127,797	11,065	2,457,548	-11,754
	(ii)	0	0	0	0	0	0	0
10SOON PARK PHYSICIAN	(i)	1,271,660	251,200	0	0	7,534	1,530,394	0
	(ii)	0	0	0	0	0	0	0
11DANIEL ALEXANDER PHYSICIAN	(i)	1,526,144	81,201	0	55,490	8,627	1,671,462	27,655
	(ii)	0	0	0	0	0	0	0
12GORDON WHITBECK PHYSICIAN	(i)	1,006,087	197,572	0	121,821	11,321	1,336,801	29,293
	(ii)	0	0	0	0	0	0	0
13MICHAEL E PICHICHERO DIRECTOR, RESEARCH INSTITUTE	(i)	516,288	696,608	0	90,696	2,876	1,306,468	0
	(ii)	0	0	0	0	0	0	0
14WARREN HERN FORMER CEO	(i)	0	0	0	0	0	0	0
	(ii)	0	0	250,000	0	0	250,000	250,000

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION	51-0188852	61075TEC8	02-27-2013	61,656,043	FINANCE CERTAIN HOSPITAL RENOVATIONS AND EXPANSION		X		X		X
B	MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION	51-0188852	61075TEV6	02-27-2013	47,262,507	DEFEASE 2005 BONDS		X		X		X
C	MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION	51-0188852	61075TRT7	05-18-2017	164,999,706	FINANCE CERTAIN HOSPITAL RENOVATIONS AND EXPANSION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	61,656,043	47,262,507	164,999,706	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	4,116,110		14,928,625	
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	983,415	792,669	1,899,313	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	56,556,518	46,469,838	148,171,768	
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2013	2013	2017	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X		X		X			
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V Procedures To Undertake Corrective Action

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

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

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONT):	- COMPREHENSIVE STROKE CENTER CERTIFICATION FROM DNV GL HEALTHCARE - RGH NOW JOINS AN ELITE GROUP OF HOSPITALS TO EARN THIS PRESTIGIOUS DESIGNATION. THE INTENSE AND RIGOROUS PROCESS REQUIRED COLLABORATION AND HARD WORK FROM A MULTI-DISCIPLINARY GROUP OF PHYSICIANS, NURSES AND TEAM MEMBERS ACROSS THE ORGANIZATION. WITH THIS CERTIFICATION, RRH CONTINUES TO LEAD THE WAY IN ELEVATING THE LEVEL OF STROKE CARE BY IMPROVING ACCESS TO IMMEDIATE, LIFE-SAVING TREATMENT. - THE SPIRITUAL CARE TEAM AT ROCHESTER GENERAL HOSPITAL HAS RECEIVED ACCREDITED CENTER STATUS BY THE ASSOCIATION FOR CLINICAL PASTORAL EDUCATION (ACPE). THIS NATIONAL STATUS ALLOWS THE TEAM TO PROVIDE CLINICAL PASTORAL EDUCATION IN-HOUSE AT RGH FOR GRADUATE-LEVEL STUDENTS AND INTERNS. - ROCHESTER GENERAL HOSPITAL ACHIEVED ITS FOURTH CONSECUTIVE DESIGNATION AS A MAGNET HOSPITAL, ALONG WITH FIVE EXEMPLARS FOR INDUSTRY-LEADING PERFORMANCE. MAGNET RECOGNIZES ORGANIZATIONS THAT PROVIDE THE HIGHEST QUALITY CARE. THE RIGOROUS APPRAISAL PROCESS INVOLVES SITE VISITS AND INTERVIEWS, AS WELL AS QUALITY MEASURES DEMONSTRATING NURSING LEADERSHIP AND COORDINATION ACROSS SPECIALTIES. RGH'S REMARKABLE ACHIEVEMENT IS A TESTAMENT TO THE EXCELLENCE OF OUR NURSES AND THE ENTIRE CARE TEAM. ROCHESTER GENERAL MEDICAL GROUP (RGMG) OPERATES AS A DIVISION OF RGH. RGMG HAS MORE THAN 40 PRACTICES IN MONROE AND WAYNE COUNTIES WITH SPECIALTIES IN ALLERGY/RHEUMATOLOGY, DERMATOLOGY, DIABETES/ENDOCRINOLOGY, FAMILY MEDICINE, GERIATRICS, INTERNAL MEDICINE, NUTRITION & WEIGHT MANAGEMENT, ORTHOPEDICS, PEDIATRICS, PHYSICAL MEDICINE & REHABILITATION, VASCULAR SURGERY & VEIN CARE AND WOMEN'S HEALTH (OB/GYN). IN ADDITION TO HOSPITAL LOCATIONS, RGMG ALSO OPERATES TWO FULL-SERVICE OUTREACH CAMPUSES AT ALEXANDER PARK AND LINDEN OAKS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	ROCHESTER REGIONAL HEALTH (ROCHESTER REGIONAL) (I.E. THE PARENT ORGANIZATION AND ITS RELAT ED AFFILIATES) HAS PROVIDED HIGH QUALITY HEALTHCARE SERVICES TO THE GREATER ROCHESTER NY A REA AND SURROUNDING REGIONS FOR MORE THAN 160 YEARS. IT IS THE SECOND LARGEST EMPLOYER IN ROCHESTER AND AN INTEGRAL PART OF THE COMMUNITY. ROCHESTER REGIONAL HAS A NATIONALLY RECOG NIZED HEART PROGRAM AND A NATIONALLY ACCREDITED CANCER CENTER, AND OFFERS PATIENTS MANY OF THE SAME LEADING EDGE TREATMENT OPTIONS FOUND AT THE COUNTRY'S FINEST MEDICAL CENTERS. FR OM SURGERY TO ORTHOPEDICS, WOMEN'S HEALTH TO EMERGENCY CARE, PEOPLE ALL ACROSS WESTERN NY TURN TO ROCHESTER REGIONAL FOR THEIR EXPERIENCE, COMPASSION AND EXPERTISE IN HELPING THEM GET BACK TO LIVING THEIR LIVES. POVERTY TRENDS, COMMUNITY HEALTH RESEARCH AND NEEDS ASSESS MENTS ARE REVIEWED ON A REGULAR BASIS WHILE PLANNING COMMUNITY HEALTH PROGRAMS. ROCHESTER REGIONAL REPRESENTATIVES ARE ACTIVELY ENGAGED IN VARIOUS COMMUNITY HEALTH COLLABORATIONS W ITH THE LOCAL HEALTH DEPARTMENTS, STATE HEALTH DEPARTMENT, AND LOCAL NOT-FOR-PROFIT HEALTH AND HUMAN SERVICE AGENCIES, AND ACTIVELY WORKS TO RESPOND TO COMMUNITY PRIORITIES AND DEV ELOP PROGRAMS AND SERVICES THAT FILL A GAP OR SUPPLEMENT AN EXISTING PROGRAM. MOST ROCHEST ER REGIONAL COMMUNITY HEALTH OUTREACH PROGRAMS ARE OFFERED IN PARTNERSHIP WITH OTHER COMMU NITY ORGANIZATIONS OR GOVERNMENTAL AGENCIES, IN ORDER TO LEVERAGE RESOURCES TO MEET COMMUN ITY NEEDS. INFORMATION REGARDING THE AVAILABILITY OF COMMUNITY HEALTH PROGRAMS, ASSISTANCE WITH HEALTH INSURANCE ENROLLMENT AND FINANCIAL ASSISTANCE FOR MEDICAL CARE RECEIVED AT RO CHESTER REGIONAL HOSPITALS, EMERGENCY DEPARTMENTS, OUTPATIENT DEPARTMENTS OR LONG-TERM CAR E FACILITIES ARE DISSEMINATED TO THE PUBLIC IN ELECTRONIC (WEBSITE) FORM. IMPROVING ACCESS TO KEY OUTPATIENT SERVICES, RRH OPENED THE RIEDMAN HEALTH CENTER IN 2019. THE 74,355 SQUA RE FOOT FACILITY SERVES AS A ONE-STOP DESTINATION FOR NON-SURGICAL CARE OFFERING PERSONALI ZED SERVICE IN A SETTING THAT'S SOOTHING, MODERN AND DESIGNED TO REDUCE WAIT TIMES WHILE A LLOWING PROVIDERS TO SPEND MORE TIME WITH PATIENTS. LOCATED IN A NEWLY REVITALIZED AND EXP ANDED IRONDEQUOIT RETAIL SPACE, THE RIEDMAN HEALTH CENTER IS EASILY ACCESSIBLE AND PROVIDE S RESIDENTS WITH A NUMBER OF OUTPATIENT SERVICES INCLUDING PRIMARY CARE, OPHTHALMOLOGY, DE NTAL AS WELL AS THE ABILITY TO OBTAIN IMAGING AND LAB SERVICES. THE OVERALL HEALTH SYSTEM CONTINUES TO GROW THROUGH THE ADDITION OF MEDICAL PRACTICES STRENGTHENING THE SERVICE OFFE RINGS TO THOSE THROUGHOUT THE COMMUNITIES WE SERVE. NEW AND EXPANDED SERVICE OFFERINGS INC LUDE: ADDITIONAL PRIMARY CARE SITES; DERMATOLOGY AND MOHS SURGERY CENTER; PULMONARY AND SL EEP MEDICINE; FAMILY AND LIFESTYLE MEDICINE PRACTICE; EXPANSION OF THE BREAST CENTER; EXPA NDED PHARMACY LOCATIONS; MIDWIFERY PRACTICE; AND THE ADDITION OF REED EYE ASSOCIATES OFFER ING COMPREHENSIVE OPHTHALMOLOGY, OPTOMETRY AND EYE EVALUATION SERVICES. ROCHESTER GENERAL HOSPITAL (RGH), THE FLAGSHIP O

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	F ROCHESTER REGIONAL HEALTH, IS A REGIONAL LEADER IN HEALTH CARE. THIS 528-BED ACUTE CARE, TEACHING HOSPITAL SERVES THE GREATER ROCHESTER, NY REGION AND BEYOND. ROCHESTER GENERAL H OSPITAL'S NATIONALLY RECOGNIZED PROGRAMS HAVE CONSISTENTLY DEMONSTRATED QUALITY OUTCOMES T HAT POSITIVELY IMPACT PATIENTS, THEIR FAMILIES AND THE ENTIRE COMMUNITY. ROCHESTER GENERAL PROVIDES CARE TO MORE MONROE COUNTY RESIDENTS THAN ANY OTHER HOSPITAL IN THE REGION AND, AS A TERTIARY CARE FACILITY, HAS STRONG REFERRAL RELATIONSHIPS WITH SEVERAL REGIONAL HOSPI TALS. ROCHESTER GENERAL OFFERS A FULL ARRAY OF SERVICES TO MEET THE MEDICAL NEEDS OF UPSTA TE NEW YORK, INCLUDING NATIONALLY RECOGNIZED PROGRAMS IN CARDIAC, CANCER, ORTHOPEDIC, VASC ULAR, SURGICAL, STROKE AND DIABETES CARE. RGH IS HOME TO A NUMBER OF CENTERS OF EXCELLENCE INCLUDING THE LIPSON CANCER INSTITUTE AND THE SANDS-CONSTELLATION HEART INSTITUTE. HIGH Q UALITY CLINICAL CARE PROVIDED AT ROCHESTER GENERAL IS AMPLIFIED BY RELATIONSHIPS AND AFFIL IATIONS WITH NATIONALLY RENOWNED INSTITUTIONS SUCH AS THE CLEVELAND CLINIC (FOR CARDIAC CA RE) AND ROSWELL PARK CANCER INSTITUTE. AS WITH THE OVERALL HEALTH SYSTEM, ROCHESTER GENERA L HOSPITAL WORKS TIRELESSLY TO EXPAND CARE AND IMPROVE ITS FACILITIES AND BRING STATE-OF-T HE-ART MEDICAL EQUIPMENT AND PROCEDURES TO OUR PATIENTS AND COMMUNITY. DURING 2019 SOME OF THE MAJOR IMPROVEMENTS INCLUDE THE FOLLOWING: - NEW STATE-OF-THE-ART GE SIGNA ARTIST MRI SYSTEM. IT'S THE ONLY SYSTEM OF ITS KIND IN THE GREATER ROCHESTER AREA. THE GE SIGNA ARTIS T OFFERS THE HIGHEST RESOLUTION IMAGING AND MOST ADVANCED MRI TECHNOLOGY. IT WILL HELP IMP ROVE WORKFLOW EFFICIENCIES AND PROVIDE A MORE COMFORTABLE AND ENHANCED PATIENT EXPERIENCE. - RGH'S CENTER FOR RISK PREVENTION AND WELLNESS OPENED ITS FOURTH LOCATION. THIS TEAM OFF ERS PATIENTS COMPASSIONATE, CONFIDENTIAL CARE FROM A TEAM OF PHYSICIANS AND NURSE PRACTITI ONERS CERTIFIED IN INFECTIOUS DISEASES, AND EXPERIENCED IN THE TREATMENT OF HIV, HEPATITIS C, AND HIGH-RISK BEHAVIORS. EDUCATION AND COUNSELING REGARDING HIV RELATED MEDICATIONS IS ALSO AVAILABLE. - RGH UNVEILED ITS NEW BIPLANE SUITE IN 2019 ALLOWING UNINTERRUPTED 24/7 CARE FOR EVEN MORE STROKE PATIENTS IN OUR COMMUNITY. - THE UROLOGY DEPARTMENT AT ROCHESTER GENERAL HOSPITAL IS THE FIRST IN THE REGION AND FIFTH IN THE NATION WITH FOCAL ONE HIGH-I NTENSITY FOCUSED ULTRASOUND. THIS NEW TECHNOLOGY PROVIDES QUICKER RECOVERY TIMES, PRECISIO N TREATMENT OF THE DIAGNOSED TUMOR AND PRESERVATION OF QUALITY OF LIFE. DURING 2019 ROCHES TER GENERAL HOSPITAL WAS RECOGNIZED BY THE FOLLOWING: - HEALTHGRADES - RGH WAS NAMED ONE O F THE TOP 50 HOSPITALS IN THE NATION AND THE ONLY HOSPITAL IN UPSTATE NEW YORK. THIS RECOG NITION IS AWARDED TO THE TOP 1% OF HOSPITALS THAT CONSISTENTLY EXHIBIT EXCEPTIONAL, COMPRE HENSIVE, HIGH-QUALITY CARE. - BEACON AWARD FOR EXCELLENCE - RGH'S INTENSIVE CARE UNIT, TEL EMEDICAL CARDIAC UNIT, ORTHOPAEDIC UNIT AND THE NEONATAL INTENSIVE CARE UNIT ACHIEVED THE AACN (AMERICAN ASSOCIATION OF

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	COLLEGES OF NURSING) BEACON AWARD FOR EXCELLENCE. ADDITIONALLY, THE POST-ANESTHESIA CARE U NIT WON THE SILVER-LEVEL AND THE 5800 UNIT WON THE BRONZE-LEVEL AWARDS OF EXCELLENCE. THE ACHIEVEMENT RECOGNIZES HOSPITAL UNITS THAT EMPLOY EVIDENCE-BASED PRACTICE TO IMPROVE PATIE NT AND FAMILY OUTCOMES AS WELL AS RECOGNIZES HOSPITAL UNITS THAT EXEMPLIFY EXCELLENCE IN P ROFESSIONAL PRACTICE, PATIENT CARE, AND OUTCOMES. - AMERICAN HEART ASSOCIATION'S QUALITY A CHIEVEMENT AWARD - RGH WAS SELECTED FOR THE AHA'S STROKE GOLD PLUS ELITE PLUS HONOR ROLL. THIS NATIONAL AWARD RECOGNIZES HOSPITALS THAT ARE ABOVE COMPLIANCE LEVELS FOR QUALITY STRO KE MEASURES DURING THE AWARD TIME FRAME. - BREAST CENTER OF EXCELLENCE - ROCHESTER GENERAL ONCE AGAIN RECEIVED NATIONAL CERTIFICATION AS A QUALITY BREAST CENTER OF EXCELLENCE FROM THE NATIONAL QUALITY MEASURES FOR BREAST CENTERS PROGRAM. THE BREAST CENTER TEAM IS RECOGN IZED AS A LEADER FOR PROVIDING THE HIGHEST STANDARDS OF BREAST HEALTH CARE FOR PATIENTS. - 2019 ADVOCACY AWARD FROM THE NEPHROLOGY NURSING CERTIFICATION COMMISSION (NNCC) - RGH'S D IALYSIS TEAM RECEIVED THIS NATIONAL AWARD FOR SUPPORTING ONGOING EDUCATION OF ITS NURSES, AS WELL AS DEMONSTRATING AN UNPARALLELED APPRECIATION FOR NURSES WHO HAVE EARNED THEIR CER TIFICATION. ALMOST 90% OF ELIGIBLE RNS ARE CERTIFIED! ADDITIONALLY, ROCHESTER GENERAL HOSP ITAL ACHIEVED THE FOLLOWING CERTIFICATIONS AND ACCREDITATIONS DURING 2019: - FIRST ADVANCE D THROMBECTOMY-CAPABLE STROKE CENTER (TSC) IN NEW YORK STATE. THIS CERTIFICATION CONFIRMS THAT RGH IS PROVIDING THE MOST ADVANCED LEVEL OF STROKE CARE IN THE REGION AND MEETING THE HIGH STANDARDS OF EXCELLENCE SET BY THE JOINT COMMISSION. THE TSC CERTIFICATION IDENTIFIE S RGH AS A FACILITY THAT PERFORMS ENDOVASCULAR THROMBECTOMY (EVT) THE EMERGENCY PROCEDURE TO REMOVE BLOOD CLOTS, IMPROVING QUALITY OF LIFE FOR STROKE PATIENTS IN THE REGION BY PROV IDING ACCESS TO THIS DISABILITY-SAVING PROCEDURE. - AMERICAN COLLEGE OF SURGEON'S COMMISSI ON ON CANCER (COC) ACCREDITATION - THIS NOTABLE RECOGNITION MARKS THE 40TH CONSECUTIVE YEA R RGH HAS RECEIVED THIS ACCREDITATION - MAKING RGH THE FIRST AND LONGEST RUNNING COMMISSIO N ON CANCER-ACCREDITED PROGRAM IN OUR REGION. THE COC ACCREDITATION RECOGNIZES CANCER CARE PROGRAMS FOR THEIR COMMITMENT TO PROVIDING COMPREHENSIVE, HIGH-QUALITY, PATIENT-CENTERED CARE. THIS OUTSTANDING RECOGNITION REFLECTS THE DEDICATED, HIGH-QUALITY CANCER CARE THAT T HE LIPSON CANCER INSTITUTE AND RGH TEAMS PROVIDE DAILY.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO FILING, A COPY OF THE FORM 990 IS PROVIDED TO, AND REVIEWED WITH, ALL MEMBERS OF THE AUDIT AND COMPLIANCE COMMITTEE. THIS REVIEW IS PERFORMED IN CONSULTATION WITH THE ORGANIZATION'S TAX ADVISORS, AND IS BASED ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND OTHER RELEVANT INFORMATION FOR THE APPROPRIATE TIME PERIOD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	UPON EMPLOYMENT, ALL EMPLOYEES RECEIVE THE ETHICAL STANDARD OF CONDUCT BOOKLET FOR WHICH THEY SIGN A RECEIPT OF ACKNOWLEDGEMENT. CONFLICT OF INTEREST EDUCATION IS CONDUCTED ANNUALLY FOR ALL EMPLOYEES. CONFLICT OF INTEREST IS DEFINED, AS IS MANAGEMENT OF A CONFLICT OF INTEREST. EMPLOYEES ARE REQUIRED TO DISCLOSE AND SEEK RESOLUTION TO ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST BEFORE TAKING A POTENTIALLY IMPROPER ACTION. ANNUALLY, EACH KEY PERSON, DIRECTOR AND OFFICER OF THE ORGANIZATION IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM, PROVIDING MANAGEMENT WITH SUFFICIENT INFORMATION ABOUT HIS/HER PERSONAL INTERESTS AND RELATIONSHIPS SO THAT MANAGEMENT CAN: (1) DETERMINE WHETHER ANY ACTUAL OR PERCEIVED CONFLICT OF INTEREST EXISTS, AND (2) MONITOR WORK ASSIGNMENTS TO AVOID PLACING THE KEY EMPLOYEE OR OFFICER IN A POSITION WHERE THERE MAY BE A QUESTION AS TO HIS/HER OBJECTIVITY AS WELL AS TO AVOID ANY APPEARANCE OF IMPROPRIETY. THROUGHOUT THE YEAR, KEY EMPLOYEES, OFFICERS AND DIRECTORS OF THE ORGANIZATION ARE ALSO REQUIRED TO NOTIFY MANAGEMENT PROMPTLY IF ANY CHANGE TO THEIR DISCLOSURES OCCURS. IN ADDITION, EACH MEMBER OF THE BOARD OF DIRECTORS MUST ALSO COMPLETE A CONFLICT OF INTEREST AND DISCLOSURE FORM, WHICH MUST BE SUBMITTED TO THE GENERAL COUNSEL. BOARD MEMBERS LEAVE THE ROOM DURING DISCUSSIONS AND ABSTAIN FROM VOTING WHEN THEY HAVE A CONFLICT OF INTEREST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S OFFICER AND KEY EMPLOYEE COMPENSATION ARRANGEMENTS ARE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE. INFORMATION REVIEWED FOR THE OFFICER/KEY EMPLOYEE INCLUDES COMPARABLE DATA FROM SIMILAR SIZE TAX-EXEMPT ORGANIZATIONS AS WELL AS COMPENSATION FOR THESE POSITIONS (AS DISCLOSED ON FORM 990) WITH OTHER ORGANIZATIONS IN THE HEALTHCARE INDUSTRY THAT ARE OF SIMILAR SIZE. REVIEW AND APPROVAL OF THE COMPENSATION ARRANGEMENT BY THE COMPENSATION COMMITTEE IS DOCUMENTED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT THE ADMINISTRATIVE OFFICES OF THE AFFILIATED HEALTH SYSTEM AT 100 KINGS HIGHWAY SOUTH, ROCHESTER, NY 14617. A NOMINAL FEE IS CHARGED IF COPIES ARE REQUESTED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN INTEREST IN NET ASSETS OF ROCHESTER GENERAL HOSPITAL FOUNDATION 10,342,641. LAB SERVICE UBIT -697. OTHER -10,203. PASSTHROUGH UBI -266,157.

990 Schedule O, Supplemental Information

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE ROCHESTER GENERAL HOSPITAL

Employer identification number
16-0743134

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

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) NW ASSOCIATES LP PO BOX 111 DRIVING PARK AVENUE NEWARK, NY 14513 14-1674119	R/E LEASING	NY	NWCH	RELATED				No			No	73.610 %
(2) PARMA SENIOR HOUSING 1555 LONG POND RD ROCHESTER, NY 14626 43-2082116	HILTON PROJ	NY	N/A	RELATED				No			No	
(3) UNITY SENIOR HOUSING 1555 LONG POND RD ROCHESTER, NY 14626 06-1709927	MOORE PK	NY	N/A	RELATED				No			No	
(4) LATTIMORE SERVICES LLC 125 LATTIMORE ROAD ROCHESTER, NY 14620 16-1533823	MGMT SVCS	NY	RGH	RELATED				No			No	29.000 %

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

See Additional Data Table

(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	(i) No

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

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

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART II, COLUMN (B):	RELATED TAX-EXEMPT ORGANIZATION - PRIMARY ACTIVITY: RGHS WORKERS' COMPENSATION TRUST SUPPORTS THE ROCHESTER GENERAL HOSPITAL, NEWARK WAYNE COMMUNITY HOSPITAL, ROCHESTER GENERAL LONG TERM CARE, INDEPENDENT LIVING FOR SENIORS, VIAHEALTH HOMECARE I, VIAHEALTH HOMECARE II, BEHAVIORAL HEALTH NETWORK, INC, CLIFTON SPRINGS HOSPITAL & CLINIC, THE UNITY HOSPITAL OF ROCHESTER AND UNITED MEMORIAL MEDICAL CENTER.

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	(g) Section 512 (b)(13) controlled entity? No
100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 22-3378111	R/E INV MGMT	NY	501(C)(3)	LINE 12B, II	ROCHESTER REGIONAL HEALTH	Yes	
100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 22-2229425	FUNDRAISING	NY	501(C)(3)	LINE 12B, II	ROCHESTER REGIONAL HEALTH	Yes	
DRIVING PARK AVENUE NEWARK, NY 14513 22-2963015	FUNDRAISING	NY	501(C)(3)	LINE 12B, II	ROCHESTER REGIONAL HEALTH	Yes	
DRIVING PARK AVENUE NEWARK, NY 14513 15-0584188	HOSPITAL	NY	501(C)(3)	LINE 3	ROCHESTER REGIONAL HEALTH	Yes	
1425 PORTLAND AVENUE ROCHESTER, NY 14621 16-6429300	SEE PART VII	NY	501(C)(3)	LINE 12B, II	ROCHESTER REGIONAL HEALTH	Yes	
100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 22-2963016	SUPPORT RGH	NY	501(C)(3)	LINE 12B, II	ROCHESTER REGIONAL HEALTH	Yes	
2066 HUDSON AVENUE ROCHESTER, NY 14621 22-3210351	LOW INC HOUSING	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 16-1504370	HOME HEALTH	NY	501(C)(3)	LINE 10	CCN	Yes	
100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 16-1538727	HOME HEALTH	NY	501(C)(3)	LINE 10	CCN	Yes	
2066 HUDSON AVENUE ROCHESTER, NY 14617 16-1491059	ADULT DAY HC	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
1550 EMPIRE BLVD WEBSTER, NY 14580 22-3187140	NH & REHAB	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
1425 PORTLAND AVENUE ROCHESTER, NY 14621 61-1654232	PHYS PRAC	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
1555 LONG POND RD ROCHESTER, NY 14626 22-3159644	LONG TERM CARE FACILITY	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
1555 LONG POND RD ROCHESTER, NY 14626 16-0978184	LONG TERM CARE FACILITY	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
1555 LONG POND RD ROCHESTER, NY 14626 22-2918126	CHILD DAY CARE SERVICES	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
1555 LONG POND RD ROCHESTER, NY 14626 22-2608311	LOW INCOME HOUSING PROJECT FOR ELDERLY	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
1555 LONG POND RD ROCHESTER, NY 14626 22-2570457	SENIOR APARTMENT COMPLEX	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
1555 LONG POND RD ROCHESTER, NY 14626 22-3130818	LOW INCOME HOUSING FOR ELDERLY/HANDICAPPED	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
1555 LONG POND RD ROCHESTER, NY 14626 84-1684195	MANAGEMENT AND DEVELOPMENT CO	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
1555 LONG POND RD ROCHESTER, NY 14626 30-0068596	RECEIPT AND DISBURSEMENTS OF SUBSIDIES	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1555 LONG POND RD ROCHESTER, NY 14626 16-1588242	SENIOR APARTMENT COMPLEX	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
1555 LONG POND RD ROCHESTER, NY 14626 38-3871383	OUTPATIENT SURGERY	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
1555 LONG POND ROAD ROCHESTER, NY 14626 22-2572873	SYSTEM SUPPORT	NY	501(C)(3)	LINE 12B, II	ROCHESTER REGIONAL HEALTH	Yes	
100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 47-1234999	SYSTEM PARENT	NY	501(C)(3)	LINE 12B, II	N/A	Yes	
127 NORTH STREET BATAVIA, NY 14020 16-0743029	HOSPITAL	NY	501(C)(3)	LINE 3	ROCHESTER REGIONAL HEALTH	Yes	
2 COULTER ROAD CLIFTON SPRINGS, NY 14432 16-0743966	HOSPITAL	NY	501(C)(3)	LINE 3	ROCHESTER REGIONAL HEALTH	Yes	
490 EAST RIDGE ROAD ROCHESTER, NY 14621 16-6069131	MENTAL HEALTH	NY	501(C)(3)	LINE 10	ROCHESTER REGIONAL HEALTH	Yes	
1555 LONG POND RD ROCHESTER, NY 14626 16-1311581	SUBSTANCE ABUSE TREATMENT & REHAB.	NY	501(C)(3)	LINE 7	ROCHESTER REGIONAL HEALTH	Yes	
100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 22-2551509	SYSTEM SUPPORT	NY	501(C)(3)	LINE 12B, II	ROCHESTER REGIONAL HEALTH	Yes	
127 NORTH STREET BATAVIA, NY 14020 22-2611543	FUNDRAISING	NY	501(C)(3)	LINE 12B, II	UNITED MEMORIAL MEDICAL CENTER	Yes	
2 COULTER ROAD CLIFTON SPRINGS, NY 14432 16-1560033	FUNDRAISING	NY	501(C)(3)	LINE 12B, II	ROCHESTER REGIONAL HEALTH	Yes	
100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 22-2551509	SYSTEM SUPPORT	NY	501(C)(3)	LINE 12A, I	ROCHESTER REGIONAL HEALTH	Yes	
1555 LONG POND RD ROCHESTER, NY 14626 23-7221763	HOSPITAL	NY	501(C)(3)	LINE 3	ROCHESTER REGIONAL HEALTH	Yes	
100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 16-0844109	HOME HEALTH	NY	501(C)(3)	LINE 3	ROCHESTER REGIONAL HEALTH	Yes	
100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617 22-3257719	HOME HEALTH	NY	501(C)(3)	LINE 3	ROCHESTER REGIONAL HEALTH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
GREATER ROCHESTER ASSURANCE COMPANY LTD GEORGE TOWN GRAND CAYMAN CJ	INSURANCE	CJ	N/A	C			100.000 %		No
GRACO RISK RETENTION GROUP INC 1425 PORTLAND AVENUE ROCHESTER, NY 14621 71-0933967	INSURANCE	SC	RGH	C			100.000 %		No
NWA INC DRIVING PARK AVENUE NEWARK, NY 14513 14-1667339	R/E LEASING	NY	NWCH	C			100.000 %		No
GREATER ROCHESTER INDEPENDENT PRACTICE ASSOCIATION INC 100 KINGS HWY S SUITE 2500 ROCHESTER, NY 14617 16-1507171	INDEPENDENT PRACTICE ASSOCIATION	NY	N/A	C			50.000 %		No
ROCHESTER GENERAL HEALTH SYSTEM DIALYSIS INC 1425 PORTLAND AVENUE ROCHESTER, NY 14621 38-3912199	DIALYSIS	NY	RGHS	C			100.000 %		No
ACM MEDICAL LABORATORY INC 160 ELMGROVE PARK ROCHESTER, NY 14624 16-1059691	CLINICAL LAB	NY	PRH INC	C					No
PRH INC 1555 LONG POND ROAD ROCHESTER, NY 14626 16-1329632	MEDICAL LAB	NY	ROCHESTER REGIONAL HEALTH	C					No
GREATER ROCHESTER IMMEDIATE MEDICAL CARE PLLC DBA ROCHESTER IMMEDIATE CARE 265 BROOKVIEW CENTRE WAY SUITE 400 KNOXVILLE, TN 37919 27-1453784	URGENT CARE CENTERS	TN	WESTERN NEW YORK MEDICAL PC	C			100.000 %		No
ROCHESTER MEDICINE PLLC 265 BROOKVIEW CENTRE WAY SUITE 400 KNOXVILLE, TN 37919 81-2625325	OCCUPATIONAL MEDICINE	TN	WESTERN NEW YORK MEDICAL PC	C			100.000 %		No
PARMA SENIOR HOUSING LLC 1555 LONG POND ROAD ROCHESTER, NY 14626 81-0671687	SENIOR HOUSING	NY	ROCHESTER REGIONAL HEALTH	C					No
UNITY SENIOR HOUSING CORP 1555 LONG POND ROAD ROCHESTER, NY 14624 06-1709925	SENIOR HOUSING	NY	ROCHESTER REGIONAL HEALTH	C					No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
THE UNITY HOSPITAL OF ROCHESTER	Q	54,384,210	FMV
WNY MEDICAL PRACTICE PC	Q	35,185,475	FMV
INDEPENDENT LIVING FOR SENIORS INC	L	14,573,209	FMV
NEWARK WAYNE COMMUNITY HOSPITAL	Q	14,471,274	FMV
ROCHESTER REGIONAL HEALTH SYSTEM	P	12,904,726	FMV
GREATER ROCHESTER HEALTH SYSTEM FOUNDATION	J	7,441,988	FMV
CLIFTON SPRINGS SANITARIUM CO	Q	3,600,119	FMV
ROCHESTER REGIONAL HOSPITAL FOUNDATION	C	2,681,392	FMV
GREATER ROCHESTER ASSURANCE COMPANYLTD	P	1,913,716	FMV
INDEPENDENT LIVING FOR SENIORS INC	Q	1,479,796	FMV
NORTH PARK NURSING HOME (ETW)	Q	1,446,189	FMV
GRHS LLC DBA ROCHESTER AMBULATORY SURGERY CENTER	J	1,250,108	FMV
PARK RIDGE NURSING HOME (PRLC)	Q	1,207,422	FMV
RGHS WORKERS' COMPENSATION TRUST	P	1,093,314	FMV
ROCHESTER GENRAL LONG TERM CARE	Q	1,001,582	FMV
GREATER ROCHESTER HEALTH SYSTEM FOUNDATION	Q	896,124	FMV
BEHAVIORAL HEALTH NETWORK	Q	767,098	FMV
GREATER ROCHESTER INDEPENDENT PRACTICE ASSOC INC (GRIPA)	Q	613,068	FMV
UNITED MEMORIAL MEDICAL CENTER	Q	604,471	FMV
PRH INC	Q	430,896	FMV
ROCHESTER GENERAL HOSPITAL WORKERS COMPENSATION TRUST	Q	258,816	FMV
RRH FOUNDATION	Q	176,120	FMV
PRCD INC	Q	108,738	FMV
PARK RIDGE CHILD CARE INC	Q	81,504	FMV
GRHCA	Q	52,059	FMV