DLN: 93493098015081

2019

OMB No. 1545-0047

Form **990** 

Department of the

Treasury

## **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  $\underline{www.irs.gov/Form990}$  for instructions and the latest information.

Open to Public Inspection

		nue Service						
			alendar year, or tax year be C Name of organization	ginning 07-01-2019 , and ending 06	5-30-2020	D. Francisco	: : 6	:k:
☐ Ad	dress c	oplicable: change	Rochester Institute of Technolog	у		16-07431		ication number
☐ Ini	me cha tial reti	-	Doing business as					
☐ Am	nended	return on pending	Number and street (or P.O. box	if mail is not delivered to street address) Room	n/suite	E Telephone r		
			City or town, state or province, or Rochester, NY 14623	country, and ZIP or foreign postal code		<b>G</b> Gross recei		053 292 954
			<b>F</b> Name and address of prince	zipal officer:	H(a) Ich	his a group retu		.000,202,004
			David C Munson Jr	'		ordinates?	11 101	□Yes <b>☑</b> No
			7 Lomb Memorial Drive Rochester, NY 146235603		H(b) Are	all subordinates	;	☐ Yes ☐No
<b>I</b> Ta:	x-exem	npt status:	<b>☑</b> 501(c)(3) ☐ 501(c)( )	◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		uded? No," attach a list	· (see	
J W	ebsite	e:▶ ww		(sare.ne), <u> </u>		oup exemption nu	•	•
<b>K</b> Forr	n of or	ganization:	: 🗹 Corporation 🗌 Trust 🔲 A	Association ☐ Other ►	<b>L</b> Year of for	mation: 1830	1 State	of legal domicile: NY
Pa	art I	Sum	mary					
Governance	R I	ROCHESTI NNOVATI	ER INSTITUTE OF TECHNOLOG	n or most significant activities: Y (RIT) SHAPES THE FUTURE AND IMPRO ECTUALLY CURIOUS, AND SOCIALLY CON FOR THE GREATER GOOD.				
Gove	-	Check thi	is hox ▶ ☐ if the organization	discontinued its operations or disposed of	of more than 25	5% of its net ass	ets	
<b>×</b> 5				rning body (Part VI, line 1a)			3	48
Activities &	4	Number o	of independent voting members	s of the governing body (Part VI, line 1b)			4	45
Ĭ	5	Total nun	nber of individuals employed in	calendar year 2019 (Part V, line 2a) .		•	5	12,552
ACI	6	Total nun	nber of volunteers (estimate if	necessary)			6	3,384
	ı			Part VIII, column (C), line 12		•	7a	2,832,448
	b	Net unrel	lated business taxable income (	from Form 990-T, line 39			7b	0
					F	Prior Year		Current Year
₫.	l			1h)		170,205,78	+	168,159,480
Ravenue	l			2g)		620,953,03	+	626,051,879
æ	1		, , ,	(a), lines 3, 4, and 7d )		45,800,43 9,302,17		48,238,318 7,134,963
	ı			es 5, 6d, 8c, 9c, 10c, and 11e) must equal Part VIII, column (A), line 12)	, <del> </del>	846,261,43		849,584,640
	_			X, column (A), lines $1-3$ )	,	229,471,28	+	248,676,844
			· · ·	, column (A), line 4)		225, 17 2,25	1	0
s			,	benefits (Part IX, column (A), lines 5–10	))	386,935,59	2	395,426,402
Expenses			onal fundraising fees (Part IX, co		, <u> </u>	· · · · · · · · · · · · · · · · · · ·		145,688
ре	Ь	Total fundr	raising expenses (Part IX, column (	D), line 25) ▶10,780,047				· · · · · · · · · · · · · · · · · · ·
ŭ	17	Other exp	penses (Part IX, column (A), lin	es 11a-11d, 11f-24e)		180,807,23	6	169,675,559
	18	Total exp	enses. Add lines 13–17 (must	equal Part IX, column (A), line 25)		797,214,11	5	813,924,493
	19	Revenue	less expenses. Subtract line 18	3 from line 12		49,047,32	1	35,660,147
Ces					Beginni	ng of Current Yea	r	End of Year
Net Assets or Fund Balances	20 .	Total acc	ets (Part X, line 16)			2,018,540,09	5	2,165,976,339
AB D	1		vilities (Part X, line 26)			519,413,18	+	644,084,098
E E			ts or fund balances. Subtract li			1,499,126,91	+	1,521,892,241
Under		alties of p		amined this return, including accompany ete. Declaration of preparer (other than				
	nowle		,,,,	Frakarar (agree right)			· ·	FF. 5. 1100
		******	* ure of officer			2021-04-08 Date		
Sign		Signati	ure or officer		L	Jace		
Here	;		H Watters Sr VP Finance & Adminis	tration				
		17	Print/Type preparer's name	Preparer's signature	Date	□ PTI	N	
Paid	4					Check D if		
	่ pare	r F	irm's name 🕨	1		Firm's EIN 🟲		
-	On		irm's addrass 🏲		-	No. a. a. a.		_
	J.11	ا '	ïrm's address ▶			Phone no.		
				hown above? (see instructions)			<b>□</b> Y	es 🗆 No
For P	aperv	work Red	duction Act Notice, see the	separate instructions.	Cat. No	. 11282Y		Form <b>990</b> (2019)

Forn	n 990 (2019)					Page <b>2</b>
P	Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	edule O contains a resp	onse or note to	any line in this Part III		🗆
1	Briefly describe the	organization's mission:				
ENG		LY CURIOUS, AND SÓC			HE WORLD THROUGH CREATIVIT EVERAGES THE POWER OF TECH	
2					which were not listed on	□ Ves V No
	•	or 990-EZ? ese new services on So				∟ Yes ⊻ No
3	•			changes in how it cond	lucts, any program	
	services?					🗌 Yes 🗹 No
		ese changes on Schedi				
4	Section 501(c)(3) ar		ions are required	to report the amount	e largest program services, as me of grants and allocations to other	
4a	(Code:	) (Expenses \$	560,525,214	including grants of \$	236,355,730 ) (Revenue \$	553,277,088 )
	See Additional Data		. ,			
4b	(Code:	) (Expenses \$	125,890,134	including grants of \$	5,407,801 ) (Revenue \$	68,109,849 )
	See Additional Data					
4c	(Code:	) (Expenses \$	64,684,493	including grants of \$	6,913,314 ) (Revenue \$	4,664,942 )
	See Additional Data					
4d	Other program serv	ices (Describe in Sched	dule O.)			
	(Expenses \$	inc	cluding grants of	\$	) (Revenue \$	)
4e	Total program ser	vice expenses ►	751,099,8	41		

Part IV Checklist of Required Schedules Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3 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 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 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 Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Yes 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Yes 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 Nο 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, Yes permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🛸 . . . . . . . . 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 Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆 . . . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII **11**c 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 No 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes 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 Yes 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Yes 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a Yes 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 14b Yes valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Yes 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Yes column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . . 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . 20a No **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

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 . . . . . .

Yes

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Par	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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L,</i> Part III	27	Yes	
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):			
а	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	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
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? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			

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	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							
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					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes					
	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					
_	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)?  If "Yes," enter the name of the foreign country: ►HR	4a	Yes					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	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?							
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).							
	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	Yes					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes					
	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							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
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	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.							
а	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:							
а	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:							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ						
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	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							
	Enter the amount of reserves on hand	_		N.				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
	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		No				
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				

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	•	nse to l	ines
Se	ction 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 48			
	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 45			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
			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?			
а	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		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA , MT , NY , NC , OK , VT , WV			
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:  MILAGROS CONCEPCION 7 Lomb Memorial Drive Rochester, NY 146235603 (585) 475-2383			

<ul> <li>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.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>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 organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>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 \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (B)  Average hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (B)  Average hours per week (list any hours per week list any hours per week (list any hours per week list any hours pe</li></ul>	Form 990 (2019)											Pag	ge <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ 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 organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations 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.  ■ (B)  Name and title  ■ (C)  Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  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 furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours for related organizations below dotted line)  Average hours per beneficer and a director/trustee)  For related organizations below dotted line)  List all of the organization organizations organiz	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [	
■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 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)  Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee)  ■ (D)  Reportable compensation from the organization organization organization (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Estimated organizations (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Estimated organizations (W-2/1099-MISC)  ■ (F)  Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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 freportable compensation 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. 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.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line)  ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza	year.		•						, ,		-	n's ta	Κ
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 organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
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 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe													
■ 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 below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  (D)  (E)  Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  MISC)  (F)  Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (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)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Form	990 (2019)													Page <b>8</b>
Par	t VII Section A. Officers, Direct	ors, Trustees	, Key l	Empl	oye	es,	and	Higl	nest Cor	mpensat	ed Employees	(cont	inued)	
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours		one bo oth a direct	ox, u n off	t che inles ficer	ss pers	son	Repo compo froi orgai	(D) (E) Reportable Reportable Compensation Com the Reportable Compensation From related Corganizations		5	(F) Estima amount o compeni from organizat	ated of other sation the
		for related organizations below dotted line)				Key employee	Highest compensated employee	Former	(W-2	2/1099- (W-2/1099 ISC) MISC)			related organizations	
See A	Additional Data Table													
1h S	ub-Total						▶					#		
	otal from continuation sheets to Pa				·		▶Ì							
		<u> </u>					▶		7,	408,811		0		1,064,259
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rec	eived mo	re than \$:	100,000			
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>				•		oyee,		-	mpensated	d employee on	3	Yes	No
4	For any individual listed on line 1a, is organization and related organizations individual												Yes	
5	Did any person listed on line 1a receive services rendered to the organization?									tion or inc	lividual for	5	163	No
Se	ction B. Independent Contract	ors												
1	Complete this table for your five higher from the organization. Report comper											npen	sation	
	· · ·	(A) nd business addre		7		9					(B) cription of services		(C Comper	
	SE CONSTRUCTION SERVICES LLC										TION SERVICES			,434,302
ROCH	ESTER, NY 14626 RICO CONSTRUCTION & DEVELOPMENT LLC									CONSTRUC	TION SERVICES		2	,685,230
ROCH	CHILI AVENUE STE 1 ESTER, NY 14611													
	SUILDERS LLC PITTSFORD VICTOR RD 100									CONSTRUC	TION SERVICES		1	,648,779
	FORD, NY 14534 SCHOENECK & KING PLLC									LEGAL SER	VICES		1	,036,577
SYRAC	INCOLN CENTER CUSE, NY 132021355													
	ICAN CAMPUS COMMUNITIES OPERATING PTI ARK POINT DRIVE	PLLC								RENT				841,474
ROCH 2 T	ESTER, NY 14623 otal number of independent contractor		not lim	ited t	o th	ose	listed	abov	ve) who r	eceived m	nore than \$100,00	00 of		
	ompensation from the organization > 3	94										ı	Form 99	<b>0</b> (2019)

orm 9 Part		(2019) Statement	of F	Revenue						Page <b>9</b>
		Check if Scheo	dule	O contains a	respo	onse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	<b>1</b> a	Federated campa	aigns	· .	1a			revenue		312 - 314
ants	ŀ	<b>b</b> Membership due	s.	. [	<b>1</b> b					
65. M	(	c Fundraising ever	nts .	. [	1c	2,870				
ifts, ar A	(	d Related organiza	tions	5 <u> </u>	<b>1</b> d					
3,°G		e Government grants	•	· [	1e	136,212,344				
Contributions, Gifts, Grants and Other Similar Amounts		<ul> <li>All other contribution</li> <li>and similar amount</li> <li>above</li> </ul>	s not	included	1f	31,944,266				
ള	9	Noncash contribution lines 1a - 1f:\$	ons in	cluded in	<b>1</b> g	15,822,138				
Con	1	<b>h Total.</b> Add lines	1a-1	f		>	168,159,480			
						Business Code	100,133,100			
	2a	Tuition				900099	552,332,958	552,332,958	0	0
Program Service Revenue	b	Auxiliary Services				721000	59,209,739	0	0	59,209,739
e Be	С	Research				900099	1,498,409	0	0	1,498,409
Servi	d	Non-credit Instruction	n			900099	2,394,703	2,394,703	0	0
gram	е	Fees				713990	2,316,676	183,095	0	2,133,581
Ě	f	All other program	serv	rice revenue		1	8,299,394	7,979,709	0	319,685
		Total. Add lines 2				626,051,879				
	3 ]	Investment income	(inc				17 242 204		005.001	10 247 205
		Investment income (including dividends, in similar amounts)     Income from investment of tax-exempt bor				ond proceeds	17,342,304		<u> </u>	
					-		250.750			
	(i) Real					(ii) Personal				
	6a	Gross rents	6a		199,265	5				
		Less: rental			· ·		-			
	_	expenses Rental income	6b	8	888,259	9	-			
	С	or (loss)	6с	-3	888,994	1	0			
	d	Net rental income	e or				-388,994			-388,994
	72	(i) Securities  7a Gross amount from sales of assets other			(ii) Other	-				
	74	from sales of	7a	233,6	33,870	81,71	2			
	b	Less: cost or other basis and sales expenses	Less: cost or other basis and 7b 202,468,564		351,49	1				
	С	Gain or (loss)	7c	31,1	.65,306	-269,77	9			
	d	Net gain or (loss)					30,895,527	81,712		30,813,815
Other Revenue	8a	Gross income from fu (not including \$ contributions reporte	d on	of						
ě		See Part IV, line 18	•		8a	0				
erF		Less: direct expen Net income or (los			8b	ents				0
÷ C	_	(100				ents •	1			
		Gross income from See <b>Part</b> IV, line 19	•		9a					
		Less: direct expen			9b	ies .				
	Ĭ	The meaning of (100	, , , ,	om gaming		les <b>&gt;</b>	1			
	10a	Gross sales of inve returns and allowa			10-					
	b	Less: cost of good			10a 10b		-			
		Net income or (los					_			
		Miscellaneo				Business Code				
	11	aRIT Inn and Conf	eren	ce Center		72111	0 3,010,719		3,010,719	0
	b	Margaret's House				62441	0 694,246	6	(	694,246
	c	Parking				81293	0 1,348,801	1,348,801		0
		All other records					2 244 444	. 1,023,974	716 016	460,647
		All other revenue   <b>Total.</b> Add lines 1				<b>&gt;</b>	2,211,441		726,820	400,047
		Total revenue. S					7,265,207			
			- "			• • • •	849,584,640	565,344,952	2,832,448	113,247,760 Form <b>990</b> (2019)

Form 990 (2019)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c				mn (A).
Check if Schedule O contains a response or note to ar	ny line in this Part IX			<u> U</u>
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	<b>(D)</b> Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	512,106	512,106		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	248,032,033	248,032,033		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	132,705	132,705		
<b>4</b> Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,502,966	1,423,268	2,748,626	1,331,072
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	291,444,496	262,638,741	23,069,216	5,736,539
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	22,063,318	19,536,007	2,005,785	521,526
9 Other employee benefits	56,646,882	50,761,663	4,533,975	1,351,244
<b>10</b> Payroll taxes	19,768,740	17,504,268	1,797,184	467,288
11 Fees for services (non-employees):				
a Management	250,652	70,909	179,743	
<b>b</b> Legal	1,145,612	310,794	832,558	2,260
c Accounting	416,020	3,270	412,750	
<b>d</b> Lobbying	389,149	23,976	350,811	14,362
e Professional fundraising services. See Part IV, line 17	145,688			145,688
f Investment management fees	203,050		203,050	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	30,575,246	26,510,947	3,942,220	122,079
12 Advertising and promotion	1,349,538	1,223,843	116,363	9,332
13 Office expenses	38,033,917	34,023,455	3,751,574	258,888
<b>14</b> Information technology	7,077,813	6,032,990	691,928	352,895
15 Royalties	28,453	27,708		745
<b>16</b> Occupancy	10,097,007	9,456,798	620,866	19,343
<b>17</b> Travel	12,832,419	11,816,449	641,536	374,434
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
<b>19</b> Conferences, conventions, and meetings				_
<b>20</b> Interest	11,575,127	10,755,588	819,539	_
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	42,133,211	38,539,765	3,588,097	5,349
23 Insurance	1,258,756	1,149,697	109,059	
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 EXPENSE RECOVERIES FROM AFFILIATES	-3,889,516	-3,208,025	-681,491	
b POSTRETIREMENT BENEFITS ASC 715	13,500,087	11,953,677	1,509,856	36,554
c GAIN/LOSS ON EXTINGUISHMENT OF DEBT	-2,365,445	-2,124,748	-240,697	
d BAD DEBT EXPENSE	1,601,680	14,075	1,587,605	
e All other expenses	3,462,783	3,977,882	-545,548	30,449
25 Total functional expenses. Add lines 1 through 24e	813,924,493	751,099,841	52,044,605	10,780,047
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

Fund Balances

ō 29

Assets 30

27

28

31

32

33

(B)

End of year

4

5

6 7

9

10c

11

12 0 13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

1.099.797

7,490,898

657,414,935

249,395,086

870.611.916

1,227,397

46,582,602

30,986,210

238.614.837

23,747,874

179,481,657

519.413.180

968,193,400

530,933,515

1,499,126,915

2,018,540,095

2,018,540,095

Page **11** 

315,555

62,179,996

38.258.294

1,045,476

8,895,277

672,455,569

401,009,787

869.991.834

3,246,356

47,084,578

40,318,516

369.173.438

544.283

186,963,283

644.084.098

988,129,035

533,763,206

1,521,892,241

2,165,976,339

Form 990 (2019)

2,165,976,339

Check if Schedule O contains a response or note to any line in this Part IX .			
			7

709,911 1 Cash-non-interest-bearing . . . . . . 99,096,439 2 108,578,195 2 Savings and temporary cash investments . . . 86.606.942 3

1,295,953,146

623,497,577

Beginning of year

Pledges and grants receivable, net . . . 44.886.774 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee,

3 key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . . . Assets

10a 10b

Inventories for sale or use . . Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 . . . Intangible assets .

12 13 Investments—program-related. See Part IV, line 11 . 14 15 Other assets. See Part IV, line 11 . . . 16 17 Accounts payable and accrued expenses .

**Total assets.** Add lines 1 through 15 (must equal line 34) . 18 Grants payable . 19 Deferred revenue . . . 20 Tax-exempt bond liabilities . . .

21

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Liabilities 22 23

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Secured mortgages and notes payable to unrelated third parties . . .

24 25

and other liabilities not included on lines 17 - 24).

Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Organizations that do not follow FASB ASC 958, check here > 🗹 and

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

Retained earnings, endowment, accumulated income, or other funds

3a

3b

Yes

Yes Form 990 (2019)

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

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.

Audit Act and OMB Circular A-133?

### **Additional Data**

**Software ID:** 19010655

**Software Version:** 2019v5.0 **EIN:** 16-0743140

Name: Rochester Institute of Technology

Form 990 (2019)

from 16,774 students in the Fall of 2009 to 18,897 students in the Fall of 2019, an increase of 13%.

Form 990, Part III, Line 4a:

Instruction and Academic Support - Established in 1829, RIT is one of the world's premier universities with an innovative and creative student body from all fifty states and over 100 countries. RIT total enrollment in Fall 2019 was approximately 18,900, which included approximately 15,750 undergraduate and 3,150 graduate students. Approximately 16,460 students are enrolled at RIT's main campus and the remainder at international locations. RIT is comprised of nine colleges and two degree-granting academic units offering 254 graduate and undergraduate programs. NTID (National Technical Institute for the Deaf), one of RIT's colleges, is the world's first and largest technical institute college for deaf students with approximately 1.130 students from the United States and abroad. Over the preceding 10 years, enrollment has increased

# Student and Auxiliary Services - Student services provide students with additional enrichment and educational opportunities. Such services include athletics, student health and admissions. Auxiliaries provide essential services to students in support of RIT's educational mission. These services include housing operations and dining services. Sales and services of auxiliary enterprises generated total revenue of \$66.5 million, a decrease of \$20.6M from the prior year. Surpluses from auxiliary services support the

Form 990, Part III, Line 4b:

operating budget of the University.

Form 990, Part III, Line 4c: Research and Public Support - RIT engages in public service activities that benefit the general community in which it resides, including training, postsecondary education for the deaf and hard of hearing, and K-12 programs. RIT also conducts research to advance the body of knowledge, enhance student and faculty learning and build its reputation in the scientific and technical communities in support of, or in concert with, the University's exempt mission, while providing positive returns to our sponsoring

partners. As articulated in RIT's strategic plan, the University continues to place emphasis on its revenue growth in the research portfolio.

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation any houre director/trustee) organization (W. organizations from the

organization and related organizations

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

	any nours	(	irect	or/ti	ruste	ee)		organization (W-	organizations	ı
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	
DAVID C MUNSON	40.0			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				041.005		
PRESIDENT	0.1	X		X				841,005	0	
ANDREW N BRENNEMAN	0.1									Г
TRUSTEE		X						0	0	
ANDREW R JACOBSON	0.1									

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DAVID C MUNSON	40.0	×	х		ı
PRESIDENT	0.1	^	^		
ANDREW N BRENNEMAN	0.1				
TRUSTEE		X			
ANDREW R JACOBSON	0.1	.,			
TRUSTEE		X			
ANN L BURR	0.1				
TRUSTEE		X			

and Independent Contractors

ARTHUR A GOSNELL

AUSTIN W MCCHORD

**BROOKS H BOWER** 

CHARLES S BROWN JR

BRIAN P O'SHAUGHNESSY

TRUSTEE

TRUSTEE

**TRUSTEE** 

TRUSTEE

TRUSTEE

TRUSTEE

CAROL B CALA

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a from the week (list from related compensation from the

organization and related organizations

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

	any hours	(	direct	or/t		•		organization (W-	organizations
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)
CHESTER N WATSON	0.1	V						0	
TRUSTEE		X							,
CHRISTINE B WHITMAN	0.1	х						0	,
TRUSTEE	0.1	_ ×							
CHRISTOPHER LEHEELDT	0.1								

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and Independent Contractors

CHRISTOPHER LEHFELDT

TRUSTEE

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TRUSTEE

DAVID J BURNS

DONALD J TRUESDALE

DALE J DAVIS

DANA A MEHNERT

DARSHAN N HIRANANDANI

DINAH G GUELDENPFENNIG WEISBERG

CINDY L COOPER

(A) (D) (B) (C) (E) (F) Estimated Name and Title Average Position (do not check more Reportable Reportable than one box, unless person compensation amount of other hours per compensation is both an officer and a from related week (list from the compensation ions from the

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

	any hours	_ c	direct	or/tr	uste	ee)		organization (W-	organizations
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)
ERIC J BIEBER	0.1	х						0	
TRUSTEE									
ERIC J KUCKHOFF	0.1							0	
TRUSTEE		X						0	
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ERIC J BIEBER	0.1	,,				
TRUSTEE		×				
ERIC J KUCKHOFF	0.1	.,				
TRUSTEE		X				
ESSIE L CALHOUN-MCDAVID	0.1					
TRUSTEE		X				

and Independent Contractors

FRANK S SKLARSKY

GERARD Q PIERCE

HARRY P TRUEHEART III

HYACINTH DRUMMOND

**TRUSTEE** 

TRUSTEE

TRUSTEE

**TRUSTEE** 

TRUSTEE

**TRUSTEE** 

TRUSTEE

JAY T HOLMES

JEFFREY K HARRIS

JUDY B VON BUCHER

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) any hours organization (Worganizations from the

Officer

Institutional

Trustee

Key employee

Individual trustee or director

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

	for related organizations below dotted line)
KEVIN J SURACE	0.1
TRUSTEE	
KEVIN M SHELDON	0.1
TRUSTEE	

KIM E VANGELDER

MARK E HAMISTER

MARK G BARBERIO

RICHARD A KAPLAN

RICK A KITTLES PHD

ROBERT D MOORE JR

ROBERT W AUGUST

TRUSTEE

**TRUSTEE** 

TRUSTEE

TRUSTEE

**TRUSTEE** 

TRUSTEE

**TRUSTEE** 

TRUSTEE

NITA GENOVA

and Independent Contractors

Highest compensated employee Former 2/1099-MISC)

(W- 2/1099-

MISC)

organization and

related

organizations

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person hours per compensation compensation amount of other week (list is both an officer and a from the from related compensation

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

and Independent Contractors

TRUSTEE STEPHEN HOOVER

TRUSTEE

TRUSTEE

TRUSTEE/EXECUTIVE DIRECTOR GLOBAL

CYBERSECURITY INSTITUTE

SUSAN M PUGLIA

SUSAN R HOLLIDAY

	any hours		direct				1	organization (W-	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
ROBERT W RICE	0.1	.,									
TRUSTEE		X						٥	ď	0	
RONALD L ZARRELLA	0.1	X						0	0	0	
TRUSTEE		_ ^								0	
PONALD S RICOTTA	0.1										

TRUSTEE							
RONALD L ZARRELLA	0.1				0	0	
TRUSTEE		^			٩	0	
RONALD S RICOTTA	0.1				0	0	
TRUSTEE		X			0	0	
ROOSEVELT MERCER JR	0.1	×			0	0	

TRUSTEE							
RONALD S RICOTTA	0.1	· ·			0	0	
TRUSTEE		^			0	ď	
ROOSEVELT MERCER JR	0.1				0	0	
TRUSTEE		_ ×			0	ľ	
SANDRA A PARKER	0.1						

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TRUSTEE		^				•	
ROOSEVELT MERCER JR	0.1	V					0
TRUSTEE		×			٥	ď	0
SANDRA A PARKER	0.1	v					
TRUSTEE		×			ď	ď	0
CHARON D MARIER	0.1						

ROOSEVELT MERCER JR	0.1				0	0	0
TRUSTEE		^				٥	
SANDRA A PARKER	0.1	.,					
TRUSTEE		X			0	0	0
SHARON D NAPIER	0.1					_	
		Х			0	0	0

SANDRA A PARKER	0.1				0	0	
TRUSTEE		^			0	0	·
SHARON D NAPIER	0.1	V			0	0	0
TRUSTEE		, x			0	0	
SHARON TING	0.1						

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person hours per compensation compensation amount of other week (list is both an officer and a compensation from the from related director/trustee) organization (Wany hours organizations from the

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

and Independent Contractors

GERARD BUCKLEY

IAN J MORTIMER

JAMES H WATTERS

PRESIDENT NTID & VP AND DEAN RIT

SVP FINANCE AND ADMINISTRATION

VP ENROLLMENT MANAGEMENT

	,	·		,				2(1000 11700)	(144 - 0.44 - 0.00	1	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
THOMAS F JUDSON JR	0.1	l									
TRUSTEE		×						0	0	0	
VICTORIA D GRIFFITH	0.1	х						0	0	0	
TRUSTEE		^						0	0	١	
WILLIAM A BUCKINGHAM	0.1	×						0	0	0	
TRUSTEE		^						0	0	٥	
WOLFGANG PFIZENMAIER	0.1	×						0	0		
TRUSTEE		^							0	0	
DANIEL ORNT	40.0										
VP AND DEAN INST OF HEALTH SCIENCES AND				X				450,545	0	43,807	

WOLFGANG PFIZENMAIER	0.1	_			0	0	
TRUSTEE		_ ^			0		
DANIEL ORNT	40.0						
VP AND DEAN INST OF HEALTH SCIENCES AND			Х		450,545	0	

TRUSTEE							
DANIEL ORNT	40.0						
VP AND DEAN INST OF HEALTH SCIENCES AND TECH			X		450,545	0	4
DEBORAH M STENDARDI	40.0		X		305.684	0	4

DANIEL ORNT	40.0						
VP AND DEAN INST OF HEALTH SCIENCES AND TECH			Х		450,545	0	
DEBORAH M STENDARDI	40.0		v		305.684	0	
VP GOVT AND COMMUNITY RELATIONS			^		303,004	١	

DANIEL ORNT	40.0						
VP AND DEAN INST OF HEALTH SCIENCES AND TECH			×		450,545	0	43,807
DEBORAH M STENDARDI	40.0		×		305 684	0	49 765

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41,320

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TECH							
DEBORAH M STENDARDI	40.0		V		305,684	0	49.765
VP GOVT AND COMMUNITY RELATIONS			$ \hat{\ } $		303,004		+5,703
ELLEN M GRANBERG	40.0						
			x		437,256	0	43,314

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343,600

294,570

539,787

VP GOVT AND COMMUNITY RELATIONS			^		303,064	J	
ELLEN M GRANBERG	40.0		V		437,256	0	
PROVOST AND SVP ACADEMIC AFFAIRS	0.1		_^		437,230	0	

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(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC)  $(\tilde{W} - 2/1099$ organization and

related organizations

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36,375

43,215

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

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	
JOHN K TRIERWEILER	40.0			_				288 056	0	
VP CHIEF MARKETING OFFICER				X				288,056		
KAREN A BARROWS	40.0			.,				140,400		Γ
SECRETARY OF THE INST AND CHIEF OF STAFF				Х				140,190	0	
KEITH JENKINS	40.0									Ī
VP & ASSOC PROVOST FOR DIVERSITY & INCLUSION				Х				208,344	0	
LISA A CAUDA	40.0							315 (50		
	1	I	1	X	ı	ı	ı	315,659	0	i

and Independent Contractors

DEAN GOLISANO COLLEGE OF COMPUTING AND

INFO SCIENCES

DOREEN EDWARDS

DEAN COLLEGE OF ENGINEERING

	1			l			l
KEITH JENKINS	40.0						
VP & ASSOC PROVOST FOR DIVERSITY & INCLUSION			X		208,344	0	
LISA A CAUDA	40.0						
VP & SECRETARY OF THE INSTITUTE	***************************************		Х		315,659	0	
PHILLIP D CASTLEBERRY	40.0						

VP & ASSOC PROVOST FOR DIVERSITY & INCLUSION			Х		208,344	0	57,297
LISA A CAUDA	40.0		_		315,659	0	44 224
VP & SECRETARY OF THE INSTITUTE			^		315,659	0	44,334
PHILLIP D CASTLEBERRY	40.0					0	
VP DEVELOPMENT & ALUMNI RELATIONS					0	0	

VP & SECRETARY OF THE INSTITUTE							
PHILLIP D CASTLEBERRY	40.0		_		0	0	0
VP DEVELOPMENT & ALUMNI RELATIONS			^		0		
RYNE RAFFAELLE	40.0		V		204 265		97.102
VP RESEARCH AND ASSOC PROVOST			X		384,365	0	87,193
			Х		384,365	0	

VP DEVELOPMENT & ALUMNI RELATIONS							
RYNE RAFFAELLE	40.0		V		384,365	0	97.102
VP RESEARCH AND ASSOC PROVOST			^		364,365	0	87,193
SANDRA S JOHNSON	40.0						
			Х		348,099	0	50,093

RYNE RAFFAELLE	40.0		V		204 265		
VP RESEARCH AND ASSOC PROVOST			Х		384,365	0	
SANDRA S JOHNSON	40.0		~		348,099	0	
SVP STUDENT AFFAIRS			^		340,099	0	

		ı		ı	ı			
SANDRA S JOHNSON	40.0		v			348,099	0	
SVP STUDENT AFFAIRS			^			340,099		
ANNE HAAKE	40.0							
DEAN GOLISANO COLLEGE OF COMPLITING AND					Х	336,145	0	

40.0

OONALD F FIGER	40.0						
				X	313,888	0	38,308
PROF AND DIR CENTER FOR DETECTORS							

324,714

(A) (B) (C) (D) (E) (F) Name and Title Reportable Reportable Average Position (do not check more Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation

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

and Independent Contractors

ASSOC PROVOST DIR GOLISANO INST OF

FORMER VP FOR STRATEGIC PLANNING AND

NABIL Z NASR

SUSTAINABILITY
CHRISTINE M LICATA

FORMER INTERIM PROVOST
KATHERINE J MAYBERRY

SPECIAL INITIATIVES

JACQUELINE MOZRALL DEAN SAUNDERS COLLEGE OF BUSINESS    For related organizations below dotted line   Trustee   Trus		any hours	C	direct	or/tr	uste	ee)		organization (W-	organizations	from the	
349,166 0 132,862		organizations below dotted	dual tru sector	stitutional Tru		emplo	est compensat ovee	Former	2/1099-MISC)		related	
	JACQUELINE MOZRALL						v		3/10/166	0	132 862	
	DEAN SAUNDERS COLLEGE OF BUSINESS						^		349,100	0	132,602	

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efile GRAPHIC print - DO N			nt - DO NOT PROCESS	DLN: 9	LN: 93493098015081					
SCI	HED	ULE A	Public	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047		
	m 99		Complete if the o	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	a section	2019		
		f the Treasury	► Go to <u>www.irs</u>	s.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection		
Nam	e of th	nue Service he organiza stitute of Techr					Employer identific			
							16-0743140			
	rt I		for Public Charity Stat a private foundation because				See instructions.	_		
1	n garnz		onvention of churches, or as	`	•		(A)(i)			
2		,	escribed in section 170(b)(							
3	$\overline{\mathbf{V}}$				,					
		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	Ш	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state:								
5			ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>		
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).			
7			ation that normally receives ' <b>'O(b)(1)(A)(vi).</b> (Complete		s support from a	governmental u	init or from the gener	al public described in		
8		A communi	ty trust described in <b>sectio</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)				
9			ural research organization de rant college of agriculture. S					ege or university or a		
10		from activit investment	ation that normally receives: ties related to its exempt fur income and unrelated busin See <b>section 509(a)(2).</b> (Co	nctions—subject to cer ness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross		
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See <b>section 509</b>	(a)(4).			
12		more public	ation organized and operated cly supported organizations of through 12d that describes	described in <b>section 5</b>	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See <b>section 509(</b> a			
a		organizatio	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B	appoint or elect a majo						
b		Type II. A manageme	supporting organization sup nt of the supporting organiz plete Part IV, Sections A	ervised or controlled i ation vested in the sar						
С		Type III f	unctionally integrated. A sorganization(s) (see instruct	supporting organizatio				ted with, its		
d		Type III n	on-functionally integrate integrated. The organizations). You must complete Par	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar			
e		Check this	box if the organization receir or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally		
f	Enter		of supported organizations		-		<u> </u>			
g	Provi	de the follow	ing information about the su	pported organization(	s).					
	(i) N	Name of supp organization	ime of supported (ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) (iv) Is the organization listed in your governing document? (see instructions) (v) Amount of monetary support (see instructions)							
_										
Tota			tion Act Notice, see the I	<u> </u>	Cat. No. 11285		 Schedule A (Form 9	<u> </u>		

Page 2

	If the organization faile	d to qualify unde	er the tests listed	d below, please o	complete Part III	I.)	
S	ection A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	131,329,513	127,836,531	184,939,537	170,155,832	168,112,432	782,373,845
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	<b>Total.</b> Add lines 1 through 3	131,329,513	127,836,531	184,939,537	170,155,832	168,112,432	782,373,845
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						33,594,504
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	<b>Public support.</b> Subtract line 5 from line 4.						748,779,341
S	ection B. Total Support	,					
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	131,329,513	127,836,531	184,939,537	170,155,832	168,112,432	782,373,845
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	16,467,048	14,376,022	18,252,127	21,365,158	19,005,898	89,466,253
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	1,964,075	1,896,844	1,995,983	1,472,892	1,154,893	8,484,687
11	Total support. Add lines 7						880,324,785
12	through 10 Gross receipts from related activities,	etc. (see instructi	ons)			12	2,604,663,663
	First five years. If the Form 990 is f	•	•				
	check this box and <b>stop here</b>	-			•	· / · / <u>-</u>	_ '
<u> </u>	ection C. Computation of Publ	ic Support Per	centage	• • • • • • • •			<u></u>
	Public support percentage for 2019 (I			column (f))		14	85.06 %
	Public support percentage for 2018 S					15	84.11 %
<b>16</b> a	33 1/3% support test-2019. If th	e organization did	not check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this l	box
	and <b>stop here.</b> The organization qua <b>33</b> 1/3% <b>support test—2018.</b> If t	lifies as a publicly	supported organiza	ation			. ▶ 🗹
~	box and <b>stop here.</b> The organizatio	n qualifies as a pul	blicly supported org	ganization			▶□
17a	10%-facts-and-circumstances tes is 10% or more, and if the organizati in Part VI how the organization meets	on meets the "facts	s-and-circumstance	es" test, check this	box and stop her	re. Explain	_
b	organization	est—2018. If the dization meets the "	organization did not 'facts-and-circumst	t check a box on lii cances" test, check	ne 13, 16a, 16b, o this box and <b>stop</b>	r 17a, and line here.	▶□
18	supported organization Private foundation. If the organization	tion did not check a	a box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see	▶□
	instructions						<b>▶</b>

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</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						
4	under section 513  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						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</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.						
С	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						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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 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

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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 Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

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 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

4b supervised by or in connection with its supported organizations. 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 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 5a amendment to the organizing document).

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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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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.
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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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3			
Pa	rt IV Supporting Organizations (continued)						
_			Yes	No			
	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?						
		11a					
	A family member of a person described in (a) above?	11b					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c					
S	ection B. Type I Supporting Organizations						
			Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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	-					
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting						
	organization.	2					
S	ection C. Type II Supporting Organizations						
_			Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of						
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1					
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).						
S	ection D. All Type III Supporting Organizations		v				
_			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?						
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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3					
S	ection 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 instruct	ions):					
	The organization satisfied the Activities Test. Complete line 2 below.						
	b						
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)				
2	Activities Test. Answer (a) and (b) below.	ſ	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 <b>Part VI identify those supported organizations and explain</b> 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					
ı	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? <i>Provide details in Part VI</i> .	3a					
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard.	3h					

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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 <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require			
6	Other distributions (describe in <b>Part VI</b> ). See instruction	ons		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in <b>Part VI</b> ). See instructions	nich the organization is respon	sive (provide	
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)	(ii) Underdistributions	(iii) Distributable	

mer distributions (describe in Fare 42). See manachons								
Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions								
Distributable amount for 2019 from Section C, line 6      Ine 8 amount divided by Line 9 amount								
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019						
	Underdistributions	Distributable						

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

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.

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

**a** Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . . e Excess from 2019. . . . .

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. . . . . . **b** From 2015. . . . . . . . . . c From 2016. . . . . . . **d** From 2017. . . . . . . e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Schedule A (Form 990 or 990-EZ) 2019 Page 8 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** 990 Schedule A, Supplemental Information Return Reference Explanation Schedule A, Part II, Line 10 DESCRIPTION - COMMISSIONS - BOOKSTORE, COLUMN A - 971660.0, COLUMN B - 971660.0, COLUMN C Other Income - 971660.0, COLUMN D - 509756.0, COLUMN E - 434951.0, COLUMN F - 3859687.0; DESCRIPTION -MARGARETS HOUSE, COLUMN A - 907015.0, COLUMN B - 861031.0, COLUMN C - 977198.0, COLUMN D -915451.0. COLUMN E - 694246.0. COLUMN F - 4354941.0: DESCRIPTION - FUNDRAISING INCOME. CO LUMN A - 28358.0, COLUMN B - 21828.0, COLUMN C - 21455.0, COLUMN D - 22685.0, COLUMN E - 0 .0, COLUMN F - 94326.0; DESCRIPTION - ALL OTHER REVENUE, COLUMN A - 57042.0, COLUMN B - 42

325.0. COLUMN C - 25670.0. COLUMN D - 25000.0. COLUMN E - 25696.0. COLUMN F - 175733.0:

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

# Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

DLN: 93493098015081

Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. 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** Rochester Institute of Technology 16-0743140 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) ...... Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ...... 1 Enter the amount of any excise tax incurred by organization managers under section 4955 ...... If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... 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....... Did the filing organization file Form 1120-POL for this year? 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 (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2 5 Cat. No. 50084S

Grassroots lobbying expenditures

Return Reference

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)	(b)	)	
ctivi						
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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	TO 1 CT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	)(5), o	r secti	on		
	,	)(5), o	r secti		. N	
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).		r secti	Yes	s N	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?		r secti	Yes	s N	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?		E	Yes	s N	
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?		 	Yes 1 2 3		
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	 		Yes 1 2 3 on 501(		
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	 		Yes 1 2 3 on 501(		
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	)(5), o		Yes 1 2 3 on 501(		
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	)(5), o III-A		Yes 1 2 3 on 501(		
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(		
ar ab	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(		
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(		
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  LIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  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	(5), o IIII-A 1 2a 2b 2c 3		Yes 1 2 3 on 501(		
ar 2 3 ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(		

Explanation

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

DLN: 93493098015081

OMB No. 1545-0047

# **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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization **Employer identification number** Rochester Institute of Technology 16-0743140 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) Aggregate value of grants from (during year) 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 ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 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 1 2b 32.0 Number of conservation easements on a certified historic structure included in (a) . . . . . 0 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, 5 and enforcement of the conservation easements it holds? . . . . . . . . . . . . . . . ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes

## Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of

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.

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

- 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:
- For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

 $\boldsymbol{c} \ \ \text{Leasehold improvements}$  $\boldsymbol{d}$  Equipment . . . .

	dule D (Form 9)						_					Page 2
			aintaining Coll									
3	items (check a		uisition, accession :	, and other	records, ch		of the fo	ollowing t	hat are a	significant u	ise of its c	ollection
а	<b>☑</b> Public e	xhibition				d 🔽		or exch		grams		
b	<b>☑</b> Scholar	y research				e 🗸	Othe	er	ATION			
С	Preserv	ation for future	e generations									
4	Provide a desc Part XIII.	cription of the	organization's coll	ections and	explain how	w they fui	ther th	e organiz	ation's e	xempt purpo	se in	
5			anization solicit or nds rather than to								☐ Yes	☑ No
Pa		lete if the or	codial Arranger ganization answ		' on Form	990, Pai	rt IV, I	ine 9, o	r reporte	ed an amou	ınt on Fo	rm 990, Part
1a	Is the organiz included on Fo	ation an agent orm 990, Part	t, trustee, custodia X?	n or other	ntermediar 	y for cont	ributior 	ns or othe	er assets 	not 	Yes	□ No
b	If "Yes," expla	ain the arrange	ement in Part XIII	and comple	te the follo	wing table	e:			A	mount	
С		-		•		-			1c			
d									1d			
e		• ,	r						1e			
f		• ,							1f			
2a			an amount on For						ccount li	ability?	☐ Yes	
			ement in Part XIII.								_	_ NO
		wment Fun		Check here	ii tile expi	anation in	as beer	provide	u III Fait	XIII		
F C			ganization answ	ered "Yes	on Form	990, Pai	rt IV. I	ine 10.				
			J	(a) Currer		<b>(b)</b> Prior y			ears back	(d) Three yea	ars back (e	e) Four years back
1a	Beginning of ye	ar balance .	[	957	,232,492	938,1	62,179	84	17,211,461	. 750,	894,725	761,936,337
b	Contributions			10	,038,241	11,6	04,688	4	12,513,404	16,	532,778	20,576,277
c	Net investment	earnings, gair	ns, and losses	26	,304,222	42,6	96,485	8	32,689,101	. 108,	843,391	-1,429,899
d	Grants or schol	arships	. [	9	,142,719	8,4	98,740		7,919,050	7,	395,557	7,277,918
е	Other expendite and programs		es	30	,400,452	26,7	32,120	2	26,332,737	21,	663,876	22,910,072
f	Administrative	expenses .	[		0		0		(		0	0
g	End of year bal	ance	[	954	,031,784	957,2	32,492	93	38,162,179	847,	211,461	750,894,725
2 a	Provide the es Board designa	•	ntage of the curre	nt year end 52.55 %	balance (li	ne 1g, col	lumn (a	a)) held a	s:			
b	Permanent en	·	47.2 %									
_		******		E 0/-								
С	Temporarily re		***************************************	5 %	104							
3а		owment funds	, 2b, and 2c shoul not in the possess			that are	held ar	nd admin	istered fo	r the		Yes No
	-	organizations									3a(	
b		ganizations . (ii), are the re		 s listed as r	 equired on	 Schedule	 R? .				3a(i	<del></del>
4		` ','	ended uses of the									
	rt VI Land,	Buildings,	and Equipmen	it.				ine 112	See Fo	rm 990 Pa	rt X line	10
	Description of		(a) Cost or othe (investment	er basis	(b) Cost or	<u> </u>				depreciation		Book value
1a	Land					11.	722,762	!				11,722,762
	Buildings .					•	322,705			500,966,407		572,356,298
	_		1									

170,788,137

40,119,542

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

48,256,967

40,119,542

672,455,569

122,531,170

Schedule D (Form 990) 2019					Page <b>3</b>
Part VII Investments—Other Securities.  Complete if the organization answered "Yes" on F	orm 990, Part IV, li	ne 11b	.See Form 990, F	art X	, line 12.
(a) Description of security or category (including name of security)	(b) Book value		(c) Method Cost or end-of-	d of va	aluation:
(1) Financial derivatives					
(3) Other	1,730,847			F	
(B) CASH SURRENDER VALUE OF LIFE INSURANCE	223,111			F	
(C) COMMINGLED EQUITY FUNDS	254,868,740			F	
(D) COMMINGLED FIXED INCOME FUNDS	13,707,847			F	
(E) PRIVATE PLACEMENTS	334,111,864			F	
(F) HEDGE FUNDS	261,349,425			F	
(G) CDARS HELD FOR INVESTMENT	4,000,000			F	
(H)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	869,991,834				
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on F  (a) Description of investment	orm 990, Part IV, li	ne 110	. See Form 990, I	(c	(, line 13. ) Method of valuation: c 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 Fo		ne 11d	. See Form 990, Par	t X, lir	
(a) Description					(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				•	
Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo	orm 990 Part IV lin	na 11a	or 11f See Form	ممم	Part V line 25
1. (a) Description of lia		ic iic	01 111.500 101111	(b)	Book alue
(1) Federal income taxes					
(2) FEDERAL PERKINS LOAN PROGRAM (3) ASSET RETIREMENT OBLIGATIONS				<u> </u>	220,335
(4) ASC 715 POSTRETIREMENT BENEFITS OBLIGATION				139,9	57,629
(5) ALL OTHER (6)				3,7	731,508
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			<b>b</b>	186.9	963,283

Schedule D (Form 990) 2019

	Complete if the organi	ization answered 'Yes' on Form 990, Part	IV, li	ine 12a.		
1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	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 ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) $\ .$		4b			
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem		•	Retur	n.
	·	zation answered 'Yes' on Form 990, Part			T .	
1	'	dited financial statements			1	
2	Amounts included on line 1 but no	, ,		I		
a	Donated services and use of facili		2a			
b	Prior year adjustments		2b		_	
С	Other losses		2c		_	
d	Other (Describe in Part XIII.) .		2d		_	
е	Add lines 2a through 2d				2e	
3	Subtract line <b>2e</b> from line <b>1</b> .				3	
4	Amounts included on Form 990, F			1		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b		_	
С	Add lines <b>4a</b> and <b>4b</b>				4c	
5		1c. (This must equal Form 990, Part I, line 18.	) .		5	
Pai	t XIII Supplemental Info	ormation				
Prov XI,	ride the descriptions required for P ines 2d and 4b; and Part XII, lines	art II, lines 3, 5, and 9; Part III, lines 1a and $^\circ$ s 2d and 4b. Also complete this part to provide	4; Pari any a	t IV, lines 1b and 2b; Par Idditional information.	t V, line	e 4; Part X, line 2; Part
	Return Reference		Ex	planation		
See A	Additional Data Table					

Page 4

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

# **Additional Data**

**Software ID:** 19010655 **Software Version:** 2019v5.0

**EIN:** 16-0743140

Name: Rochester Institute of Technology

Endowment Percentage

Schedule D, Part V, Line 2c Term

Return Reference	Explanation

**Supplemental Information** 

IN THE PAST, SCHEDULE D, PART V, LINE 2C LISTED THE TEMPORARILY RESTRICTED ENDOWMENT PERCE NTAGE. IN FY19, IT WAS 0%. WHEN GENERALLY ACCEPTED ACCOUNTING PRINCIPLE (GAAP) CHANGED THE REPORTING REQUIREMENTS FROM BREAKING OUT THE PERMANENTLY RESTRICTED NET ASSETS, TEMPORARI LY RESTRICTED NET ASSETS, AND UNRESTRICTED NET ASSETS ACTIVITY TO WITH OR WITHOUT DONOR RE

STRICTIONS, THIS LINE WAS CHANGED TO 'TERM ENDOWMENT' PERCENTAGE. IN FY20, THIS WAS .25%.

Supplemental Information	
Return Reference	Explanation
	IN 2007, THE UNIVERSITY ENTERED INTO A CONSERVATION EASEMENT WITH THE TOWN OF HENRIETTA, N Y. THE CONSERVATION EASEMENT IS VALUED AS PART OF THE LAND AND RECORDED IN RIT'S FINANCIAL STATEMENTS.

\_ \_ \_

Supplemental Information	
Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	THE UNIVERSITY'S SPECIAL COLLECTIONS INCLUDE MANUSCRIPTS AND CORRESPONDENCE COLLECTIONS ON THE HISTORY AND PRACTICE OF GRAPHIC COMMUNICATION TECHNOLOGIES, HOLDINGS ON BOOKBINDING, PAPERMAKING, TYPE DESIGN, CALLIGRAPHY, AND BOOK ILLUSTRATION. COLLECTIONS ARE AVAILABLE TO STUDENTS, RESEARCHERS, AND THE PUBLIC THROUGH AN ONLINE DATABASE. THE UNIVERSITY CAMPUS I S ALSO HOME TO A COLLECTION OF PUBLIC ART INCLUDING, BUT NOT LIMITED TO, MURALS, PAINTINGS , AND STATUES.

Supplemental Information

Explanation
THE INTENDED USES OF THE UNIVERSITY'S ENDOWMENT FUNDS, AS DETERMINED BY EITHER DONOR RESTR ICTION OR BOARD DESIGNATION, INCLUDE SCHOLARSHIPS, AWARDS, PROFESSORSHIPS, LECTURES, AND O THER GENERAL SUPPORT OF THE UNIVERSITY'S EDUCATIONAL AND RESEARCH MISSION.

\_ \_ \_

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE UNIVERSITY AND ITS CONSOLIDATED US SUBSIDIARIES, EXCEPT FOR VENTURE FUND I, LLC (FUND I), ARE NOT-FOR-PROFIT ORGANIZATIONS, AND GENERALLY EXEMPT FROM INCOME TAXES ON RELATED IN COME UNDER SECTION 501(C)(3) OF THE IRC BUT ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX O N ACTIVITIES NOT RELATED TO THEIR EXEMPT PURPOSES. FUND I, A LIMITED LIABILITY COMPANY OF WHICH RIT IS THE INVESTOR MEMBER, IS CLASSIFIED AS A DISREGARDED ENTITY FOR FEDERAL INCOME TAX PURPOSES. THE ACCOUNTING FOR INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS CODI FICATION ADDRESSES THE DETERMINATION OF WHETHER CERTAIN TAX POSITIONS RESULT IN BENEFITS C LAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN AND WHETHER THEY SHOULD BE RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. FOR TAX-EXEMPT ENTITIES, TAX POSITIONS INCLUDE THE ENTITY'S TAX-EXEMPT STATUS AND ASSUMPTIONS USED TO DETERMINE UNRELATED BUSINESS TAXABLE INCOME. THE UNIVERSITY BELIEVES ITS TAX POSITIONS MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD REFERENCED IN THE TOPIC.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493098015081 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** Rochester Institute of Technology 16-0743140 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . . . . . . . . . . . . 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes **d** Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . . . . . . . . . . . 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . . 5g Νo 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . . . . . . No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	RIT'S RACIALLY NON-DISCRIMINATORY POLICY WITH RESPECT TO STUDENT SOLICITATION IS PUBLICIZED IN ALL UNIVERSITY APPLICATIONS, REGISTRATIONS AND OTHER CAMPUS-WIDE PUBLICATIONS. IN ADDITION, RIT PUBLICIZES ITS RACIALLY NON-DISCRIMINATORY EMPLOYMENT POLICIES WHEN RECRUITING FOR OPEN POSITIONS.
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	THE UNIVERSITY IS THE RECIPIENT OF APPROPRIATIONS AND ASSISTANCE FROM THE DEPARTMENT OF EDUCATION TO OPERATE THE NATIONAL TECHNICAL INSTITUTE FOR THE DEAF AND TO SUPPORT THE FEDERAL WORK STUDY AND FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT PROGRAMS. THE UNIVERSITY ALSO RECEIVES AN APPROPRIATION OF DIRECT INSTITUTIONAL SUPPORT OF "BUNDY AID" FROM THE NEW YORK STATE DEPARTMENT OF EDUCATION. DUE TO THE COVID-19 PANDEMIC IN FY20, THE UNIVERSITY RECEIVED A ONE-TIME APPROPRIATION FROM THE FEDERAL CARES ACT FUNDING (AKA THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT HIGHER EDUCATION EMERGENCY RELIEF FUND), WHICH SUPPORTED RIT STUDENTS WITH EXPENSES INCURRED AS A RESULT OF THE COVID-19 NATIONAL EMERGENCY. THE CARES ACT EMERGENCY GRANTS WERE FULLY DISTRIBUTED IN FY20.
·	

Schedule F (Form 990 or 990-F7) (2019)

(Form 990)  ► Complete if the organiz  Foo to www.irs.g  Department of the Treasury Internal Revenue Service  Name of the organization	ation answered "  ► Attach ov/Form990 for  Outside the  Intain records to be grants or assi	substantiate the amoun	ine 14b, 15, on formation.  En  16  ete if the orgoto of its grant or criteria use	nployer iden -0743140 ganization a s and d	☐ Yes ☐ N
Department of the Treasury Internal Revenue Service  Name of the organization Rochester Institute of Technology  Part I General Information on Activities Form 990, Part IV, line 14b.  1 For grantmakers. Does the organization main other assistance, the grantees' eligibility for the to award the grants or assistance?  2 For grantmakers. Describe in Part V the organization dutside the United States.	Attach ov/Form990 for  Outside the intain records to e grants or assi	to Form 990.  instructions and the latest in  United States. Comple  substantiate the amountistance, and the selection	En 16 ete if the org	nployer iden -0743140 ganization a s and d	Open to Public Inspection  Intification number  Inswered "Yes" on
Department of the Treasury Internal Revenue Service  Name of the organization Rochester Institute of Technology  Part I General Information on Activities Form 990, Part IV, line 14b.  1 For grantmakers. Does the organization main other assistance, the grantees' eligibility for the to award the grants or assistance?  2 For grantmakers. Describe in Part V the organ outside the United States.	Outside the Intain records to e grants or assi	United States. Comples substantiate the amountistance, and the selection	En 16 ete if the org	s-0743140 ganization a s and d	Inspection Intification number Inswered "Yes" on
Part I General Information on Activities Form 990, Part IV, line 14b.  1 For grantmakers. Does the organization main other assistance, the grantees' eligibility for the to award the grants or assistance?  2 For grantmakers. Describe in Part V the organization outside the United States.	ntain records to e grants or assi	substantiate the amoun	t of its grant criteria use	s-0743140 ganization a s and d	nswered "Yes" on
Part I General Information on Activities Form 990, Part IV, line 14b.  1 For grantmakers. Does the organization main other assistance, the grantees' eligibility for the to award the grants or assistance?  2 For grantmakers. Describe in Part V the organ outside the United States.	ntain records to e grants or assi	substantiate the amoun	ete if the org	ganization a s and d	☐ Yes ☐ N
Form 990, Part IV, line 14b.  1 For grantmakers. Does the organization main other assistance, the grantees' eligibility for the to award the grants or assistance?  2 For grantmakers. Describe in Part V the organ outside the United States.	ntain records to e grants or assi	substantiate the amoun	t of its grant criteria use	s and d	☐ Yes ☐ N
other assistance, the grantees' eligibility for the to award the grants or assistance?	e grants or assi 	stance, and the selection	criteria use	d 	
outside the United States.	nization's proce	edures for monitoring the	use of its a		
3 Activites per Region. (The following Part I, line 3 to			J	rants and otl	her assistance
	able can be dupl	licated if additional space is	s needed.)		
region	(c) Number of employees, agents and independent contractors in the region	fundraising, program	program serv specific	isted in (d) is a vice, describe type of n the region	(f) Total expenditures for and investments in the region
See Add'l Data					
<b>3a</b> Sub-total					298,606,5
b Total from continuation sheets to Part I	(	)			, ,
c Totals (add lines 3a and 3b) 0	(	ס			298,606,5

d "Yes" on Form 990,
iption (i) Method of
cash valuation ance (book, FMV, appraisal, other)
- · · · · · · · · · · · · · · · · · · ·

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . . . . . . .

Schedule F (Form 990) 2019

ype of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, othe

Sched	dule F (Form 990) 2019		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>☑</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)		
		<b>✓</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	<b>☑</b> Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	· ·	<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	☐Yes	<b>☑</b> No

	Page	chedule F (Form 990) 2019	Schedu
required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting m vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting olumn (c) (estimated number of recipients), as applicable. Also complete this part to pr	ditures per region); Part II, line 1 (accounting method); Part III (accounting (estimated number of recipients), as applicable. Also complete this part to provide	amounts of investments vs.	Part
Explanation	Explanation	ReturnReference	
		_	

### **Additional Data**

Europe (Including Iceland and

Greenland)

Software ID: 19010655 Software Version: 2019v5.0

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

31,483,148

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		265,661,307

Investments

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) North America (Canada & 1.212.142 Investments Mexico only) Middle East and North Africa 250,000 Investments

**SCHEDULE G** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Supplemental Information Regarding** 

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

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

DLN: 93493098015081 OMB No. 1545-0047

Open to Public Inspection

	ne of the organization						Employer ide	ntification number
Koci	nester Institute of Technology						16-0743140	
Pa	Fundraising Activ	•	_		answered "Yes" on Fo	orm 990,	, Part IV, line 1	.7.
1	Indicate whether the organiza	· · · · · · · · · · · · · · · · · · ·	•			all that a	pply.	
a	Mail solicitations			е				
b	✓ Internet and email solicita	ations		f	_	-	•	
c	✓ Phone solicitations			q			g	
d	✓ In-person solicitations			9	• Special fallardishing	, events		
2a	Did the organization have a vor key employees listed in Fo						·	es 🗆 No
b	If "Yes," list the 10 highest parts to be compensated at least \$			draisers)	pursuant to agreements	under wh		
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	) Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) siser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	THE BELFORT GROUP INC 2 OLIVER STREET SUITE 402	INTEGRATED MARKETING PARTNER	Yes	No No	0		145,688	-145,68
	BOSTON, MA 02109							
Tota			<u> </u>	. ▶	0		145,688	-145,68
	List all states in which the orga licensing.	nization is registered	l or licens	ed to soli	icit contributions or has b	een notifi		rom registration or

	rt II Fundraising Events. Compl				
	than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and	6b. List events with
	gross receipts greater than \$	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
Keverkie					
200					
¥					
	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
y T	5 Noncash prizes				
Experises	6 Rent/facility costs				
Š	7 Food and beverages				
Zied Zied	Sentertainment      Other direct expenses				
2	Other direct expenses	through O in column (d)			
	11 Net income summary. Subtract line 10				
Pai	rt III Gaming. Complete if the org			V, line 19, or reported	l i more than \$15,000
	on Form 990-EZ, line 6a.	1			1
E		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue					
<u>.</u>	1 Gross revenue				
TSe.	2 Cash prizes				
7	3 Noncash prizes				
វ	3 Noncash prizes				
ង ប្ដូ	4 Rent/facility costs				
ži Delo	4 Rent/facility costs				
វ រូវ ភ្ន			☐ Yes%	☐ Yes%	
វ រដ្ឋភ្ជុំ 	4 Rent/facility costs	☐ Yes%	☐ Yes % ☐ No	☐ Yes %	
<u>1</u> 1910 –	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	□ No	1_		
	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2	No	□ No	□ No ►	
	4 Rent/facility costs	No through 5 in column (d)	No	No	
<b></b>	4 Rent/facility costs	No  through 5 in column (d)  t line 7 from line 1, column  tion conducts gaming activities	No	<ul><li>No</li><li> ▶</li><li> ▶</li></ul>	Ves □No
a b	4 Rent/facility costs	through 5 in column (d)  through 5 in column (d)	nn (d)	No	☐ Yes ☐ No
9 a	4 Rent/facility costs	through 5 in column (d)  thine 7 from line 1, column  tion conducts gaming activating activities in each column.	No  nn (d)	No	
9 a	4 Rent/facility costs	through 5 in column (d)  thine 7 from line 1, column  cion conducts gaming activaming activities in each column  censes revoked, suspend	No  nn (d)	No	
) a b	4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2  8 Net gaming income summary. Subtract the state(s) in which the organization licensed to conduct of If "No," explain:	through 5 in column (d)  thine 7 from line 1, column  cion conducts gaming activaming activities in each column  censes revoked, suspend	No  nn (d)	No	

Sche	dule G (Form 990 or 990-EZ) 2019				F	age 3
11	Does the organization conduct gaming	activities with nonmembers?		□Yes	□No	
12	Is the organization a grantor, beneficia formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entity		□Yes		
13	Indicate the percentage of gaming acti	vity conducted in:				
а	The organization's facility		13a			%
b	An outside facility		13b			%
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books and re	cords:			
	Name •					
	Address •					
15a	Does the organization have a contract	with a third party from whom the organization receives gaming		□Yes	Пио	
b	,	evenue received by the organization $ ightharpoonup$ \$ and the third party $ ightharpoonup$ \$				
С	If "Yes," enter name and address of the	e third party:				
	Name					
	Address •					
16	Gaming manager information:					
	Name ►					
	Gaming manager compensation ▶ \$					
	Description of services provided ▶					
	☐ Director/officer	☐ Employee ☐ Independent contractor				
17	Mandatory distributions:					
a	Is the organization required under state	e law to make charitable distributions from the gaming proceeds to		☐Yes		
b		red under state law distributed to other exempt organizations or spent		∟ Yes	□ INO	
	in the organization's own exempt activi					
Par	Supplemental Information III, lines 9, 9b, 10b, 15b, 15b, 15b, 15b, 15b, 15b, 15b, 15	n. Provide the explanations required by Part I, line 2b, column 5c, 16, and 17b, as applicable. Also provide any additional info	(iii) a matior	nd (v); a n. See ins	nd Part tructions	s.
	Return Reference	Explanation				
	dule G, Part I, Line 2b(ii) Describe the dy or control arrangement.	THE BELFORT GROUP, INC-THE BELFORT GROUP REQUIRES REGULAR I A REGULAR BASIS OR ACCESS TO THE DATA SO THAT THE BELFORT G NEEDED. METRICS ARE USED BY THE BELFORT GROUP FOR REPORTING	ROUP M	AY PULL R	EPORTING	G AS

Schedule G (Form 990 or 990-EZ) 2019

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I (Form 990)

# **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

DLN: 93493098015081

Open to Public Inspection

ame of the organization						Employer identific	ation number
ochester Institute of Technolog	У					16-0743140	
Part I General Inform	nation on Grants	and Assistance				<u> </u>	
Does the organization mai the selection criteria used					for the grants or assistanc	e, and	☑ Yes ☐ N
Describe in Part IV the org	•	-	_				
Part II Grants and Other that received more	Assistance to Don than \$5,000. Part II	nestic Organizations a can be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(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)							
							13 5
or Panerwork Peduction Act Noti				Cat No. 5005			adula I /Form 000\ 2010

Department of the

Treasury

(2) GRADUATE RESEARCH ASSISTANCE 459 7,493,103 Page 2

Schedule I (Form 990) 2019

36 327.987

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2019

Part III

(3) FELLOWSHIPS

(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

Schedule I, Part III NUMBER OF THE UNIVERSITY ESTIMATES THE NUMBER OF RECIPIENTS FROM RECORDS MAINTAINED IN OUR FINANCIAL AID (SCHOLARSHIPS) AND ACCOUNTS PAYABLE SYSTEM

RECIPIENTS (GRADUATE RESEARCH ASSISTANCE STIPENDS AND FELLOWSHIPS) WHICH HAVE BEEN CLASSIFIED BY THE TYPE OF ASSISTANCE. Schedule I, Part I, Line 2 SCHOLARSHIPS, FELLOWSHIPS, AND OTHER STUDENT RELATED FINANCIAL AID MUST BE USED FOR EDUCATIONAL PURPOSES. SCHOLARSHIPS AND GRANTS ARE

Procedures for monitoring use of CREDITED DIRECTLY TO STUDENT ACCOUNTS THROUGH AN AUTOMATED SYSTEM AUTHORIZED BY THE UNIVERSITY'S OFFICE OF FINANCIAL AID AND SCHOLARSHIPS. grant funds.

## **Additional Data**

(a) Name and address of

organization

or government

Washington, DC 20002

**Software ID:** 19010655 **Software Version:** 2019v5.0 **EIN:** 16-0743140 Name: Rochester Institute of Technology

**(b)** EIN

Form 990,Schedule I,	Part II. Gran	ts and Other As	sistance to I	Domestic Or	ganizations and	Domestic Gov	vernments.

(c) IRC section

if applicable

- · g- · · · · · · · · · · · ·				 	
AACSB INTERNATIONAL 777 S Harbour Island Blvd Tampa, FL 336025730	43-6036286	501C3	15,300		
	l e		1		1

52-1297104 501C3 36,000

AMERICAN SOCIETY FOR DEAF CHILDREN 800 Florida Avenue NE NO 2047

(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

Conference Sponsorship

Event Sponsorship

or assistance

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CENTER FOR YOUTH SERVICES 16-0992259 501C3 10,000 Event Sponsorship

905 Monroe Ave Rochester, NY 14620					
DISTRIBUTIVE EDUCATION CLUBS OF AMER INC	23-7079474	501C3	6,500		Sponsorship

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

1908 Association Drive Reston, VA 20191

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) FOUNDATION FOR FOOD AND 47-1559027 501C3 8.000 Sponsorship AGRICULTURE RESEARCH 401 9th Street NW 630 Washington, DC 20004

Event Sponsorship

10.000

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

501C6

GREATER ROCHESTER

CHAMBER OF COMMERCE 150 State Street Rochester, NY 14614 51-0439860

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 10-0000080 501C6 50.000 GREATER ROCHESTER Sponsorship ENTERPRISE INC One HSBC Plaza 100 Chestnut St SUITE 1910

General Support

Rochester, NY 14604

45.000

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

State of NY

HENRIETTA FIRE DISTRICT

850 Bailev Rd W Henrietta, NY 14586 16-0974231

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) HOCKEY WESTERN NEW YORK 56-2330641 State Law 26.000 Sponsorship LLC

Sponsorship

10.000

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

501C3

One Seymour H KNOX III	
PLAZA	
Buffalo, NY 14203	

16-1406599

LEADERSHIP ROCHESTER

875 E Main Street No 140 Rochester, NY 14605

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) MARK SEVEN DEAF 52-1158675 501C3 15.300l Sponsorship FOUNDATION INC

144 Mohawk Hotel Rd
Old Forge, NY 13420

NATIONAL ASSOCIATION OF 94-1358295 501C3 13,600

Event Sponsorship
THE DEAF

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

8630 Fenton St Silver Spring, MD 20910

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 38-3119153 501C3 12.500 NATIONAL BLACK DEAF | Conference Sponsorship ADVOCATES INC PO Box 564

Sponsorship

6.000

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

501C3

Primos Secane, PA 19018

8 Airport Park BLVD Latham, NY 12110 22-2910215

NYSCATE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 45-2600404 State Law 10.000 Sponsorship ROCHESTER HOCKEY LLC One Seymour H KNOX III

Event Support

20.000

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

501C3

PLAZA
Buffalo, NY 14203

ROCHESTER REGIONAL
HEALTH FOUNDATION

100 Kings Highway South Rochester, NY 14617 22-2229425

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Conference Sponsorship

TEXAS SCHOOL FOR THE DEAF 1102 South Congress Avenue	74-2195210	501C3	32,000		Conference Sponsorship
Austin, TX 78704					

10.500

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

501C3

WOMEN IN CYBERSECURITY

664 Canter Lane Cookeville, TN 38501 82-2750482

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 934930	98015	5081
Schedule J (Form 990)		C	ompensat	ion Information	OMB No	. 1545-	0047
		For certain Office	20	111			
		► Complete if the org	20	2019			
Depar	tment of the Treasury	► Go to <u>www.irs.go</u>		n to Form 990. · instructions and the latest information.	Open	to Pu	blic
	al Revenue Service	ation .		Employer		pectio	
	ne of the organiza hester Institute of Te				dentification n	umber	
Do	et I Ougstie	one Begarding Componer	tion	16-0743140	)		
Pa	rt I Questi	ons Regarding Compensa	ition			Yes	No
1a				f the following to or for a person listed on Form ny relevant information regarding these items.		103	110
		or charter travel	$\checkmark$	Housing allowance or residence for personal use			
	✓ Travel for	companions		Payments for business use of personal residence	:		
		nification and gross-up payment	_	Health or social club dues or initiation fees			
	☐ Discretion	ary spending account	Ц	Personal services (e.g., maid, chauffeur, chef)			
b				follow a written policy regarding payment or ve? If "No," complete Part III to explain	1b		No
2				or allowing expenses incurred by all	2	Yes	
	directors, truste	es, officers, including the CEO/I	executive Directo	r, regarding the items checked on Line 1a?			
3				ed to establish the compensation of the			
				not check any boxes for methods CEO/Executive Director, but explain in Part III.			
	<b>✓</b> Compensa	ation committee	<b>✓</b>	Written ampleyment centrast			
		ation committee ent compensation consultant	<b>▽</b>	Written employment contract Compensation survey or study			
		of other organizations	<u> </u>	Approval by the board or compensation committee	ee		
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the filing organiza	ation or a		
а	_	ance payment or change-of-con	strol navment?		4a		No
b		• • •		lified retirement plan?	4a		No
c	•		•	nsation arrangement?	4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Part III.			
	- 1/ \/-	\ <b></b>					
5		), 501(c)(4), and 501(c)(29)		the organization pay or accrue any			
5		ontingent on the revenues of:		the organization pay or accide any			
а	The organization	1?			5a		No
b	-				5b		No
	If "Yes," on line	5a or 5b, describe in Part III.					
6		ed on Form 990, Part VII, Section Contingent on the net earnings o		the organization pay or accrue any			
а	The organization	1?			6a		No
b					6b		No
	•	6a or 6b, describe in Part III.					
7	payments not d	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixed art III	7		No
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe			N <sub>0</sub>
9	If "Yes" on line	8, did the organization also follo	ow the rebuttable	presumption procedure described in Regulations	section 9		No
For F		ction Act Notice, see the Ins				n 990)	2019

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

<b>Note.</b> The sum of c	columns (B)(i)-(iii) for each listed individual must equal the	tota	1						
			(B) Breal	kdown of W-2 and/o compensation	or 1099-MISC	and other	(D) Nontaxable benefits	columns	<b>(F)</b> Compensation in
			(i) Base (ii) compensation Bonus & incentive		(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data	a Table								
		t							
		T							
		$\dagger$							
			ı	<u> </u>		L		Schedule J (Fo	orm 990) 2019

Page 3									
Part III Supplemental Inform	nation								
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								
	THE UNIVERSITY UTILIZES EACH OF THE METHODS LISTED IN SCHEDULE J, PART I, LINE 3 ON AN ANNUAL BASIS WITH THE EXCEPTION OF REVIEWING FORM 990 OF OTHER ORGANIZATIONS EVERY OTHER YEAR. IN THE YEAR THAT 990 OF OTHER ORGANIZATIONS ARE NOT REVIEWED BY THE UNIVERSITY, A BROADER COMPENSATION SURVEY OR STUDY IS CONDUCTED.								
companions	WHEN BUSINESS CIRCUMSTANCES WARRANT, THE UNIVERSITY MAY PAY FOR TRAVEL FOR COMPANIONS OF THE OFFICERS AND/OR HIGHLY COMPENSATED EMPLOYEES WHEN THEIR GUEST IS A FAMILY MEMBER, WHETHER OR NOT FOR BONA FIDE BUSINESS PURPOSES. THE PERSONAL USE PORTION OF THE BENEFIT IS TREATED AS TAXABLE COMPENSATION AND ADDED TO THE EMPLOYEES' FORM W-2.								
	DUE TO THE NUMBER OF UNIVERSITY-RELATED ACTIVITIES THAT THE PRESIDENT IS REQUIRED TO HOST, HE IS REQUIRED TO LIVE IN A HOME OWNED AND MAINTAINED BY THE UNIVERSITY. THIS BENEFIT IS NOT DEEMED TO BE TAXABLE COMPENSATION.								
	THE UNIVERSITY PAYS SOCIAL CLUB INITIATION FEES AND DUES FOR EIGHT OFFICERS AND/OR HIGHLY COMPENSATED EMPLOYEES. THE PERSONAL USE PORTION OF THE BENEFIT IS TREATED AS TAXABLE COMPENSATION AND ADDED TO THE EMPLOYEES' FORM W-2.								
policy regarding payment or reimbursement of expenses	EACH OF THE BENEFITS INDICATED IS AVAILABLE TO THE PRESIDENT; CERTAIN OF THESE BENEFITS ARE AVAILABLE TO SELECT OFFICERS. AMOUNTS CONSIDERED TAXABLE ARE REPORTED COMPENSATION INCLUDED ON THE EMPLOYEE'S FORM W-2. SINCE THESE BENEFITS ARE LIMITED TO VERY FEW INDIVIDUALS, A WRITTEN POLICY IS NOT CONSIDERED NECESSARY; HOWEVER, THE UNIVERSITY HAS SPECIFIC WRITTEN POLICIES PERTAINING TO TRAVEL EXPENDITURES AND PAYMENTS/REIMBURSEMENTS.								

Schedule 1 (Form 990) 2019

**Software ID:** 19010655 **Software Version:** 2019v5.0

**EIN:** 16-0743140

Name: Rochester Institute of Technology

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
(A) Name and Title		· · ·	of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in		
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990		
1DAVID C MUNSON	(i)	754,630	43,338	43,037	25,200	74,836	941,041	0		
PRESIDENT	(ii)	0	0	0	0	0	0	0		
1JAMES H WATTERS	(i)	506,844	20,595	12,348	28,000	13,320	581,107	0		
SVP FINANCE AND	(ii)	0			0	0				
ADMINISTRATION <b>2</b> DANIEL ORNT	(i)	442,031	0	8,514	25,200	18,607	494,352	0		
VP AND DEAN INST OF HEALTH SCIENCES AND TECH	(ii)	0	0	0	0	0	0	0		
3ELLEN M GRANBERG	(i)	423,266	13,464	526	25,200	18,114	480,570	0		
PROVOST AND SVP ACADEMIC AFFAIRS	(ii)	0	0	0	0	0	0	0		
<b>4</b> RYNE RAFFAELLE	(i)	335,619	0	48,746	28,000	59,193	471,558	0		
VP RESEARCH AND ASSOC PROVOST	(ii)	0	0	0	0	0	0	0		
5SANDRA S JOHNSON	(i)	334,126	6,029	7,944	25,200	24,893	398,192	0		
SVP STUDENT AFFAIRS	(ii)	0	   0	0	0	   0	0	0		
<b>6</b> GERARD BUCKLEY	(i)	339,828	0	3,772	28,000	21,358	392,958	0		
PRESIDENT NTID & VP AND DEAN RIT	(ii)	0	0	0	o	0	0	0		
<b>7</b> LISA A CAUDA	(i)	314,062	0	1,597	28,000	16,334	359,993	0		
VP & SECRETARY OF THE INSTITUTE	(ii)	0	0	0	0	0	0	0		
8DEBORAH M STENDARDI	(i)	284,917	0	20,767	28,000	21,765	355,449	0		
VP GOVT AND COMMUNITY RELATIONS	(ii)	0	0	0	0	0	0	0		
9JOHN K TRIERWEILER	(i)	285,171	0	2,885	25,200	29,811	343,067	0		
VP CHIEF MARKETING	(ii)	0				0				
OFFICER  10IAN J MORTIMER	(i)	271,496	0	23,074	20,718	25,550	340,838	0		
VP ENROLLMENT	(ii)									
MANAGEMENT  11KEITH JENKINS	(i)	205,640	0	2.704	22.202	35.004	265 641	0		
VP & ASSOC PROVOST FOR				2,704 	22,203	35,094 	265,641 			
DIVERSITY & INCLUSION  12KAREN A BARROWS	(ii)	120 176	0	0	0	0	0	0		
	(i)	138,176	0	2,014	13,938	7,928	162,056	0		
AND CHIEF OF STAFF	(ii)	0	0	0	0	0	0	0		
13NABIL Z NASR	(i)	455,172 	0	115,448	28,000	20,967	619,587	0		
ASSOC PROVOST DIR GOLISANO INST OF SUSTAINABILITY	(ii)	0	0	0	0	0	0	0		
14JACQUELINE MOZRALL	(i)	343,563	0	5,603	28,000	104,862	482,028	0		
DEAN SAUNDERS COLLEGE OF BUSINESS	(ii)	0	0	0	0	0	0	0		
15ANNE HAAKE	(i)	332,117	0	4,028	28,000	8,375	372,520	0		
DEAN GOLISANO COLLEGE OF COMPUTING AND INFO SCIENCES	(ii)	0	0	0	0	0	0	0		
16DOREEN EDWARDS	(i)	323,736	0	978	25,200	18,015	367,929	0		
DEAN COLLEGE OF ENGINEERING	(ii)	0	0	0	0	0	0	0		
17DONALD F FIGER	(i)	282,875	0	31,013	21,524	16,784	352,196	0		
PROF AND DIR CENTER FOR DETECTORS	(ii)	0	0	0	0	0	0	0		
18CHRISTINE M LICATA	(i)	266,394	0	6,906	27,259	11,263	311,822	0		
FORMER INTERIM PROVOST	(ii)	0	 	ი	0	 	n	0		
<b>19</b> KATHERINE J MAYBERRY	(i)	255,257	0	18,450	25,914	10,267	309,888	0		
FORMER VP FOR STRATEGIC PLANNING AND SPECIAL INITIATIVES	(ii)	0	0	0	0	0	0	0		

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

**Supplemental Information on Tax-Exempt Bonds** ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, OMB No. 1545-0047

DLN: 93493098015081

Open to Public

Inspection

explanations, and any additional information in Part VI.

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(Form 990)

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

**Employer identification number** Rochester Institute of Technology 16-0743140

									16-0/43140						
Pä	art 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
Α	DASNY RIT SERIES 2006A	14-6000293	64983QF38	05-04-2006	61,7	06,239	SEE SUPPLEMENTAL INFORMATI		ION		Х		Х		X
В	DASNY RIT SERIES 2010	14-6000293	6499054S2	10-21-2010	83,3	24,343	SEE SUPPLEMENTAL INFORMATIO		TON	X			Х		Х
С	DASNY RIT SERIES 2012A	14-6000293	649907HM7	12-12-2012	168,2	17,368	SEE SUPPLEMENTAL INFORMATION		TON	Х			Х		Х
D	DASNY RIT Series 2019A	14-6000293	64990GTN2	10-08-2019	143,4	79,011	SEE SUPPLEMENT	AL INFORMAT	TON		Х		Х		Х
Pa	art II Proceeds		l												
						A B		С				D			
1	Amount of bonds retired					42,415,000 18,870,000		4,800,000			000	0 0			
2	2 Amount of bonds legally defeased						0 55,735,000		136,050,00			000	0 00		
3	Total proceeds of issue					61,710,620 83,421,727		83,421,727	168,328,5			534	145,073,291		
4	Gross proceeds in reserve funds					0 0		0	ן			0	0		
5	Capitalized interest from proce	eeds				0 0		0	2,881,58			587	37 0		
6	Proceeds in refunding escrows	S				0 0		)			0	0 0			
7	Issuance costs from proceeds					457,585 559,987		559,987	7 854,8			858	647,120		
8	Credit enhancement from prod	ceeds			470,127		0,127	, 0				0	0 (		
9	Working capital expenditures	Working capital expenditures from proceeds					5,809	0				0	0 (		
10	Capital expenditures from pro-	tal expenditures from proceeds				0		0 38,134,885		58,089,4		438	1,427,86		427,862
11	Other spent proceeds					60,767	50,767,099 44,7		109,384		.09,384,	237	22,669		669,875
12		proceeds			(		0 0					0	120,328,		328,434
13	Year of substantial completion				20	2000		2013		2015					
					Yes	Yes No		Yes No		;	No		Yes		No

Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ Χ Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ Χ Χ bonds (or, if issued prior to 2018, an advance refunding issue)? . . . Χ Χ Χ 16 Χ Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Χ Part III **Private Business Use** Α Yes No No No Yes Yes Yes No 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Х Χ Are there any lease arrangements that may result in private business use of bond-financed 2 Χ Χ Χ

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

Cat. No. 50193E

Schedule K (Form 990) 2019

Penalty in Lieu of Arbitrage Rebate?

If "No" to line 1. did the following apply?

Exception to rebate? . . . . . . . . . . . .

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Are there any management or service contracts that may result in private business use of

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

Private Business Use (Continued)

Schedule K (Form 990) 2019

Part II

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Part IV

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C

Arbitrage

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Yes

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Schedule K (Form 990) 2019

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No

Explanation

OTHER SPENT PROCEEDS, INCLUDES \$75,000 FOR ISSUER/DASNY FEES AND \$109,309,237 OF PROCEEDS USED TO LEGAL DEFEASE SERIES 2002B AND SERIES

Χ

Yes

No

Yes

Χ

Page 3

Х

Nο

D

Nο

Yes

Χ

Χ 

Χ

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

2008A WITH REDEMPTION DATES OF JULY 1, 2016 AND JULY 1, 2018, RESPECTIVELY

Schedule K (Form 990) 2019

requirements of section 148? . . .

Return Reference

Schedule K, Part II, Line 11 LINE 11C,

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

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

(GIC)?

period?

Part V

Part VI

SERIES 2012

Return Reference	Explanation
Schedule K, Part I, Column (f)	LINE B (f): THE 2010 PROJECT CONSISTS OF THE CONSTRUCTION OF A NEW ACADEMIC BUILDING, THE
SSUER NAME - DASNY, RIT	CONSTRUCTION OF A GREEN DATA CENTER, THE EXPANSION OF ATHLETIC FACILITIES, VARIOUS OTHER CAMPUS-
SERIES 2010	WIDE IMPROVEMENTS, AND THE ADVANCE REFUNDING OF DASNY, RIT SERIES 2002A, DATED OCTOBER 31, 2002.

---

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

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

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

S:

Return Reference	Explanation
	TOTAL PROCEEDS OF ISSUE, INCLUDES INVESTMENT PROCEEDS OF: 2006A: \$4,381; 2010: \$97,384; 2012: \$111,166; 2019A: \$1,594,280; 2019C: \$139; AND 2020A: \$4,427 RESPECTIVELY.

Return Reference	Explanation
Schedule K, Part II, Line 3	TOTAL PROCEEDS OF ISSUE INCLUDE INVESTMENT PROCEEDS OF \$139 AND SERIES 2019C ARE DRAW DOWN BONDS WITH ONLY \$162,016 HAVING BEEN DRAWN AGAINST THE PAR OR ISSUE VALUE OF \$30,000,000 AS OF JUNE 30, 2020.

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

S

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

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

Return Reference	Explanation
Schedule K, Part II, Line 9	WORKING CAPITAL EXPENDITURES FROM PROCEEDS REPRESENT UNUSED ORIGINAL ISSUANCE PROCEEDS OF \$11,428 AND INVESTMENT PROCEEDS OF \$4,381. THE INVESTMENT PROCEEDS ARE INCLUDED IN PART II, LINE 3A TOTAL PROCEEDS OF ISSUE.

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

Return Reference	Explanation
	OTHER SPENT PROCEEDS, INCLUDES \$47,311 FOR ISSUER/DASNY FEES AND \$22,622,564 FOR REFINANCING OF TAXABLE BANK LOAN.

LIN

Return Reference	Explanation
Schedule K, Part I, Column (f)	LINE D (f): THE SERIES 2019A PROJECT CONSISTS OF THE CONSTRUCTION OF A NEW INNOVATIVE MAKER AND
SSUER NAME - DASNY, RIT	LEARNING COMPLEX, A NEW STUDENT MUSICAL PERFORMANCE THEATER, A NEW ATHLETIC STADIUM COMPLEX,
SERIES 2019A	RENOVATIONS TO STUDENT HOUSING AND TO REFINANCE AN OUTSTANDING TAXABLE BANK LOAN.

S

Return Reference	Explanation
Schedule K, Part I, Column (f)	LINE E (f): THE SERIES 2019C ARE DRAW DOWN BONDS FOR THE CONSTRUCTION OF A NEW INNOVATIVE MAKER
SSUER NAME - DASNY, RIT	AND LEARNING COMPLEX, A NEW STUDENT MUSICAL PERFORMANCE THEATER A NEW ATHLETIC STADIUM COMPLEX
SERIES 2019C	AND RENOVATIONS TO STUDENT HOUSING.

CI

Return Reference	Explanation
chedule K, Part I, Column (f) SSUER NAME - DASNY, RIT ERIES 2020A	LINE F (f): THE SERIES 2020A PROJECT CONSISTS OF REFUNDING A PORTION OF SERIES 2010 BONDS.

Return Reference	Explanation
	OTHER SPENT PROCEEDS INCLUDES \$57,029,269 TO LEGALLY DEFEASE A PORTION OF SERIES 2010 BONDS WITH A REDEMPTION DATE OF JULY 1, 2020.

Return Reference	Explanation
chedule K, Part IV, Line 2c OLUMN A	Issuer name: DASNY, RIT SERIES 2006A The calculation for computing no rebate due was performed on 12/31/2015

Sc

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name: DASNY, RIT SERIES 2010 The calculation for computing no rebate due was performed on 12/31/2014

Return Reference	Explanation
chedule K, Part IV, Line 2c OLUMN C	Issuer name: DASNY, RIT SERIES 2012A The calculation for computing no rebate due was performed on 12/31/2016

\_\_

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493098015081 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ 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. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** Rochester Institute of Technology 16-0743140 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased (i) Pool (h) On behalf of financing issuer Yes No Yes No Yes No 30,000,000 SEE SUPPLEMENTAL SCHEDULE DASNY RIT Series 2019C 14-6000293 000000000 10-08-2019 Χ Χ Χ DASNY RIT Series 2020A 14-6000293 64990GUV2 04-03-2020 57,366,744 SEE SUPPLEMENTAL SCHEDULE Χ Χ Х Part  ${
m I\hspace{-.1em}I}$ **Proceeds** C 0 2 3 162,155 57,371,171 5 6 337,475 8 9 10 162,016 11 57,029,269 12 139 4,427 13 Yes Yes No No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt Χ Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ bonds (or, if issued prior to 2018, an advance refunding issue)? . . \_ . . . . . . Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Part Ⅲ **Private Business Use** В C D Α Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Х Are there any lease arrangements that may result in private business use of bond-financed Χ Schedule K (Form 990) 2019 Cat. No. 50193E For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply? . . . .

Exception to rebate? . . . . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . . 

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Schedule K (Form 990) 2019

b

C

d

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8a

Part IV

b

C

Arbitrage

Page **2** 

No

D

D

Schedule K (Form 990) 2019

No

Yes

Yes

Yes Are there any management or service contracts that may result in private business use of If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . 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)

Does the bond issue meet the private security or payment test? . . .

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed В

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No

Yes

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

Schedule K (Form 990) 2019

(GIC)?

period?

Part V

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

	E		
No	Yes	No	Yes
Υ		V	

No

Yes

Yes

Χ

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

....

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Yes

Page 3

No

D

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No

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Yes

Schodulo I	c print - Do	NOT PROCE	SS /	As Filed Da	ata -					DL	.N: 93	4930	9801	5081
Schedule L Transactio					ith In	tereste	d Persor	าร			10	1B No.	1545-	0047
(Form 990 or 990-EZ) ► Complete if the organization answered "Yes 27, 28a, 28b, or 28c, or Form 99						on Form 9	990, Part IV, lines 25a, 25b, 26,				5,	2019		
		27, 28				)-EZ, Part V or Form 99		10Ь.				<b>4</b> U		•
Department of the Trea nternal Revenue Servi		►Go to <u>www</u>	ı.irs.gov	<u>/Form990</u> 1	or instru	uctions and	the latest inf	formati	ion.		(	pen i Insp	to Pu ectio	
Name of the org								Em	ploy	er ide	ntifica	tion n	umbe	r
Rochester Institute	or rechnology							16-	0743	3140				
		ransactions												
-		nization answe											<b>\</b> C	
1 (a	) Name of disc	lualified person		(b) Relation		ween disqua ganization	lified person ar	na (	•	escript Insacti		<u> </u>	) Corre	No.
						<u></u>		+				<b>-</b>	es	NO
2 Enter the ar						l:6: l					_			
4958 <b>3</b> Enter the ar	mount of tax, i	f any, on line 2	, above,	reimbursed l					•	<b>&gt;</b>	\$ —— \$ ——			
Con	nplete if the or	or From Intograms  Ganization anson  nt on Form 990	wered "Ye	es" on Form		Part V, line 3	8a, or Form 99	0, Part	IV, I	line 26	; or if	the org	anizat	ion
(a) Name of (b) Relationship (c)	ship (c) Purpos		(d) Loan to or from the organization?		(e) Original principal	(f) Balance due	(g) In default? App		(1			1 Writt	Vritten ement?	
	I		organization	?	principal			ilt?	Appro	ved by			nt?	
'				organization	!?				ilt?	Appro boar	ved by rd or			nt?
'			Т		rom	principal		defau	lt?	Appro boar	ved by		reeme	int?
			Т			principal		defau	ilt?	Appro- boar comm	ved by rd or nittee?	aç	reeme	
			Т			principal		defau	ilt?	Appro- boar comm	ved by rd or nittee?	aç	reeme	
			Т			principal		defau	ilt?	Appro- boar comm	ved by rd or nittee?	aç	reeme	
			Т			principal		defau	ilt?	Appro- boar comm	ved by rd or nittee?	aç	reeme	
			T			principal		defau	ilt?	Appro- boar comm	ved by rd or nittee?	aç	reeme	
					rom	principal		defau	ilt?	Appro- boar comm	ved by rd or nittee?	aç	reeme	
Total .	· · · · · · · · · · · · · · · · · · ·	stance Bene		0 F	rom	principal amount		defau	ilt?	Appro- boar comm	ved by rd or nittee?	aç	reeme	
Total . Part III Gra	nplete if the	stance Beneral	 fiting I	o F	. Person	\$ s. 90, Part IV,	due	Yes	No	Appro- boar comm Yes	ved by rd or nittee? No	Yes	reeme	lo
Total . Part III Gra	nplete if the	stance Benerorganization a (b) Relations interested per	fiting Inanswere	nterested of "Yes" on een (c) A	. Person	principal amount	due	Yes	No	Appro- boar comm Yes	ved by rd or nittee?	Yes	reeme	lo
Total . Part III Gra Com (a) Name of inter	nplete if the	stance Beneral programization at (b) Relationsi	fiting Inanswere	nterested of "Yes" on een (c) A	. Person	\$ s. 90, Part IV, assistance	due	Yes Property of Assistance of	No	Approba	ved by rd or nittee? No	Yes Yes	reeme	lo
Total . Part III Gra Com (a) Name of inter	nplete if the	stance Benerorganization a (b) Relations interested per	fiting Inanswere	nterested of "Yes" on een (c) A	. Person	\$ s. 90, Part IV, assistance	line 27.	Yes Property of Assistance of	No	Approba	ved by rd or nittee? No	Yes Yes	reeme	lo
Total Part III Gra	nplete if the	stance Benerorganization a (b) Relations interested per	fiting Inanswere	nterested of "Yes" on een (c) A	. Person	\$ s. 90, Part IV, assistance	line 27.	Yes Property of Assistance of	No	Approba	ved by rd or nittee? No	Yes Yes	reeme	lo
Total . Part III Gra Com (a) Name of inter	nplete if the	stance Benerorganization a (b) Relations interested per	fiting Inanswere	nterested of "Yes" on een (c) A	. Person	\$ s. 90, Part IV, assistance	line 27.	Yes Property of Assistance of	No	Approba	ved by rd or nittee? No	Yes Yes	reeme	lo

(c) Amount of

Explanation

(d) Description of transaction

(e) Sharing

Nο No No No

Schedule L (Form 990 or 990-EZ) 2019

(b) Relationship

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

	person and the organization	transaction		organization's revenues?	
				Yes	No
(-)	FAMILY MEMBER OF OFFICER	51,388	PAYMENT OF COMPENSATION		No

(-)	FAMILY MEMBER OF OFFICER	80,704	PAYMENT OF COMPENSATION	
(-,	FAMILY MEMBER OF TRUSTEE	68,077	PAYMENT OF COMPENSATION	
(4) NATALIE SURACE	FAMILY MEMBER OF	52,830	PAYMENT OF COMPENSATION	ſ

	TRUSTEE			L
(4) NATALIE SURACE	FAMILY MEMBER OF TRUSTEE	52,830	PAYMENT OF COMPENSATION	
(5) BARRY CULHANE	FAMILY MEMBER OF	195,207	PAYMENT OF COMPENSATION	Ī

	TRUSTEE			L
(-)	FAMILY MEMBER OF OFFICER	195,207	PAYMENT OF COMPENSATION	
				Г

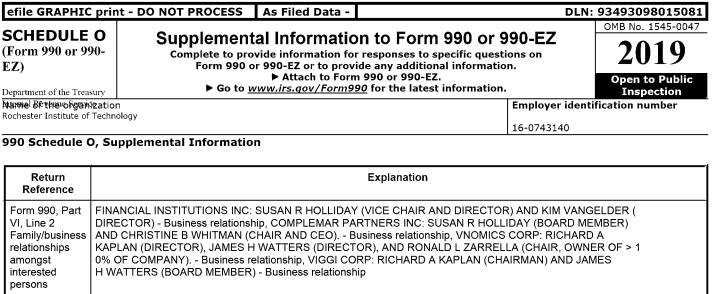
#### Part V **Supplemental Information**

**Return Reference** 

(a) Name of interested person

DLN: 93493098015081 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection **Employer identification number** Name of the organization Rochester Institute of Technology 16-0743140 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 14,997 Market value 1 Art-Works of art . . Χ Art—Historical treasures Art—Fractional interests 4 Books and publications 5 Clothing and household goods . . . . . Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 3,151,002 Market value 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures . . . Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . Χ 8,800,000 Opinions of experts 1 251,727 Market value 18 Collectibles . . . . Χ 19 Food inventory . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ ( Equipment ) Χ 12 1,638,492 Market value 26 Other ▶ ( Consumables ) Χ 6 153,784 Market value Х 25,345 Market value 27 Other ► (Other) 28 Other ▶ ( \_\_\_\_\_ Number of Forms 8283 received by the organization during the tax year for contributions 29 2 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
is reporting in Part I, col	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also by additional information.
Return Reference	Explanation
Schedule M, Part I LINES 1-28, COLUMN B	THE UNIVERSITY IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.
Schedule M, Part I, Line 32b Third parties used to solicit, process, or sell noncash contributions	THE UNIVERSITY WILL, ON OCCASION CONTRACT WITH A THIRD PARTY FOR THE PURPOSE OF DISPOSING OF CONTRIBUTED ASSETS THAT IT DOES NOT HAVE FURTHER USE FOR AND WHICH ARE OF A SPECIALIZED NATURE.
Schedule M, Part I Explanations of reporting method for number of contributions	Art - Works of art - Number of contributions Securities - Publicly traded - Number of contributions Collectibles - Number of contributions Other - Equipment Number of contributions Other - Consumables Number of contributions
	Schedule M (Form 990) (2019)



# 990 Schedule O, Supplemental Information Return Explanation

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

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

Return Reference	Explanation
Form 990,	THE EXECUTIVE COMPENSATION SUBCOMMITTEE SHALL DECIDE UPON MATTERS OF EXECUTIVE SALARY AND
Part VI, Line 15a Process	BENEFITS, AND ANNUALLY SHALL REVIEW THE COMPENSATION OF THE OFFICERS OF THE UNIVERSITY, MA KING A RECOMMENDATION CONCERNING THE SAME TO THE EXECUTIVE COMMITTEE FOR ITS FINAL APPROVA
to establish compensation	L. THE PRESIDENT ANNUALLY WILL MEET WITH THE EXECUTIVE COMPENSATION SUBCOMMITTEE AND PROVI DE IT WITH AN EVALUATION OF THE OFFICERS OF THE UNIVERSITY OTHER THAN THE PRESIDENT. AND A
of top	PROPOSAL FOR THEIR COMPENSATION. THE CHAIR OF THE BOARD OF TRUSTEES ANNUALLY WILL MEET WI
management official	TH THE EXECUTIVE COMPENSATION SUBCOMMITTEE AND PROVIDE IT WITH AN EVALUATION OF THE PRESID  ENT AND A PROPOSAL FOR THE PRESIDENT'S COMPENSATION. BIENNIALLY THE EXECUTIVE COMPENSATION
Official	SUBCOMMITTEE UTILIZES VARIOUS TOOLS TO REVIEW THE COMPENSATION FOR THE OFFICERS: INDEPEND
	ENT CONSULTANT AND COMPENSATION SURVEY BASED ON A SALARY ANALYSIS OF COMPARABLE POSITIONS IN LIKE CIRCUMSTANCES.

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	THE EXECUTIVE COMPENSATION SUBCOMMITTEE REVIEWS THE PROPOSED SALARIES OF THE FOLLOWING POS ITIONS: PRESIDENT; PROVOST AND SVP ACADEMIC AFFAIRS; SVP FINANCE AND ADMINISTRATION; VP EN ROLLMENT MANAGEMENT; VP FOR RESEARCH AND ASSOC PROVOST; VP DEVELOPMENT AND ALUMNI RELATION S; SVP STUDENT AFFAIRS; PRESIDENT NTID, VP AND DEAN RIT; VP GOVERNMENT AND COMMUNITY RELAT IONS; VP AND DEAN OF INSTITUTE OF HEALTH SCIENCES AND TECHNOLOGY; VP AND CHIEF MARKETING O FFICER, MARKETING AND COMMUNICATIONS; SECRETARY OF THE INSTITUTE AND CHIEF OF STAFF (ENDIN G 3/8/2020); VICE PRESIDENT AND SECRETARY OF THE INSTITUTE (BEGINNING 3/9/2020); AND VP AN D ASSOC PROVOST FOR DIVERSITY AND INCLUSION. THE EXECUTIVE COMPENSATION SUBCOMMITTEE SHALL SET FORTH THE BASIS FOR ITS DECISIONS WITH RESPECT TO COMPENSATION IN THE MINUTES OF THE MEETING AT WHICH THE DECISIONS ARE MADE, INCLUDING THE PRIMARY CONCLUSIONS OF THE EVALUATI ON AND THE BASIS FOR DETERMINING THAT THE INDIVIDUAL'S COMPENSATION WAS REASONABLE IN LIGH T OF THE EVALUATION AND COMPARABILITY DATA. THE EXECUTIVE COMPENSATION SUBCOMMITTEE REPORT S ANNUALLY TO THE FINANCE COMMITTEE AND TO THE FULL BOARD CONCERNING THE EVALUATION OF OFF ICERS AND THE ESTABLISHMENT OF THEIR COMPENSATION.
	·

# 990 Schedule O, Supplemental Information Return Explanation

Reference

Form 990,	THE FOLLOWING DOCUMENTS ARE AVAILABLE AT THE UNIVERSITY'S WEBSITE AT WWW.RIT.EDU: 1) LIST
Part VI, Line	OF MEMBERS OF THE BOARD OF TRUSTEES; 2) CONSOLIDATED AUDITED FINANCIAL STATEMENTS; AND 3)
19 Required	UNIVERSITY POLICY AND PROCEDURES INFORMATION AND RESOURCES. ADDITIONALLY, THESE DOCUMENTS
documents	ARE AVAILABLE UPON REQUEST.
available to	
the public	

D - 4.....

Reference	Explanation
Form 990,	STEPHEN HOOVER: TRUSTEE/EXECUTIVE DIRECTOR OF GLOBAL CYBERSECURITY INSTITUTE: RESIGNED AS
Part VII,	TRUSTEE PRIOR TO BECOMING EXECUTIVE DIRECTOR OF GLOBAL CYBERSECURITY INSTITUTE. REPORTED C
Section A	OMPENSATION IS RELATED TO DUTIES AS EXECUTIVE DIRECTOR GLOBAL CYBERSECURITY INSTITUTE. PHI
Line 21	LLIP D CASTLEBERRY: VP DEVELOPMENT & ALUMNI RELATIONS : DUTIES BEGAN IN FEBRUARY 2020. HEN
	CE. NO REPORTABLE COMPENSATION FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

Evalensties

Explanation
In response to the coronavirus pandemic (COVID-19), effective at 8 p.m. on Sunday, March 2 2, the "New York State on PAUSE" executive order mandated that all non-essential businesse

2. the "New York State on PAUSE" executive order ma Part VIII. Line I s statewide close in-office personnel functions and temporarily banned all non-essential q atherings of individuals of any size for any reason. The University complied with the orde r by closing the campus including its housing and dining facilities and transitioning to r emote educational delivery for the remainder of the Spring and through the Summer term. Th e University issued credits following the campus closure for unused Spring term room and b oard charges on a pro-rata basis.

Services

2b Auxiliary

Return Reference Form 990.

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	All Other Program Services Revenue - Total Revenue: 8299394, Related or Exempt Function Re venue: 7979709, Unrelated Business Revenue: 0, Revenue Excluded from Tax Under Sections 51 2, 513, or 514: 319685;

Return Reference	Explanation
Form 990,	Other - Total Revenue: 2211441, Related or Exempt Function Revenue: 1023974, Unrelated Bus
Dart VIII Lina	inner Devenue, 706900, Devenue Evoluded from Toy Under Continue E40, E42, or E44, 460647.

Part VIII, Line iness Revenue: 726820, Revenue Excluded from Tax Under Sections 512, 513, or 514: 460647;

Miscellaneous Revenue: 726820, Revenue Excluded from Tax Under Sections 512, 513, or 514: 460647;

efile GRAPHIC print - DO NOT PROCESS
SCHEDULE R

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

As Filed Data -

### **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

DLN: 93493098015081

2019

Open to Public Inspection

Employer identification number

Rochester Institute of Technology				16-0743140			
Part I Identification of Disregarded Entities. Com	plete if the organization answer	red "Yes" on Form	990, Part IV, line	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) 5257 W HENRIETTA ROAD LLC 5257 W HENRIETTA RD HENRIETTA, NY 14586 16-1609483	OWN REAL PROPERTY	NY	4,226,133	24,756,685	ROCHESTER INSTITUTE OF TECHNOLOGY		-
(2) MAGIC SPELL STUDIOS LLC ONE LOMB MEMORIAL DRIVE ROCHESTER, NY 14623 46-4163650	DIGITAL RESEARCH CENTER	NY NY	126,748	36,915	ROCHESTER INSTITUTE OF TECHNOLOGY		
(3) RIT VENTURE FUND I LLC 5 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623 45-5183880	INVESTMENTS	DE	408	152,813	ROCHESTER INSTITUTE OF TECHNOLOGY		
							_
							_
Part II Identification of Related Tax-Exempt Organ related tax-exempt organizations during the tax		nization answered	"Yes" on Form 99	0, Part IV, line 34	because it had one or	more	
(a) Name, address, and EIN of related organization	( <b>b)</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	Section (13) co	
(1)RIT GLOBAL DELIVERY CORPORATION	EDUCATIONAL PURPOSES	NY	501(c)(3)	11	ROCHESTER INSTITUTE OF	Yes	No No
Ż LOMB MEMORIAL DRIVE  ROCHESTER, NY 14623 20-1151703					TECHNOLOGY		
(2)RIT CAMPUS CLUB INC 39 LOMB MEMORIAL DRIVE	SUPPORT RIT	NY	501(c)(3)	11	ROCHESTER INSTITUTE OF TECHNOLOGY		No
ROCHESTER, NY 14623 16-1201526						$\perp$	_
							_
							$\perp$
For Paperwork Reduction Act Notice, see the Instructions for	Form 990	Cat. No. 5013	5Y		Schedule R (Form	990) 2	019

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	<b>artnership.</b> during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	ıse it h	ad
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	f Share of end-of-year assets		n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Gener mana partr	alor Pe	<b>(k)</b> ercentage wnership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organizations.	ons Taxable as a C anizations treated as	<b>orporation</b> a corporatio	or Trus n or tru	<b>t.</b> Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Le don (state d	c) egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	<b>(f)</b> Share of total income		(g) of end- year assets	of- Percer owne	ntage	(13)	(i) lon 512(b) controlled entity?
			,,									16	S NO
				-						Calcadada D	<b>/</b> E	- 000)	2010

(1)RIT CAMPUS CLUB INC

(2)RIT CAMPUS CLUB INC

(3)RIT CAMPUS CLUB INC

(4)RIT GLOBAL DELIVERY CORPORATION

Part V. Transactions With Bolated Ourseinstians, Complete if the augmination anguered "Vest" on Form 000, Part IV, line 24, 25h, or 26			<del></del>
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
<b>Note.</b> 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 Yes	1
<b>b</b> Gift, grant, or capital contribution to related organization(s)		<b>1</b> b	No
c Gift, grant, or capital contribution from related organization(s)		1c	No
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)	Ţ	<b>1</b> g	No
h Purchase of assets from related organization(s)	[	1h	No
i Exchange of assets with related organization(s)		1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	-	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	<u>_</u>	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	[	1 Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	<u> </u>	1m	No

Page 3

Yes

1s Yes

Schedule R (Form 990) 2019

(d) Method of determining amount involved

е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	<b>1</b> f		No
g	Sale of assets to related organization(s)	<b>1</b> g	İ	No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11	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
0	Sharing of paid employees with related organization(s)	10		No
l				

f	Dividends from related organization(s)	<b>1</b> f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	<b>1</b> i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	1	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
			1	

(b) Transaction type (a-s)

Α

R

(c) Amount involved

821,676

3,224,220

1,477,165

70,200

(a) Name of related organization

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.

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.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j)</b> General ( managin partner	or g ?	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Forn	990	0) 2019

Schedule R (Form 990) 2019									
Part VII	Supplemental Info	pplemental Information							
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).							
Retu	ırn Reference	Explanation							