

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization
UNIVERSITY OF ROCHESTER
% HOLLY G CRAWFORD
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
BOX 278893
City or town, state or province, country, and ZIP or foreign postal code
ROCHESTER, NY 146278893

D Employer identification number
16-0743209
E Telephone number
(585) 275-2800
G Gross receipts \$ 5,066,275,224

F Name and address of principal officer
RICHARD FELDMAN
208 WALLIS HALL
ROCHESTER, NY 14627

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ www.rochester.edu

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1850 **M** State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVISION OF HIGHER EDUCATION IN THE LIBERAL ARTS AND SCIENCES, MEDICINE AND DENTISTRY, NURSING AND MUSIC, AS WELL AS MAINTAINING THE STRONG MEMORIAL HOSPITAL

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

3 Number of voting members of the governing body (Part VI, line 1a)	47
4 Number of independent voting members of the governing body (Part VI, line 1b)	40
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	31,403
6 Total number of volunteers (estimate if necessary)	7,542
7a Total unrelated business revenue from Part VIII, column (C), line 12	10,830,505
7b Net unrelated business taxable income from Form 990-T, line 34	-3,557,390

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	379,449,692	398,868,083
9 Program service revenue (Part VIII, line 2g)	2,959,191,187	3,299,478,987
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	195,384,221	199,086,732
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,317,567	2,259,695
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,539,342,667	3,899,693,497
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	212,589,141	225,773,794
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,004,185,105	2,166,644,871
16a Professional fundraising fees (Part IX, column (A), line 11e)	341,248	247,712
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 39,997,906		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,218,555,101	1,425,478,186
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,435,670,595	3,818,144,563
19 Revenue less expenses Subtract line 18 from line 12	103,672,072	81,548,934

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,300,091,281	5,497,835,359
21 Total liabilities (Part X, line 26)	2,185,142,393	2,216,216,343
22 Net assets or fund balances Subtract line 21 from line 20	3,114,948,888	3,281,619,016

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2019-05-09
HOLLY G CRAWFORD SRVP ADMIN/FIN & CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: ANTONIO C RUSSO Preparer's signature: ANTONIO C RUSSO Date: 2019-05-02 Check if self-employed PTIN: P00858539
Firm's name: PricewaterhouseCoopers LLP Firm's EIN: _____
Firm's address: 2001 MARKET ST SUITE 1800 Phone no: (267) 330-3000
PHILADELPHIA, PA 19103

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 PROVISION OF HIGHER EDUCATION IN THE LIBERAL ARTS AND SCIENCES, MEDICINE AND DENTISTRY, NURSING AND MUSIC, AS WELL AS OPERATING AND MAINTAINING THE STRONG MEMORIAL HOSPITAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 666,018,046 including grants of \$ 225,773,794) (Revenue \$ 570,236,766)
 See Additional Data

4b (Code) (Expenses \$ 309,917,319 including grants of \$ 0) (Revenue \$ 85,172,772)
 See Additional Data

4c (Code) (Expenses \$ 2,486,110,454 including grants of \$ 0) (Revenue \$ 2,531,776,025)
 See Additional Data

4d Other program services (Describe in Schedule O)
 (Expenses \$ 121,924,611 including grants of \$ 0) (Revenue \$ 112,293,424)

4e Total program service expenses ▶ 3,583,970,430

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	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 valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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? <i>If "Yes," complete Schedule L, Part I</i>		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>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and nonprofit health insurance issuers.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (47), 1b (40), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (CA), 18 (Own website, Another's website, Upon request, Other), 19, 20 (HOLLY G CRAWFORD 208 WALLIS HALL ROCHESTER, NY 14627 (585) 275-2800).

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 1,749,542			
	b Membership dues	1b			
	c Fundraising events	1c 3,852,636			
	d Related organizations	1d 2,237,895			
	e Government grants (contributions)	1e 303,770,585			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 87,257,425			
	g Noncash contributions included in lines 1a-1f \$ _____	13,850,366			
	h Total. Add lines 1a-1f		398,868,083		

Program Service Revenue			Business Code				
	2a SERVICES OF HOSPITALS AND CLINICS		622110	2,531,776,024	2,522,276,722	9,499,302	
	b EDUCATIONAL ACTIVITIES		611310	570,236,767	570,236,767		
	c RESEARCH & OTHER CONTRACTS		900099	85,172,772	85,172,772		
	d AUXILIARY ENTERPRISES		900099	112,293,424	112,293,424		
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			3,299,478,987				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			90,557,485		656,529	89,900,956
	4 Income from investment of tax-exempt bond proceeds			742,524			742,524
	5 Royalties			1,842,546			1,842,546
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses	1,272,738,795					
	c Gain or (loss)	1,164,952,072					
	d Net gain or (loss)	107,786,723		107,786,723			107,786,723
	8a Gross income from fundraising events (not including \$ 3,852,636 of contributions reported on line 1c) See Part IV, line 18	a	1,372,130				
	b Less direct expenses	b	1,629,655				
	c Net income or (loss) from fundraising events			-257,525			-257,525
	9a Gross income from gaming activities See Part IV, line 19	a	0				
	b Less direct expenses	b	0				
	c Net income or (loss) from gaming activities			0			
	10a Gross sales of inventory, less returns and allowances	a	0				
	b Less cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue	Business Code						
11a ATHLETIC FEES	900099	26,784		26,784			
b MAG ROOM RENTAL	900099	587,035		587,035			
c OTHER REVENUE	900099	60,855		60,855			
d All other revenue							
e Total. Add lines 11a-11d			674,674				
12 Total revenue. See Instructions			3,899,693,497	3,289,979,685	10,830,505	200,015,224	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	6,614	6,614		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	225,767,180	225,767,180		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	19,543,420	14,595,997	4,188,077	759,346
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	2,057,189	2,057,189	0	0
7 Other salaries and wages.	1,661,513,487	1,594,502,087	45,698,326	21,313,074
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	103,255,984	97,561,426	4,404,813	1,289,745
9 Other employee benefits.	271,678,119	256,695,095	11,589,559	3,393,465
10 Payroll taxes.	108,596,672	102,607,575	4,632,642	1,356,455
11 Fees for services (non-employees)				
a Management.	20,747,802	20,747,802	0	0
b Legal.	9,524,912	8,767,520	731,085	26,307
c Accounting.	1,263,731	149,674	1,114,057	0
d Lobbying.	391,800	391,800	0	0
e Professional fundraising services. See Part IV, line 17.	247,712			247,712
f Investment management fees.	58,341,346	0	58,341,346	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	145,727,844	132,418,514	12,052,535	1,256,795
12 Advertising and promotion.	2,890,281	2,850,152	0	40,129
13 Office expenses.	139,284,344	134,932,798	2,226,518	2,125,028
14 Information technology.	36,069,025	35,483,035	347,747	238,243
15 Royalties.	0			
16 Occupancy.	104,743,574	104,038,351	702,572	2,651
17 Travel.	23,778,692	21,206,174	521,447	2,051,071
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	17,457,757	14,113,609	786,682	2,557,466
20 Interest.	36,578,406	31,728,110	4,191,885	658,411
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	188,586,114	175,630,089	12,090,343	865,682
23 Insurance.	17,225,934	16,173,522	1,051,073	1,339
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	504,827,594	504,827,594	0	0
b BAD DEBTS- URMFG & ACADEMIC	37,211,462	37,211,462	0	0
c BAD DEBTS- HOSPITAL	27,427,318	27,427,318	0	0
d OTHER-UBIT STATE TAX PAID	255,115	255,115	0	0
e All other expenses	53,145,135	21,824,628	29,505,520	1,814,987
25 Total functional expenses. Add lines 1 through 24e.	3,818,144,563	3,583,970,430	194,176,227	39,997,906
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	200,417,217	2	151,765,883
	3 Pledges and grants receivable, net	160,652,879	3	171,584,520
	4 Accounts receivable, net	309,835,404	4	394,791,413
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	6,997,184	5	6,986,310
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	19,821,859	7	18,126,176
	8 Inventories for sale or use	39,678,786	8	40,936,082
	9 Prepaid expenses and deferred charges	12,341,791	9	16,094,890
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,150,756,501		
	b Less accumulated depreciation	10b 2,333,594,020	1,758,528,801	10c 1,817,162,481
	11 Investments—publicly traded securities	721,321,828	11	776,570,920
	12 Investments—other securities See Part IV, line 11	1,989,126,809	12	2,020,295,437
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	81,368,723	15	83,521,247
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,300,091,281	16	5,497,835,359	
Liabilities	17 Accounts payable and accrued expenses	398,587,230	17	431,583,825
	18 Grants payable	0	18	0
	19 Deferred revenue	35,597,939	19	37,412,586
	20 Tax-exempt bond liabilities	948,481,323	20	929,102,585
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	133,627,166	23	127,802,106
	24 Unsecured notes and loans payable to unrelated third parties	54,977,600	24	52,763,897
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	613,871,135	25	637,551,344
	26 Total liabilities. Add lines 17 through 25	2,185,142,393	26	2,216,216,343
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,931,211,605	27	2,005,042,560
	28 Temporarily restricted net assets	629,381,412	28	688,906,646
	29 Permanently restricted net assets	554,355,871	29	587,669,810
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,114,948,888	33	3,281,619,016	
34 Total liabilities and net assets/fund balances	5,300,091,281	34	5,497,835,359	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,899,693,497
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,818,144,563
3	Revenue less expenses Subtract line 2 from line 1	3	81,548,934
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,114,948,888
5	Net unrealized gains (losses) on investments	5	94,477,632
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-9,356,438
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,281,619,016

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 16-0743209

Name: UNIVERSITY OF ROCHESTER

Form 990 (2017)

Form 990, Part III, Line 4a:

EDUCATIONAL ACTIVITIES - THE UNIVERSITY IS COMPRISED OF SIX SCHOOLS OFFERING PROGRAMS FROM UNDERGRADUATE TO POST-DOCTORAL DEGREES THESE ARE THE SCHOOL OF ARTS AND SCIENCES, THE HAJIM SCHOOL OF ENGINEERING, THE WARNER SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT, EASTMAN SCHOOL OF MUSIC, SIMON GRADUATE SCHOOL OF BUSINESS ADMINISTRATION, SCHOOL OF NURSING, AND SCHOOL OF MEDICINE AND DENTISTRY THERE ARE ALSO A NUMBER OF IMPORTANT CENTERS OF ACADEMIC EXCELLENCE, FOR EXAMPLE, THE INSTITUTE OF OPTICS, THE LABORATORY FOR LASER ENERGETICS, THE WILMOT CANCER CENTER, AND THE FLAUM EYE INSTITUTE THE FULL-TIME FACULTY OF THE SCHOOL OF MEDICINE AND DENTISTRY PROVIDE CLINICAL SERVICES AS PART OF THE ACADEMIC MEDICAL PROGRAM, THIS ACTIVITY OCCURS 100 PERCENT WITHIN THE MEDICAL SCHOOL AND IS INTERNALLY ORGANIZED AND SUPERVISED AS URMFG OR UNIVERSITY OF ROCHESTER MEDICAL FACULTY GROUP THERE ARE 1,294 FULL-TIME TENURED FACULTY MEMBERS AND 11,119 UNDERGRADUATE AND GRADUATE STUDENTS ENROLLED IN THE UNIVERSITY THE UNIVERSITY HAS ALWAYS PLACED FINANCIAL AID FOR ITS STUDENTS AMONG ITS HIGHEST PRIORITIES SCHOLARSHIPS COVER A PORTION OF THE COST OF ATTENDING THE UNIVERSITY OF ROCHESTER THE UNIVERSITY IS COMMITTED TO OFFERING THE HIGHEST QUALITY EDUCATION TO ITS STUDENTS, REGARDLESS OF THEIR ECONOMIC CIRCUMSTANCES OR BACKGROUND FOR EXAMPLE, THE UNIVERSITY HAS A PROGRAM TO EXPAND HIGHER EDUCATION OPPORTUNITIES FOR STUDENTS FROM THE ROCHESTER CITY SCHOOL DISTRICT (RCS D), A DISTRICT WITH ONE OF THE HIGHEST POVERTY AND SCHOOL DROPOUT RATES IN NEW YORK STATE THE UNIVERSITY PROVIDES \$25,000 PER YEAR FOR FOUR YEARS TO EVERY GRADUATE OF THE SCHOOL DISTRICT WHO IS ADMITTED TO THE UNIVERSITY'S COLLEGE OF ARTS, SCIENCES AND ENGINEERING, THIS IS EQUIVALENT TO AN AWARD OF \$100,000 FOR EACH STUDENT THROUGH THE ENDOWMENT, THE UNIVERSITY PERPETUATES AND ENHANCES ITS EDUCATIONAL, RESEARCH, CLINICAL CARE PROGRAMS AND PUBLIC SERVICE MISSIONS THIS COMMITMENT REQUIRES AN ENDOWMENT PAYOUT OF 5.7 PERCENT CALCULATED ON A ROLLING FIVE-YEAR AVERAGE OF THE ENDOWMENT'S MARKET VALUE THE UNIVERSITY'S ENDOWMENT CONSISTS LARGELY OF INDIVIDUAL FUNDS THANKS TO THE GENEROSITY OF CHARITABLE DONORS THE DONORS OF THESE GIFTS OFTEN SPECIFY AND RESTRICT THE PURPOSES FOR WHICH THE INCOME MAY BE SPENT TO ENSURE LONG-TERM BENEFITS

Form 990, Part III, Line 4b:

SPONSORED RESEARCH ACTIVITIES - THE UNIVERSITY IS A CENTER FOR PROGRAMS OF RESEARCH MUCH OF THE RESEARCH IS FUNDED IN SUBSTANTIAL PART BY PRIVATE AND GOVERNMENTAL AGENCIES RESEARCH IS UNDERTAKEN IN THE PUBLIC'S INTEREST AND ALL RESULTS ARE AVAILABLE TO THE PUBLIC DURING THE 2017-2018 FISCAL YEAR, THERE WERE 4,011 GRANTS AND CONTRACTS IN EFFECT THAT TOTALED \$303,770,585 IN REVENUE

Form 990, Part III, Line 4c:

SERVICES OF HOSPITAL AND CLINICS- THE UNIVERSITY OF ROCHESTER (THE "UNIVERSITY"), TO SUPPORT THE TEACHING AND RESEARCH MISSIONS OF ITS SCHOOL OF MEDICINE AND DENTISTRY AND ITS SCHOOL OF NURSING, OPERATES A TERTIARY CARE, TEACHING HOSPITAL, THAT PROVIDES HEALTH CARE SERVICES THROUGH ITS INPATIENT, OUTPATIENT AND EMERGENCY FACILITIES THE MEDICAL STAFF OF THE HOSPITAL IS THE FACULTY OF THE SCHOOL OF MEDICINE AND DENTISTRY THE ACADEMIC DEPARTMENT CHAIRS ALSO FUNCTION AS THE DEPARTMENT HEADS OF THE MEDICAL SERVICES IN THE HOSPITAL THERE ARE EXTENSIVE INTERN AND RESIDENT PROGRAMS THE HOSPITAL PROVIDES CARE REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR SERVICES DURING THE 2017-2018 FISCAL YEAR, THERE WERE 298,987 TOTAL INPATIENT DAYS AND 1,658,712 EMERGENCY AND CLINICAL VISITS IN ADDITION TO BEING A TEACHING FACILITY, THE HOSPITAL OPERATES IN A CHARITABLE MANNER CONSISTENT WITH THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE "COMMUNITY BENEFIT STANDARD" OF IRS REVENUE RULING 69-545 IN THIS REGARD, THE GOVERNING BODY OF THE ORGANIZATION IS COMPOSED OF PROMINENT CITIZENS IN THE COMMUNITY MEDICAL STAFF PRIVILEGES IN THE HOSPITAL ARE AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA WHO ALSO CAN QUALIFY AS FULL OR PART-TIME FACULTY OF THE SCHOOL OF MEDICINE AND DENTISTRY, THE HOSPITAL MAINTAINS A FULL-TIME EMERGENCY ROOM OPEN TO ALL REGARDLESS OF ABILITY TO PAY, THE HOSPITAL PROVIDES CARE TO NEEDY MEMBERS OF ITS COMMUNITY WITH ITS CHARITY CARE POLICY REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES AND ADMITS AS PATIENTS THOSE ABLE TO PAY FOR CARE, EITHER THEMSELVES OR THROUGH THIRD-PARTY PAYERS SUCH AS PRIVATE HEALTH INSURANCE OR GOVERNMENT PROGRAMS SUCH AS MEDICARE AND MEDICAID THE HOSPITAL'S EXCESS FUNDS ARE GENERALLY APPLIED TO EXPANSION AND REPLACEMENT OF EXISTING FACILITIES AND EQUIPMENT, MEDICAL RESEARCH, AMORTIZATION OF INDEBTEDNESS, IMPROVEMENTS IN PATIENT CARE, COMMUNITY BENEFIT ACTIVITIES AND CHARITY CARE

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOEL S SELIGMAN TRUSTEE,PRES&CEO(THRU 2-28-18)	80 00	X		X				1,579,768	0	86,441
RICHARD FELDMAN INTERIM TRUS,PRES&CEO(3-1-18)	80 00	X		X				381,163	0	42,356
RICHARD T AAB TRUSTEE	20 00	X						0	0	0
JOSEPH W ABRAMS TRUSTEE (AS OF MAY 2018)	20 00	X						0	0	0
MARK S AIN TRUSTEE	20 00	X						0	0	0
JOAN S BEAL TRUSTEE	20 00	X						0	0	0
JAY S BENET TRUSTEE	20 00	X						0	0	0
NAOMI M BERGMAN TRUSTEE	20 00	X						0	0	0
STEPHEN R BIGGAR MD TRUSTEE	20 00	X						0	0	0
LAURENCE H BLOCH TRUSTEE	20 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
H CHRISTOPHER BOEHNING TRUSTEE	2 0 0 0	X						0	0	0
JOHN H BRUNING TRUSTEE	2 0 0 0	X						0	0	0
ELIZABETH P BRUNO TRUSTEE (AS OF MAY 2018)	2 0 0 0	X						0	0	0
BARBARA J BURGER TRUSTEE	2 0 0 0	X						0	0	0
CAROL JOHN A DAVIDSON TRUSTEE	2 0 0 0	X						0	0	0
LAUNCELOT F DRUMMOND TRUSTEE	2 0 0 0	X						0	0	0
BERNARD T FERRARI MD TRUSTEE	2 0 0 0	X						0	0	0
BARRY W FLORESCUE TRUSTEE (UNTIL 10-3-17)	2 0 0 0	X						0	0	0
ROGER B FRIEDLANDER TRUSTEE	2 0 0 0	X						0	0	0
EMERSON U FULLWOOD TRUSTEE	2 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANI GABRELIAN TRUSTEE	2 0 0 0	X						0	0	0
GWEN MELTZER GREENE TRUSTEE	2 0 0 0	X						0	0	0
EDMUND A HAJIM TRUSTEE	2 0 0 0	X						0	0	0
RICHARD B HANDLER TRUSTEE	2 0 0 0	X						0	0	0
ALAN F HILFIKER TRUSTEE (UNTIL MAY 2018)	2 0 0 0	X						0	0	0
CAROL D KARP TRUSTEE	2 0 0 0	X						0	0	0
ROBERT J KEEGAN TRUSTEE	2 0 0 0	X						0	0	0
LAURENCE KESSLER TRUSTEE	2 0 0 0	X						0	0	0
EVANS Y LAM TRUSTEE	2 0 0 0	X						0	0	0
NANCY A LIEBERMAN TRUSTEE	2 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GAIL A LIONE TRUSTEE	2 0 0 0	X						0	0	0
EDWARD D MILLER MD TRUSTEE	2 0 0 0	X						0	0	0
CATHY E MINEHAN TRUSTEE	2 0 0 0	X						0	0	0
KATHLEEN ANN MURRAY TRUSTEE	2 0 0 0	X						0	0	0
SANDRA A PARKER TRUSTEE	2 0 0 0	X						0	0	0
LIZETTE M PEREZ-DEISBOECK TRUSTEE	2 0 0 0	X						0	0	0
PHILIP A PIZZO MD TRUSTEE	2 0 0 0	X						0	0	0
FRANCIS L PRICE TRUSTEE	2 0 0 0	X						0	0	0
BRIAN F PRINCE TRUSTEE	2 0 0 0	X						0	0	0
RONALD RETTNER TRUSTEE	2 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS S RICHARDS TRUSTEE	2 0 0 0	X						0	0	0
MICHAEL S ROSEN TRUSTEE	2 0 0 0	X						0	0	0
RICHARD E SANDS TRUSTEE (UNTIL MAY 2018)	2 0 0 0	X						0	0	0
PHILIP E SAUNDERS TRUSTEE	2 0 0 0	X						0	0	0
JOHN E SEXTON JR TRUSTEE (UNTIL 1-23-18)	2 0 0 0	X						0	0	0
THOMAS R SLOAN TRUSTEE	2 0 0 0	X						0	0	0
AMY L TAIT TRUSTEE (UNTIL MAY 2018)	2 0 0 0	X						0	0	0
DANIEL R WEGMAN CHAIR	2 0 0 0	X		X				0	0	0
TIMOTHY C WENTWORTH TRUSTEE	2 0 0 0	X						0	0	0
THOMAS C WILMOT SR TRUSTEE	2 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NATHANIEL WISCH MD TRUSTEE	2 0 0 0	X						0	0	0
G ROBERT WITMER JR TRUSTEE	2 0 0 0	X						0	0	0
ALAN S ZEKELMAN TRUSTEE	2 0 0 0	X						0	0	0
PAUL J BURGETT VP & SR ADVISOR- PRES & DEAN	40 0 0 0			X				176,901	0	32,281
ROBERT L CLARK SRVP RESEARCH & PROVOST	55 0 0 0			X				1,321,881	0	246,076
HOLLY G CRAWFORD SR VP, ADMIN & FIN, CFO	65 0 0 0			X				539,183	0	74,874
THOMAS J FARRELL SRVP & CHIEF ADVANCEMENT OFFCR	55 0 0 0			X				696,298	0	49,621
LAMAR R MURPHY GENL SECRETARY, CHIEF OF STAFF	55 0 0 0			X				338,535	0	48,934
GAIL M NORRIS VP & GENERAL COUNSEL	60 0 2 0			X				492,696	0	50,243
DOUGLAS W PHILLIPS SRVP INSTITUTIONAL RESOURCES	62 0 0 0			X				731,592	0	51,406

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH STAUDERMAN VP FOR COMMUNICATIONS	55 0 0 0			X				318,689	0	35,114
MARK B TAUBMAN CEO URMCM, DEAN SMD, SRVP HEAL	68 0 7 0			X				1,091,700	0	322,203
DAVID A KIRSHNER SR VP & CFO, URMCM (THRU 6-17)	55 0 0 0				X			1,312,645	0	58,383
ADAM P ANOLIK INTERIM 6-17 SR VP & CFO, URMCM (AS OF 10-17)	55 0 9 0				X			523,899	0	82,468
MICHAEL J APOSTOLAKOS MD CMO, SMH & HH (AS OF AUG 2017)	55 0 9 0				X			525,399	0	58,879
CARRIE P FULLER-SPENCER INTERIM CFO, SMH&HH (OCT 2017)	55 0 9 0				X			240,002	0	44,897
STEVEN I GOLDSTEIN URMCM VP, PRES/CEO SMH & HH	55 0 16 0				X			1,366,233	0	503,360
RAYMOND J MAYEWSKI VP, URMCM (THRU 6-2017)	51 0 9 0				X			532,752	0	32,625
KATHLEEN PARRINELLO EXEC VP & COO, SMH	55 0 0 0				X			827,832	0	150,160
PETER G ROBINSON VP&COO, MEDCTR & STRONG HEALTH	55 0 5 0				X			660,761	0	339,302

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL ROTONDO CEO, URMFG	55 0 0 0				X			998,193	0	129,218
MICHAEL D MALONEY MD PROFESSOR-ORTHOPAEDICS M&D	86 0 0 0					X		4,111,759	0	51,923
GEORGE M ALFIERIS MD PROF-CARDIAC SURGERY M&D	85 0 0 0					X		1,699,753	0	339,844
MARC D BROWN MD PROF-DERMATOLOGY M&D	60 0 0 0					X		1,465,689	0	48,082
SHERRIF F IBRAHIM MD PHD ASSOC PROFESSOR-DERMATOLOGYM&D	60 0 0 0					X		1,437,530	0	52,907
ILYA VOLOSHIN MD PROFESSOR-ORTHOPAEDICS M&D	60 0 0 0					X		1,310,719	0	47,445
BRADFORD C BERK DIRECTOR-UR NEUROREST INST	65 0 0 3						X	908,891	0	190,185
PETER LENNIE DEAN OF FACULTY- ASE	60 0 0 0						X	664,859	0	68,548
LEONARD J SHUTE SR ADVISOR, URMIC	20 0 0 0						X	221,220	0	33,235

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF ROCHESTER

Employer identification number

16-0743209

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	356,349,742	345,905,882	365,364,666	379,449,692	398,868,083	1,845,938,065
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 Total. Add lines 1 through 3	356,349,742	345,905,882	365,364,666	379,449,692	398,868,083	1,845,938,065
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						1,845,938,065

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	356,349,742	345,905,882	365,364,666	379,449,692	398,868,083	1,845,938,065
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	104,200,043	106,498,980	84,262,108	76,738,221	92,486,026	464,185,378
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						2,310,123,443

12 Gross receipts from related activities, etc (see instructions) **12** 13,866,388,522

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	79.907 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	79.882 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
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? <i>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.</i>		
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>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 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 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 16-0743209

Name: UNIVERSITY OF ROCHESTER

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017
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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 UNIVERSITY OF ROCHESTER	Employer identification number 16-0743209
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		3,615
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		641,118
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			644,733
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	DETAIL OF LOBBYING ACTIVITIES THE UNIVERSITY OF ROCHESTER (THE "UNIVERSITY") ADVANCES ITS MISSIONS (EDUCATION, RESEARCH, HEALTH CARE AND COMMUNITY) WITH NATIONAL, STATE AND LOCAL ELECTED OFFICIALS, THEIR STAFF, OUR SURROUNDING COMMUNITY, AND WITH GOVERNMENT AGENCIES AT ALL LEVELS THE UNIVERSITY ALSO INTERACTS WITH PEER INSTITUTIONS, HIGHER EDUCATION AND MEDICAL ASSOCIATIONS, SCIENTIFIC COALITIONS AND SOCIETIES, AND CONSULTANTS TO ADVANCE ITS INTERESTS THROUGH POLICY AND LEGISLATION

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
UNIVERSITY OF ROCHESTER

Employer identification number
16-0743209

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	22	
2 Aggregate value of contributions to (during year)	538,813	
3 Aggregate value of grants from (during year)	973,584	
4 Aggregate value at end of year	7,119,555	

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

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

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

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
- 4** Number of states where property subject to conservation easement is located ► _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** Revenue included on Form 990, Part VIII, line 1 ► \$ 712,500
- (ii)** Assets included in Form 990, Part X ► \$ 38,178,908
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ► \$ _____
- b** Assets included in Form 990, Part X ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,980,167,484	1,797,727,143	1,922,892,466	1,883,514,930	1,613,500,847
b Contributions	39,128,228	38,987,413	31,412,694	45,895,617	55,721,494
c Net investment earnings, gains, and losses	194,112,646	251,558,457	-61,083,382	83,377,311	301,335,737
d Grants or scholarships	18,661,772	17,912,500	16,617,676	14,971,593	13,729,609
e Other expenditures for facilities and programs	86,149,134	90,193,029	78,876,959	74,923,799	73,313,539
f Administrative expenses					
g End of year balance	2,108,597,452	1,980,167,484	1,797,727,143	1,922,892,466	1,883,514,930

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 49 510 %
 - b** Permanent endowment ▶ 50 240 %
 - c** Temporarily restricted endowment ▶ 0 250 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,607,818		11,607,818
b Buildings		2,590,524,389	1,134,729,436	1,455,794,953
c Leasehold improvements		70,659,462	19,217,872	51,441,590
d Equipment		1,089,412,105	977,230,171	112,181,934
e Other		388,552,727	202,416,541	186,136,186
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,817,162,481

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) OPERATING INVESTMENTS	315,430,661	F
(B) CASH & CASH EQUIVALENTS	40,958,527	F
(C) INTERESTS	1,663,906,249	F
(D) OTHER INVESTMENTS	0	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	2,020,295,437	

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

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

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

(a) Description	(b) Book value
(1)	
(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 Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
THIRD PARTY SETTLEMENTS	137,331,836
RETIREMENT & POST-EMPLOYMENT	441,597,347
ASSET RETIREMENT OBLIGATION	34,421,538
FOR STUDENT LOANS	14,630,954
SPONSORED RESEARCH	9,569,669
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	637,551,344

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 16-0743209

Name: UNIVERSITY OF ROCHESTER

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART I, LINE 1	DESCRIPTION OF DONOR ADVISED FUNDS THE UNIVERSITY OF ROCHESTER ("THE UNIVERSITY") OFFERS ITS DONORS THE OPPORTUNITY TO USE CONTRIBUTIONS TO CREATE DONOR-ADVISED FUNDS A DONOR GENE RALLY MAY ESTABLISH A DONOR-ADVISED FUND WITH THE UNIVERSITY BY SIGNING THE AGREEMENT AND THEN MAKING CONTRIBUTIONS TO THE FUND THE DONOR IS ALLOWED TO RECOMMEND THE INVESTMENT OF THE FUND INTO EITHER A MONEY MARKET FUND OR THE UNIVERSITY'S GENERAL ENDOWMENT THE DONOR MAY SERVE, OR MAY DESIGNATE ANOTHER PERSON TO SERVE, AS THE FUND ADVISOR, WHO MAKES GRANT RECOMMENDATIONS TO THE UNIVERSITY THE GRANT RECOMMENDATIONS ARE NOT BINDING AND WILL BE SUBJECT TO THE UNIVERSITY'S DILIGENT REVIEW -----

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	DESCRIPTION OF COLLECTIONS THE UNIVERSITY'S MEMORIAL ART GALLERY MAINTAINS BROAD COLLECTIONS, COMPRISING NEARLY 11,000 OBJECTS SPANNING 5,000 YEARS OF ART HISTORY, THAT PROVIDES THE FOUNDATION FOR THE UNIVERSITY'S ROLE AS A SIGNIFICANT EDUCATIONAL CENTER COMMITTED TO BROADENING PEOPLES' UNDERSTANDING OF WORLD CULTURES, ART AND HISTORY THE UNIVERSITY'S DEPARTMENT OF RARE BOOKS AND SPECIAL COLLECTIONS MAINTAINS RARE BOOK COLLECTIONS THAT INCLUDE PRINTED BOOKS, JOURNALS AND PAMPHLETS FROM 1472 TO THE PRESENT, AS WELL AS MANUSCRIPTS AND SPECIAL COLLECTIONS THESE MATERIALS ARE PROVIDED FOR TEACHING, LEARNING AND RESEARCH PURPOSES -----

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V	USE OF ENDOWMENT FUNDS THE UNIVERSITY'S ENDOWMENT FUNDS ARE UTILIZED IN FURTHERANCE OF THE ORGANIZATION'S EXEMPT PURPOSES, INCLUDING THE PROVISION OF PERPETUAL ANNUAL SUPPORT FOR STUDENT FINANCIAL AID AND FACULTY SALARIES, AS WELL AS FOR CERTAIN FACILITIES AND ACADEMIC PROGRAMS -----

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	TEXT OF FIN48 (ASC 740) DISCLOSURE FROM AUDITED FINANCIAL STATEMENTS THE UNIVERSITY AND THE MAJORITY OF ITS AFFILIATES ARE NOT-FOR-PROFIT ORGANIZATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE GENERALLY EXEMPT FROM INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE UNRELATED ACTIVITIES AND INCOME, INCLUDING CERTAIN LABORATORY AND FACILITY RENTALS AND INCOME FROM LIMITED PARTNERSHIPS IN THE LONG TERM INVESTMENT POOL, ARE SUBJECT TO FEDERAL AND STATE "UNRELATED BUSINESS INCOME TAX" THE UNIVERSITY REGULARLY EVALUATES ITS TAX POSITION AND DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE OR ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2017

Open to Public Inspection

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

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

Department of the Treasury

Name of the organization
UNIVERSITY OF ROCHESTER

Employer identification number

16-0743209

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
2 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	
3 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," please explain. If you need more space use Part II.	Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	Yes	No
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.	Yes	

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

Return Reference	Explanation
SCHEDULE E, LINE 3	<p>NONDISCRIMINATION POLICY STATEMENT ALL PUBLISHED UNIVERSITY OF ROCHESTER OPPORTUNITY ADVERTISEMENTS INCLUDE THE FOLLOWING STATEMENT "THE UNIVERSITY OF ROCHESTER IS AN EQUAL OPPORTUNITY EMPLOYER " IN ADDITION, THE UNIVERSITY OF ROCHESTER'S NONDISCRIMINATION POLICY IS ADVERTISED TO PROSPECTIVE STUDENTS AND OTHERS IN THE COMMUNITY SERVED BY THE UNIVERSITY OF ROCHESTER THROUGH AN EQUAL OPPORTUNITY STATEMENT USED IN A WIDE VARIETY OF UNIVERSITY PROSPECTUS (FOR UNIVERSITY UNDERGRADUATES), UNDERGRADUATE BULLETINS AND GRADUATE BULLETINS THE STATEMENT, WHICH ALSO APPEARS ON THE UNIVERSITY WEBSITE ON DIVERSITY, READS AS FOLLOWS "THE UNIVERSITY OF ROCHESTER VALUES DIVERSITY AND IS COMMITTED TO EQUAL OPPORTUNITY FOR PERSONS REGARDLESS OF AGE, COLOR, DISABILITY, ETHNICITY, GENDER IDENTITY OR EXPRESSION, GENETIC INFORMATION, MARITAL STATUS, MILITARY/VETERAN STATUS, NATIONAL ORIGIN, RACE, RELIGION/CREED, SEX, SEXUAL ORIENTATION OR ANY OTHER STATUS PROTECTED BY LAW FURTHER, THE UNIVERSITY COMPLIES WITH ALL APPLICABLE NON-DISCRIMINATION LAWS IN THE ADMINISTRATION OF ITS POLICIES, ADMISSIONS, EMPLOYMENT, AND ACCESS TO AND TREATMENT IN UNIVERSITY PROGRAMS AND ACTIVITIES QUESTIONS ON COMPLIANCE SHOULD BE DIRECTED TO THE PARTICULAR SCHOOL OR DEPARTMENT AND/OR TO THE UNIVERSITY'S INTERCESSOR, UNIVERSITY OF ROCHESTER, P O BOX 270040, ROCHESTER, NY 14627-0040 PHONE (585) 275-7814 THE UNIVERSITY OF ROCHESTER ALSO POSTS A "STATEMENT OF EDUCATIONAL PHILOSOPHY" WHICH IS AMPLIFICATION OF THE NONDISCRIMINATION STATEMENT SEE https://www.rochester.edu/diversity/reports/policies-2/statement-of-educational-philosophy/ -----</p>
SCHEDULE E, LINE 6A	<p>FINANCIAL AID/ASSISTANCE FROM GOV'T AGENCY THE UNIVERSITY OF ROCHESTER RECEIVES FINANCIAL ASSISTANCE FUNDS FOR STUDENTS, AS PROVIDED BY HHS PROGRAMS, AND HAS GOVERNMENT RESEARCH CONTRACTS AND GRANTS</p>

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNIVERSITY OF ROCHESTER

Employer identification number
16-0743209

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total		1,095			1,111,396,419
b Total from continuation sheets to Part I					53,761,342
c Totals (add lines 3a and 3b)		1,589			1,165,157,761

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part 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)* 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, do not file with Form 990)* Yes 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)* 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)* 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)* 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, do not file with Form 990)* Yes No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3 (c)	SUBAWARDS ISSUED TO FOREIGN ENTITIES IN FURTHERANCE OF ITS RESEARCH ACTIVITIES THE UNIVERSITY OF ROCHESTER MAKES SUB-AWARDS TO OTHER FOREIGN ORGANIZATIONS THAT PERFORM RESEARCH IN CONNECTION WITH RESEARCH GRANTS AWARDED TO THE UNIVERSITY THE UNIVERSITY DOES NOT CATEGORIZE THESE SUB-AWARDS AS "FOREIGN ACTIVITIES OR GRANTS" FOR FORM 990, SCHEDULE F REPORTING, SINCE THE FOREIGN RECIPIENT ORGANIZATIONS PERFORM RESEARCH SERVICES FOR THE UNIVERSITY AND ARE CONSIDERED INDEPENDENT CONTRACTORS WHICH SERVE THE DIRECT NEEDS OF THE UNIVERSITY

Additional Data

Software ID:

Software Version:

EIN: 16-0743209

Name: UNIVERSITY OF ROCHESTER

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		2	Program Services	CONDUCTED RESEARCH	3,788
Central America and the Caribbean		3	Program Services	PRESENTATION AT CONFER	3,979

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		1	Program Services	STUDY ABROAD	6,359
Central America and the Caribbean		10	Program Services	TEACHING & RECRUITMENT	20,371

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		1,093,527,195
East Asia and the Pacific		35	Fundraising		98,201

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
East Asia and the Pacific		34	Program Services	CONDUCTED RESEARCH	57,948
East Asia and the Pacific		127	Program Services	TEACHING & RECRUITMENT	251,306

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
East Asia and the Pacific		10	Program Services	STUDY ABROAD	74,927
East Asia and the Pacific		97	Program Services	TEACHING & RECRUITMENT	140,321

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
Europe (Including Iceland and Greenland)		10	Fundraising		27,052
Europe (Including Iceland and Greenland)		47	Program Services	CONDUCTED RESEARCH	82,121

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
Europe (Including Iceland and Greenland)		379	Program Services	PRESENTATION AT CONFER	600,060
Europe (Including Iceland and Greenland)		88	Program Services	STUDY ABROAD	268,893

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
Europe (Including Iceland and Greenland)		248	Program Services	TEACHING & RECRUITMENT	296,322
Europe (Including Iceland and Greenland)			Investments		15,931,930

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
Middle East and North Africa		4	Fundraising		5,646
Middle East and North Africa		2	Program Services	CONDUCTED RESEARCH	2,734

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
Middle East and North Africa		14	Program Services	PRESENTATION AT CONFER	28,145
Middle East and North Africa		1	Program Services	STUDY ABROAD	66,160

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
Middle East and North Africa		11	Program Services	TEACHING & RECRUITMENT	19,316
North America		7	Fundraising		9,810

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
North America		19	Program Services	CONDUCTED RESEARCH	13,733
North America		162	Program Services	PRESENTATION AT CONFER	166,193

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
North America		15	Program Services	STUDY ABROAD	17,526
North America		70	Program Services	TEACHING & RECRUITMENT	67,371

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
North America			Investments		22,912,482
Russia and the Newly Independent States		9	Program Services	PRESENTATION AT CONFER	9,028

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
Russia and the Newly Independent States		3	Program Services	STUDY ABROAD	3,997
Russia and the Newly Independent States		10	Program Services	TEACHING & RECRUITMENT	26,313

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
South America		1	Fundraising		2,246
South America		5	Program Services	CONDUCTED RESEARCH	6,074

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
South America		19	Program Services	PRESENTATION AT CONFER	18,665
South America		1	Program Services	STUDY ABROAD	17,802

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
South America		24	Program Services	TEACHING & RECRUITMENT	33,068
South Asia		4	Fundraising		17,132

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
South Asia		13	Program Services	PRESENTATION AT CONFER	15,231
South Asia		2	Program Services	STUDY ABROAD	12,998

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
South Asia		32	Program Services	TEACHING & RECRUITMENT	47,810
Sub-Saharan Africa		39	Program Services	CONDUCTED RESEARCH	222,826

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
Sub-Saharan Africa		4	Program Services	PRESENTATION AT CONFER	4,612
Sub-Saharan Africa		4	Program Services	STUDY ABROAD	3,356

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
Sub-Saharan Africa		23	Program Services	TEACHING & RECRUITMENT	49,256
Sub-Saharan Africa			Investments		29,967,458

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNIVERSITY OF ROCHESTER

Employer identification number
16-0743209

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 RUFFALO NOEL LEVITZ LLC 1025 KIRKWOOD PARKWAY SW CEDAR RAPIDS, IA 524063018	PHONE SOLICITAT'N		No	458,939	247,712	211,227
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total		▶		458,939	247,712	211,227

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

NY

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		HLTH TOAST AUCT (event type)	GCHAS GALA (event type)	9 (total number)	Total events (add col (a) through col (c))
	1 Gross receipts	1,729,145	1,042,097	2,453,524	5,224,766
	2 Less Contributions	1,297,929	817,856	1,736,851	3,852,636
	3 Gross income (line 1 minus line 2)	431,216	224,241	716,673	1,372,130
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	33,495		59,697	93,192
	6 Rent/facility costs	135,051	3,750	215,833	354,634
	7 Food and beverages	49,363	132,592	229,067	411,022
	8 Entertainment	12,016	58,200	23,397	93,613
	9 Other direct expenses	152,014	82,250	442,930	677,194
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				1,629,655
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-257,525	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the 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 law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2(B), ITEM #1	ADDITIONAL INFORMATION REGARDING FUNDRAISING ACTIVITIES GROSS RECEIPTS REPORTED IN PART I, LINE 1, COLUMN (IV) REPRESENT PHONE DONATIONS ONLY RECEIVED PURSUANT TO RUFFALO NOEL LEVITZ'S SOLICITATION EFFORTS ON-LINE DONATIONS TO THE UNIVERSITY, WHICH MAY HAVE BEEN PROMPTED BY A PHONE SOLICITATION, ARE NOT REFLECTED IN THIS COLUMN ADDITIONALLY, THE AMOUNT PAID TO RUFFALO NOEL LEVITZ AS REPORTED IN PART I, LINE 2B, COLUMN (V) INCLUDES BOTH PHONE SOLICITATION/TELEMARKETING SERVICES AND NON-SOLICITATION EFFORTS RELATED TO ALUMNI ENGAGEMENT AND DATA ENRICHMENT THESE NON-SOLICITATION EFFORTS HAVE RESULTED IN IMPROVED ALUMNI CONTACT INFORMATION FOR THE UNIVERSITY'S USE AND INCLUDES SERVICES TO UPDATE ADDRESSES, CELL PHONE NUMBERS, EMAIL ADDRESSES AND SOCIAL HANDLES

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

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

Name of the organization
 UNIVERSITY OF ROCHESTER

Employer identification number
 16-0743209

OMB No 1545-0047

2017

Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			23,099,703	7,596,215	15,503,488	0 410 %
b Medicaid (from Worksheet 3, column a)			443,541,862	326,633,939	116,907,923	3 120 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			3,252,576	1,632,545	1,620,031	0 040 %
d Total Financial Assistance and Means-Tested Government Programs			469,894,141	335,862,699	134,031,442	3 570 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,224,995	414,327	1,810,668	0 040 %
f Health professions education (from Worksheet 5)			124,907,867	12,381,596	112,526,271	3 000 %
g Subsidized health services (from Worksheet 6)			225,032,769	162,682,663	62,350,106	1 660 %
h Research (from Worksheet 7)			323,284,047	323,284,047	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			475,964	751	475,213	0 020 %
j Total. Other Benefits			675,925,642	498,763,384	177,162,258	4 720 %
k Total. Add lines 7d and 7j			1,145,819,783	834,626,083	311,193,700	8 290 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			2,679		2,679	0 %
4 Environmental improvements						
5 Leadership development and training for community members			145		145	0 %
6 Coalition building			60		60	0 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			2,884		2,884	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	290,771,886
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	329,387,799
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-38,615,913
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

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

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

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group

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

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12b.

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

STRONG MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

STRONG MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

STRONG MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 7

Name and address	Type of Facility (describe)
1 EASTMAN DENTAL CENTER 625 ELMWOOD AVENUE ROCHESTER, NY 14620	OUTPATIENT DENTAL CLINIC
2 UNIVERSITY DENTAL FACULTY GROUP 2400 SOUTH CLINTON AVENUE BLDG H S ROCHESTER, NY 14618	OUTPATIENT DENTAL CLINIC
3 EASTMAN DENTAL DOWNTOWN CLINIC 228 E MAIN STREET ROCHESTER, NY 14604	OUTPATIENT DENTAL CLINIC
4 ENRICO FERMI DENTAL CLINIC AT SCHOOL #17 158 ORCHARD STREET ROCHESTER, NY 14611	OUTPATIENT DENTAL CLINIC
5 EDC SMILEMOBILE VANS 625 ELMWOOD AVENUE ROCHESTER, NY 14620	OUTPATIENT DENTAL CLINIC
6 EDC HIGHLAND HOSPITAL CLINIC 990 SOUTH AVENUE SUITE 020 ROCHESTER, NY 14620	OUTPATIENT DENTAL CLINIC
7 CULVER COMPLEX CARE CENTER 905 CULVER ROAD ROCHESTER, NY 14609	OUTPATIENT DENTAL CLINIC
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Form and Line Reference	Explanation
PART I, LINE 7g- SUBSIDIZED HEALTH SERVICES	COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC WERE INCLUDED ON PART I, LINE 7G, SUBSIDIZED HEALTH SERVICES, AND INCLUDED TOTAL COMMUNITY BENEFIT EXPENSE OF \$79,046,969, DIRECT OFFSETTING REVENUE OF \$60,451,613, NET COMMUNITY BENEFIT EXPENSE OF \$18,595,356 ----- -----

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Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)- BAD DEBT EXPENSE AND DIRECT OFFSETTING REVENUE	THE AMOUNT OF BAD DEBT EXPENSES INCLUDED ON FORM 990 PART IX, LINE 25 COLUMN (A) BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE REPORTED ON LINE 7, COLUMN (F) WAS \$27,427,318 OF HOSPITAL BAD DEBTS AND \$37,211,462 OF URMFG AND ACADEMIC BAD DEBTS ----- -----

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Form and Line Reference	Explanation
PART I, LINE 7- COSTING METHODOLOGY USED	THE COSTING METHODOLOGY USED IN CALCULATING THE AMOUNTS REPORTED ON THE LINE 7 TABLE ARE BASED ON A COST ACCOUNTING SYSTEM -----

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Form and Line Reference	Explanation
<p>PART II- DETAIL OF COMMUNITY BUILDING ACTIVITIES</p>	<p>THE UNIVERSITY OF ROCHESTER IS VERY ENGAGED IN COMMUNITY BUILDING PROGRAMS REPORTED IN PART II PROMOTE THE HEALTH OF THE COMMUNITY IN MANY WAYS A FEW EXEMPLARY EXAMPLES OF COMMUNITY BUILDING ACTIVITIES ARE INCLUDED BELOW COMMUNITY SUPPORT - THE CLARISSA STREET REUNION IS AN ANNUAL FESTIVAL THAT TAKES PLACE IN ONE OF THE MOST CULTURALLY RICH NEIGHBORHOOS IN ROCHESTER THE EVENT CELEBRATES A NEIGHBORHOOD KNOWN FOR PRODUCING RENOWNED JAZZ MUSICIANS IN THE 1940S, 1950S, AND 1960S LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS - PEDRIATRIC NURSING CONFERENCE- THE PURPOSE OF THIS CONFERENCE IS TO PROVIDE PEDIATRIC NURSES WITH CURRENT, EVIDENCE BASED INFORMATION REGARDING ADVANCES IN MEDICAL TREATMENTS AND TECHNOLOGY, AS WELL AS CRITICAL ISSUES FACING CHILDREN AND FAMILIES THE UR SUPPORTS MANY COMMUNITY COALITIONS THROUGH MEETING ATTENDANCE AND RESOURCE ALLOCATION THESE COALITIONS INCLUDE THE AFRICAN AMERICAN AND LATINO HEALTH COALITIONS WHICH ARE GROUPS OF INDIVIDUALS AND ORGANIZATIONS CONVENED BY THE FINGER LAKES HEALTH SYSTEMS AGENCY, WHO WORK TOGETHER TO BUILD A COORDINATED COMMUNITY RESPONSE TO ELIMINATE AFRICAN AMERICAN AND LATINO HEALTH DISPARITIES THE CENTER FOR COMMUNITY HEALTH LINKS UR TO COMMUNITY MEMBERS AND FACILITATES COMMUNITY ENGAGEMENT, DEVELOPING LEADERS AMONG COMMUNITY MEMBERS AND SUPPORTING COALITIONS AND COMMUNITY IMPROVEMENT THE CENTER FOR COMMUNITY HEALTH FACILITATES THE COMMUNITY ADVISORY BOARD WHICH GIVES LEADERS OF COMMUNITY BASED ORGANIZATIONS A VOICE IN SETTING THE RESEARCH AND INTERVENTION AGENDA FOR UR IN ADDITION TO SEVERAL COMMUNITY SERVICE AND EDUCATION INITIATIVES, THE CENTER ADVOCATES FOR COMMUNITY HEALTH IN EDUCATION, SERVICE AND RESEARCH THE CENTER HAS SEVERAL ONGOING INTIATIVES TO IMPROVE HEALTHY LIVING THROUGH NUTRITION ACCESS AND ACTIVE LIFESTYLE BOTH IN HEALTH EDUCATION AND ENVIRONMENTAL DESIGN THE CENTER HOUSES THE TEEN HEALTH AND SUCCESS PARTNERSHIP THAT MENTORS YOUTH IN THE ROCHESTER CITY SCHOOLS TO GRADUATE AND OBTAIN AND MAINTAIN EMPLOYMENT, THUS SUPPORTING WORKFORCE DEVELOPMENT THE CENTER ALSO ORGANIZES AND FACILITATES THE DEVELOPMENT AND IMPLEMENTATION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPROVEMENT PLANNING, WHICH IS A COOPERATIVE EFFORT FOR ALL THE HOSPITALS IN MONROE COUNTY AND THE HEALTH DEPARTMENT -----</p>

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Form and Line Reference	Explanation
PART III, SECTION A, LINE 2, 3, 4 - BAD DEBT EXPENSE	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 ARE BASED ON ACTUAL CHARGES WRITTEN OFF (AMOUNTS THAT ARE DEEMED TO BE UNCOLLECTIBLE) ----- ----- PART III, SECTION A, LINE 4- BAD DEBT EXPENSE FOOTNOTE THE TEXT OF THE BAD DEBT FOOTNOTE FOR THE UNIVERSITY CAN BE FOUND ON PAGE 14 (ITEM 1Q) OF THE ELECTRONICALLY ATTACHED AUDITED FINANCIAL STATEMENTS THE COSTING METHODOLOGY FOR DETERMINING BAD DEBT EXPENSE WAS BASED ON ACTUAL CHARGES WRITTEN OFF AS BAD DEBTS DURING THE YEAR ----- -----

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Form and Line Reference	Explanation
PART III, SECTION B, LINE 8- COSTING METHODOLOGY, MEDICARE SHORTFALL	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 6 IS BASED ON REPORTS PRODUCED FROM THE HOSPITAL'S DECISION SUPPORT SYSTEM FOR THE YEAR CONSISTENT WITH THE CHARITABLE HEALTHCARE MISSION OF THE HOSPITAL AND THE COMMUNITY BENEFIT STANDARD SET FORTH IN IRS REVENUE RULING 69-545, THE HOSPITAL PROVIDES CARE FOR ALL PATIENTS COVERED BY MEDICARE SEEKING MEDICAL CARE SUCH CARE IS PROVIDED REGARDLESS OF WHETHER THE REIMBURSEMENT PROVIDED FOR SUCH SERVICES MEETS OR EXCEEDS THE COSTS INCURRED BY THE HOSPITAL TO PROVIDE SUCH SERVICES AS A RESULT, THE HOSPITAL VIEWS ANY SHORTFALL REPORTED IN LINE 7 AS AN ADDITIONAL ITEM OF COMMUNITY BENEFIT PROVIDED BY THE ORGANIZATION -----

Form and Line Reference	Explanation
PART III, SECTION C, LINE 9b-COLLECTION PRACTICES	<p>FINANCIAL ASSISTANCE PROGRAM MISSION/PURPOSE/PREAMBLE STRONG MEMORIAL HOSPITAL IMPROVES HEALTH THROUGH CARING, DISCOVERY, TEACHING AND LEARNING WE PROVIDE EXCELLENT AND COMPASSIONATE CARE AND RESPONSIVE SERVICE AS WE SEEK TO UNDERSTAND AND FULLY MEET OUR PATIENTS' CURRENT AND FUTURE NEEDS AND EXPECTATIONS, WE RECOGNIZE OUR RESPONSIBILITY TO PRUDENTLY USE THE SCARCE RESOURCES ENTRUSTED TO US LAWS, REGULATIONS, CATASTROPHIC ILLNESSES AND THE RISING COSTS OF NEW TECHNOLOGY HAVE CREATED A CATEGORY OF PATIENTS WHO ARE EITHER UNINSURED OR UNDERINSURED THIS CHARITY CARE PROGRAM HAS BEEN DEVELOPED TO HELP THE HOSPITAL MEET THE NEEDS OF THESE PATIENTS AND, CONCURRENTLY, MAINTAIN THE FINANCIAL VIABILITY OF THE HOSPITAL FOR FUTURE GENERATIONS THIS CHARITY CARE POLICY EXPLAINS HOW THE HOSPITAL ASSISTS PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE ESSENTIAL MEDICAL CARE THEY RECEIVE PRINCIPLES STRONG MEMORIAL HOSPITAL PROACTIVELY CONVEYS INFORMATION ABOUT THIS CHARITY CARE POLICY TO PATIENTS AND THEIR FAMILIES - WE BELIEVE THAT FEAR OF A HOSPITAL BILL SHOULD NEVER GET IN THE WAY OF ESSENTIAL HEALTH SERVICES THE PROVISION OF URGENT OR EMERGENCY HEALTHCARE IS NEVER DELAYED PENDING A FINANCIAL ASSISTANCE DETERMINATION SIGNS ANNOUNCING THE CHARITY CARE PROGRAM ARE POSTED IN THE HOSPITAL (E.G. EMERGENCY DEPARTMENT, ADMITTING OFFICE) TO PROACTIVELY CONVEY THIS MESSAGE TO PROSPECTIVE PATIENTS AND THE PUBLIC IN GENERAL - WE MAINTAIN FINANCIAL AID POLICIES THAT ARE CONSISTENT WITH THE MISSION, VALUES AND CAPACITY OF THE HOSPITAL AND THAT TAKE INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE - WE COMMUNICATE THE AVAILABILITY OF FINANCIAL AID IN A MANNER THAT IS CLEAR, UNDERSTANDABLE, SENSITIVE TO THE PATIENT'S DIGNITY, AND IN MULTIPLE LANGUAGES A NOTICE IS AVAILABLE AT REGISTRATION SITES THAT INFORMS PATIENTS OF THIS PROGRAM AND PROVIDES THE PHONE NUMBER TO CALL TO OBTAIN MORE INFORMATION AND TO APPLY FOR THIS PROGRAM DESIGNATED STAFF ARE PROVIDED DETAILED TRAINING SO THAT THEY CAN PROVIDE INFORMATION AND ANSWER QUESTIONS ABOUT THE CHARITY CARE PROGRAM INFORMATION IS GENERALLY AVAILABLE IN BOTH ENGLISH AND SPANISH WHEN REQUESTED, IT WILL ALSO BE MADE AVAILABLE IN OTHER LANGUAGES - INFORMATION REGARDING OUR CHARITY CARE PROGRAM IS ALSO AVAILABLE ON THE URMH WEBSITE - WE IMPLEMENT FINANCIAL AID PROCEDURES THAT ARE CONSUMER-FRIENDLY, RESPECTFUL, AND CONFIDENTIAL, AS WELL AS DEBT COLLECTION POLICIES THAT REFLECT THE MISSION AND VALUES OF THIS HOSPITAL - WE WORK WITH GOVERNMENT, PAYERS, BUSINESS, CONSUMER GROUPS AND OTHERS TO ADDRESS THE UNDERLYING PROBLEM THAT TOO MANY NEW YORKERS LACK HEALTH INSURANCE GENERAL GUIDELINES AS PART OF FINANCIAL PLANNING ASSISTANCE, WE PROVIDE PATIENTS, AND/OR THEIR LEGAL REPRESENTATIVE, WITH INFORMATION ABOUT THE CRITERIA THAT MUST BE MET IN ORDER TO OBTAIN MEDICAID, MEDICARE, OR OTHER HEALTH INSURANCES PATIENTS ARE ASSISTED IN MAKING APPLICATIONS FOR ANY OF THESE INSURANCES OR DISCOUNTED FEE PLANS PATIENTS ARE EXPECTED TO PARTICIPATE FULLY IN ALL EFFORTS TO OBTAIN ANY INSURANCE FOR WHICH THEY MAY QUALIFY UNDER CERTAIN CIRCUMSTANCES, AS DETERMINED BY THE FINANCIAL CASE MANAGERS OR OTHER HOSPITAL SENIOR ADMINISTRATORS APPLICATIONS FOR MEDICAID, MEDICARE OR OTHER INSURANCE PROGRAMS MAY BE WAIVED WHEN DEEMED UNNECESSARY IF AVAILABLE INSURANCE BENEFITS ARE NOT SUFFICIENT TO COVER THE COST OF THEIR CARE, PATIENTS MAY THEN APPLY FOR ASSISTANCE FROM THE CHARITY CARE PROGRAM CHARITY CARE APPLICATIONS MUST BE COMPLETED AND RETURNED TO THE HOSPITAL WITH THE REQUESTED INCOME DOCUMENTATION PATIENTS WILL NOT RECEIVE CHARITY CARE ASSISTANCE IF THEY (A) DO NOT COMPLETE THE APPLICATION PROCESS FOR MEDICAID OR OTHER INSURANCE FOR WHICH THEY MAY QUALIFY, (B) ELECT NOT TO MAKE APPLICATION FOR CHARITY CARE, OR (C) HAVE ADEQUATE RESOURCES OR INCOME TO PAY PRIVATELY FOR THEIR CARE IN THESE SITUATIONS, THEY WILL REMAIN FINANCIALLY RESPONSIBLE FOR FULL PAYMENT OF THEIR HOSPITAL BILLS CHARITY CARE ASSISTANCE IS AVAILABLE FOR PATIENTS WHO RESIDE IN NEW YORK STATE AND RECEIVE EMERGENCY HOSPITAL SERVICES, INCLUDING EMERGENCY TRANSFERS, AND TO PATIENTS WHO RESIDE IN STRONG MEMORIAL HOSPITAL'S PRIMARY SERVICE AREA IN NEW YORK STATE WHO RECEIVE SERVICES IN DESIGNATED STRONG MEMORIAL HOSPITAL PROGRAMS, INCLUDING MOST INPATIENT AND OUTPATIENT SERVICES IN ADDITION, THE HOSPITAL MAY, IN ITS DISCRETION, GRANT CHARITY CARE TO INDIVIDUALS WHO RESIDE OUTSIDE OF NEW YORK STATE CHARITY CARE ASSISTANCE DOES NOT COVER MEDICALLY UNNECESSARY CARE, COSMETIC ALTERATION, TELEPHONE, TELEVISION AND PRIVATE ROOM CHARGES IT DOES NOT COVER SERVICES GENERATED BY AN INSURED PATIENT WHO CHOOSES TO RECEIVE CARE AT AN OUT-OF-NETWORK HOSPITAL, OR WHO FAILS TO COMPLY WITH INSURANCE POLICY REQUIREMENTS (E.G. UNAUTHORIZED SERVICES) NOR DOES IT APPLY TO NON-RESIDENT ALIENS (UNLESS APPROVED IN ADVANCE OF CARE BEING PROVIDED), TO DRUGS NOT ADMINISTERED IN THE HOSPITAL, TO TRANSPORTATION FURNISHED BY</p>

Form and Line Reference	Explanation
PART III, SECTION C, LINE 9b- COLLECTION PRACTICES	<p>THIRD PARTY VENDORS, OR TO CARE, SERVICES, DRUGS OR SUPPLIES FOR THE PURPOSE OF GENDER CHANGE PROCEDURE SPECIFIC QUESTIONS ABOUT SERVICES THAT ARE NOT COVERED SHOULD BE DIRECTED TO THE PATIENT ACCOUNTS MANAGER OR THEIR DELEGATE FINANCIAL GUIDELINES FINANCIAL AID IS INTENDED TO ASSIST THOSE INDIVIDUALS WHO CANNOT AFFORD TO PAY IN PART OR IN FULL FOR THEIR CARE IT SHOULD TAKE INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE HOSPITAL FINANCIAL AID SHOULD NOT BE VIEWED AS A SUBSTITUTE FOR EMPLOYER- SPONSORED OR INDIVIDUALLY PURCHASED INSURANCE PATIENTS WITHOUT INSURANCE AND WITH INCOME THAT WOULD QUALIFY THEM FOR THE CHARITY CARE PROGRAM BUT ALSO HAVE SUBSTANTIAL RESOURCES (OTHER THAN TAX-DEFERRED OR COMPARABLE RETIREMENT SAVINGS OR COLLEGE SAVINGS ACCOUNTS) MAY BE EXPECTED TO PAY PART OF THEIR BILLS(S) CHARITY CARE ASSISTANCE IS GENERALLY AVAILABLE TO INDIVIDUALS WHOSE INCOME IS LESS THAN OR EQUAL TO 400% OF THE FEDERAL POVERTY LEVEL HO WEVER, PATIENTS WHO HAVE EXHAUSTED THEIR INSURANCE BENEFITS, EXCEEDED FINANCIAL ELIGIBILITY CRITERIA, FACE EXTRAORDINARY MEDICAL COSTS, OR WHO HAVE OTHER UNIQUE CIRCUMSTANCES MAY BE CONSIDERED FOR CHARITY CARE APPROVAL IN THE HOSPITAL'S SOLE DISCRETION WHILE APPLICATION FOR MEDICAID OR OTHER INSURANCE IS USUALLY REQUIRED, THE HOSPITAL MAY, AT ITS SOLE DISCRETION, IN APPROPRIATE CASES, ALSO CONSIDER PATIENTS FOR CHARITY CARE WHEN THEY MEET THE FINANCIAL CRITERIA OF THIS PROGRAM, BUT HAVE NOT SATISFACTORILY COMPLETED ALL THE REQUIREMENTS OF THE CHARITY CARE APPLICATION PROCESS THIS MAY INCLUDE PATIENTS WHO HAVE BEEN SANCTIONED BY MEDICAID, HAVE FILED BANKRUPTCY OR APPEAR TO BE ELIGIBLE FOR CHARITY CARE ASSISTANCE BASED ON AVAILABLE INFORMATION ELIGIBILITY DETERMINATIONS IN COMPLEX CASE CIRCUMSTANCES WILL BE MADE AFTER CONSIDERATION BY THE CHARITY CARE REVIEW TEAM THAT INCLUDES THE CHARITY CARE OFFICER, FINANCIAL CASE MANAGER AND/OR THEIR MANAGERS, OR MAY BE MADE BY SENIOR HOSPITAL ADMINISTRATORS THE AMOUNT OF THE DISCOUNT AFFORDED TO QUALIFIED CHARITY CARE PATIENTS WILL BE DETERMINED THROUGH ASSESSMENT OF THE RESPONSIBLE PARTY'S ANNUAL HOUSEHOLD INCOME AND THE NUMBER OF PEOPLE IN THE HOME, AS A PERCENTAGE OF THE FEDERAL POVERTY GUIDELINE AMOUNTS FOR SAME SIZE HOUSEHOLDS THE FINANCIAL GUIDELINES WILL BE UPDATED ANNUALLY IN CONJUNCTION WITH THE FEDERAL POVERTY UPDATES PUBLISHED BY CMS PATIENTS MAY RECEIVE FULL OR PARTIAL DISCOUNT FROM THE COST OF CARE, DEPENDING ON THE PERCENTAGE OF THE GUIDELINES MATCHED BY THE PATIENT'S HOUSEHOLD INCOME ANY BILL AMOUNT REMAINING AFTER APPLICATION OF A PARTIAL CHARITY CARE DISCOUNT IS THE RESPONSIBILITY OF THE PATIENT THE AMOUNT AN APPROVED CHARITY CARE PATIENT WILL GENERALLY BE EXPECTED TO PAY FOR SERVICES COVERED BY THE POLICY WILL BE LIMITED TO THE LOWER OF THE AMOUNT THAT THE HOSPITAL WOULD HAVE RECEIVED FOR THE SAME SERVICE UNDER MEDICARE PARTS A AND B, (INCLUDING COINSURANCE, CO-PAYMENTS AND DEDUCTIBLES) OR THE USUAL AND CUSTOMARY CHARGES THE PATIENT WILL BE ASSISTED BY THE HOSPITAL IN MAKING ARRANGEMENTS TO SATISFY ANY BALANCE REMAINING ON THE ACCOUNT(S) AFTER THE APPLICATION OF THE APPROPRIATE CHARITY CARE DISCOUNT BY USE OF A PAYMENT PLAN THE MONTHLY PAYMENTS UNDER SUCH PLANS SHALL NOT EXCEED TEN PERCENT (10%) OF THE ELIGIBLE PATIENT'S GROSS MONTHLY INCOME THE RATE OF INTEREST ON UNPAID BALANCES SHALL NOT EXCEED THE US TREASURY RATE FOR 90 DAY SECURITIES PLUS 0.5% HOSPITAL PATIENT FINANCIAL AID STATUTE DISCOUNTING REQUIREMENTS DISCOUNT / GROSS INCOME AS % OF FEDERAL POVERTY LEVEL 100% / UP TO 200% 80% / BETWEEN 201-250% 60% / BETWEEN 251-300% 40% / BETWEEN 301-350% 20% / BETWEEN 351-400% 0% / OVER 401 % PROCESS APPLICATIONS WILL BE ACCEPTED IMMEDIATELY BEFORE, DURING OR AFTER CARE IS PROVIDED THE HOSPITAL WILL STRIVE TO ASSIST PATIENTS RECEIVING HIGH-COST SERVICES AS THEY OCCUR PATIENTS MAY BE APPROVED FOR CHARITY CARE ON AN ACCOUNT-BY-ACCOUNT BASIS OR FOR A PERIOD OF TIME (FOR A COURSE OF TREATMENT) F</p>

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Form and Line Reference	Explanation
PART VI, LINE 2- NEEDS ASSESSMENT	<p>STRONG MEMORIAL HOSPITAL ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY AS PART OF CONTINUOUS QUALITY IMPROVEMENT IN MANY OF ITS INITIATIVES. ASSESSMENT OCCURS MOST FORMALLY THROUGH THE CHNA IN COLLABORATION WITH THE MEMBERS OF THE COMMUNITY HEALTH IMPROVEMENT WORKGROUP (CHIW) AS WELL AS SEVERAL ADDITIONAL COMMUNITY MEMBERS, ORGANIZATIONS AND ASSOCIATIONS. WITH THE INPUT OF THE MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH (MCDPH), SEVERAL DATA SOURCES ARE REVIEWED, PRIMARILY NATALITY AND MORTALITY DATA, HOSPITALIZATION DATA THROUGH THE STATEWIDE PLANNING AND RESEARCH COOPERATIVE SYSTEMS (SPARCS) FILES, DISEASE AND SPECIFIC CONDITION DATA, AND THE NY STATE PREVENTION AGENDA DASHBOARD DATA. SEVERAL REPORTS ARE CONDUCTED PERIODICALLY BY COMMON GROUND HEALTH INCLUDING THE HEALTH EQUITY CHARTBOOK AND THE MONROE COUNTY HEALTH PROFILES, AND BY THE MCDPH INCLUDING THE YOUTH RISK BEHAVIOR SURVEY REPORT AND CHRONIC DISEASES IN MONROE COUNTY REPORT. THESE REPORTS INFORM THE HOSPITAL OF THE HEALTH CARE NEEDS OF THE COMMUNITY. THE CHIW GROUP BEGAN MEETING MONTHLY IN MAY 2012 AND CONTINUES TO MEET EVERY MONTH TO ASSESS THE NEEDS OF THE MONROE COUNTY COMMUNITY AND TO MONITOR SUCCESSES OF IMPLEMENTATION OF THE COMMUNITY HEALTH IMPROVEMENT PLAN. IN ADDITION, COMMUNITY INPUT IS PERIODICALLY SOUGHT FROM RESIDENTS, THE GREATER ROCHESTER CHAMBER OF COMMERCE, THE AFRICAN AMERICAN HEALTH COALITION AND THE LATINO HEALTH COALITION. PROGRAM SPECIFIC NEEDS ASSESSMENTS ARE CONDUCTED AS NECESSARY TO ENSURE THE SUCCESS AMONG THE TARGET POPULATION FOR INDIVIDUAL INTERVENTIONS, FOR EXAMPLE, THE UR WELL STUDENT RUN CLINICS OFTEN ASSESS THE NEEDS OF THEIR CLIENTS IN ORDER TO IMPROVE SERVICES DELIVERED. THE MEDICAL CENTER PROVIDES SALARY SUPPORT FOR FACULTY AND STAFF TO CONTRIBUTE THEIR ACADEMIC AND CLINICAL EXPERTISE TO HELP IDENTIFY AND IMPLEMENT THE MOST EFFECTIVE INTERVENTIONS ON THE HEALTH PRIORITY NEEDS. THE CENTER FOR COMMUNITY HEALTH AND PREVENTION (CCHP) WAS ESTABLISHED IN 2006 AS THE LINK BETWEEN THE COMMUNITY AND THE UNIVERSITY. AS PART OF THAT LINK, THE CENTERS FACULTY AND STAFF ARE FREQUENTLY ENGAGED WITH THE COMMUNITY FOR PROGRAMS, MEETINGS, INFORMATION SHARING AND RESEARCH. THE COMMUNICABLE DISEASE SECTION OF THE CCHP MONITORS INFECTIOUS DISEASE PREVALENCE AND TRENDS FOR OUR COMMUNITY AND SHARES DATA BOTH LOCALLY AND NATIONALLY. THE CANCER PREVENTION SECTION IN THE CCHP FOLLOWS TRENDS IN CANCER RATES AS WELL AS SCREENING RATES. FACULTY AND STAFF FROM WITHIN THE CCHP AS WELL AS AROUND THE INSTITUTION FREQUENTLY ATTEND COMMUNITY MEETINGS AND EVENTS TO GAUGE THE NEEDS OF COMMUNITY MEMBERS. IN ADDITION, THE CCHP SUPPORTS THE COMMUNITY ADVISORY COUNCIL (CAC), A LARGE COLLABORATIVE OF COMMUNITY LEADERS THAT INFORMS THE UNIVERSITY ABOUT ON-GOING AND EMERGING CONCERNS. THE COMMUNITY ADVISORY COUNCIL (CAC) WAS CREATED IN 2006 TO REPRESENT THE VOICE OF THE COMMUNITY AND TO GUIDE AND SUPPORT THE MISSION OF THE URM. THE THIRTY-NINE MEMBER CAC REPRESENTS TWENTY-ONE COMMUNITY-BASED ORGANIZATIONS, INCLUDING HEALTH AND SOCIAL SERVICE AGENCIES, THE FAITH COMMUNITY, LOCAL GOVERNMENT, THE CITY SCHOOL DISTRICT AND MEDIA. A PRIMARY FUNCTION OF THE CAC IS TO STRENGTHEN URM-COMMUNITY PARTNERSHIPS WITH A MUTUAL GOAL TO REDUCE INEQUALITIES AND IMPROVE ACCESS TO HEALTH CARE AND SERVICES. THE CAC MEETS AT LEAST QUARTERLY IN EXTENSIVE DIALOGUE AROUND COMMUNITY NEEDS. -----</p> <p>--</p>

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Form and Line Reference	Explanation
PART VI, LINE 3- PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	INFORMATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE IS POSTED IN ALL AREAS OF THE FACILITY AND ITS OFF-SITE LOCATIONS CHARITY CARE INFORMATION IS POSTED IN INPATIENT AND OUTPATIENT REGISTRATION AREAS, THE EMERGENCY DEPARTMENT, ADMITTING, AND ALL PRIMARY CARE SITES PRINTED INFORMATION ABOUT CHARITY CARE ASSISTANCE IS ALSO PROVIDED WITH DISCHARGE MATERIALS WHEN IT HAS BEEN DETERMINED THAT A PATIENT IS IN FINANCIAL NEED OUR CHARITY CARE POLICY IS ON-LINE AS WELL, ON THE HOSPITAL WEBSITE AS PART OF FINANCIAL PLANNING ASSISTANCE, WE PROVIDE PATIENTS, OR THEIR LEGAL REPRESENTATIVE, WITH INFORMATION ABOUT THE CRITERIA THAT MUST BE MET IN ORDER TO OBTAIN MEDICAID, MEDICARE, OR OTHER HEALTH INSURANCES PATIENTS ARE ASSISTED IN MAKING APPLICATIONS FOR ANY OF THESE INSURANCES OR DISCOUNTED FEE PLANS PATIENTS ARE EXPECTED TO PARTICIPATE FULLY IN ALL EFFORTS TO OBTAIN ANY INSURANCE FOR WHICH THEY MAY QUALIFY UNDER CERTAIN CIRCUMSTANCES, AS DETERMINED BY THE FINANCIAL CASE MANAGERS OR OTHER HOSPITAL SENIOR ADMINISTRATORS, APPLICATIONS FOR MEDICAID, MEDICARE OR OTHER INSURANCE PROGRAMS MAY BE WAIVED WHEN DEEMED UNNECESSARY IF AVAILABLE INSURANCE BENEFITS ARE NOT SUFFICIENT TO COVER THE COST OF THEIR CARE, PATIENTS MAY THEN APPLY FOR ASSISTANCE FROM THE CHARITY CARE PROGRAM -----

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4- COMMUNITY INFORMATION	<p>MONROE COUNTY IS LOCATED IN WESTERN NEW YORK, CENTERED ON THE CITY OF ROCHESTER, WITH 19 SUBURBAN AND RURAL TOWNS THE US CENSUS BUREAU POPULATION ESTIMATE FOR MONROE COUNTY IN 2017 IS 747,642 PERSONS, WHICH REPRESENTS AN INCREASE FROM THE 2010 CENSUS FIGURE OF 744,344 THE ESTIMATE FOR THE CITY OF ROCHESTER IS 209,802 IN 2015, DOWN 0 3% SINCE 210,565 IN 2010 THE AVERAGE HOUSEHOLD SIZE IN MONROE COUNTY (2013-17) IS 2 4 PERSONS ACCORDING TO THE 2017 POPULATION ESTIMATES THE POPULATION AGED 5 OR YOUNGER IS 5 5% AND THE AGE 65 AND OVER MAKES UP 16 7% SIXTEEN PERCENT OR 119,623 OF MONROE COUNTY RESIDENTS ARE AFRICAN-AMERICAN, OF THOSE, 73% RESIDE WITHIN THE CITY OF ROCHESTER OF THE COUNTYS LATINO CITIZENS, 60% RESIDE IN THE CITY OF ROCHESTER THE LATINO COMMUNITY, MOSTLY OF PUERTO RICAN DESCENT, IS THE FASTEST GROWING SEGMENT OF THE ROCHESTER POPULATION FOR THE PERIOD 2013-2017, IT IS ESTIMATED THAT 16 4% OF PEOPLE LIVING IN MONROE COUNTY WERE LIVING BELOW THE POVERTY LEVEL ROCHESTER IS CONSIDERED THE 5TH POOREST CITY IN THE UNITED STATES AMONG THE TOP 75 METROPOLITAN AREAS AND WORST IN CHILD POVERY WITH MORE THAN 50% OF CHILDREN IN ROCHESTER LIVE IN POVERTY, THE HIGHEST FOR ANY COMPARABLY SIZED CITY IN THE US (*3) THE 66,500 ROCHESTER RESIDENTS LIVING IN POVERTY ACCOUNTED FOR 62% OF THE POVERTY IN MONROE COUNTY AND 41% OF THE TOTAL FOR THE REGION ONE DISTINCT CHARACTERISTIC OF MONROE COUNTY IS THE SIZE OF THE DEAF POPULATION, AN ESTIMATED 10,000-15,000 PRIMARY AMERICAN SIGN LANGUAGE (ASL) USERS THE DEAF POPULATION IS HETEROGENEOUS AND COMPLEX, DIFFERENTIATED ALONG LINES OF EDUCATIONAL BACKGROUND, ASL FLUENCY, AGE OF ONSET OF DEAFNESS, AS WELL AS RACE AND ETHNICITY RACIAL AND ETHNIC DISPARITIES WITHIN THIS GROUP, WHILE LIKELY, HAVE NOT BEEN WELL-DOCUMENTED MONROE COUNTY HAS A PLETHORA OF EXISTING FACILITIES AND RESOURCES WITHIN THE COMMUNITY SPECIFICALLY, MONROE COUNTY ENJOYS PRODUCTIVE COLLABORATION AMONG ITS HOSPITAL SYSTEMS INCLUDING UNIVERSITY OF ROCHESTERS STRONG MEMORIAL HOSPITAL AND HIGHLAND HOSPITAL, AND ROCHESTER REGIONAL HEALTHS ROCHESTER GENERAL AND UNITY HOSPITAL IN ADDITION TO THE HEALTH SYSTEMS, THERE IS A ROBUST MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH, A REGIONAL PLANNING AGENCY COMMON GROUND HEALTH, AND MANY RELEVANT COMMUNITY INITIATIVES FURTHER DETAILS REGARDING THE ROCHESTER COMMUNITY, INCLUDING DESCRIPTIONS OF THE HOSPITALS AND COMMUNITY BASED ORGANIZATIONS AND INITIATIVES, CAN BE FOUND IN THE COMPLETE COMMUNITY HEALTH NEEDS ASSESSMENT (*3) Analysis of American Community Survey Data for 2010-2014, ACT Rochester downloaded May 3, 2016 http //www actrochester org/sites/default/files/Rochester%27s%20Poverty%20Rate%20Rises%20According%20to%20New%20Census_December%202015 pdf -----</p>

Form and Line Reference	Explanation
PART VI, LINE 5- PROMOTION OF COMMUNITY HEALTH	<p>THE UR AND AFFILIATED HOSPITALS FURTHER THEIR EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY THROUGH THE MEDICAL STAFF, COMMUNITY BOARD, HEALTH IMPROVEMENT PROGRAMS AND USE OF SURPLUS FUNDS, ALL DESCRIBED BELOW. OUR MEDICAL STAFF AND COMMUNITY BOARD PLAY AN IMPORTANT ROLE IN COMMUNITY HEALTH IMPROVEMENT. STRONG MEMORIAL HOSPITAL IS OVERSEEN BY THE UNIVERSITY OF ROCHESTER MEDICAL CENTER BOARD, A 40 MEMBER BOARD, INCLUSIVE OF 14 EX-OFFICIO MEMBERS AND 23 LIFE MEMBERS, THAT REPORT TO THE UNIVERSITY BOARD OF TRUSTEES. THE MEDICAL CENTER BOARD IS LED BY AND COMPRISED OF A DIVERSE GROUP OF COMMUNITY AND INDUSTRY LEADERS AND ADVOCATES - PEOPLE WHO LIVE AND WORK IN THIS COMMUNITY AND CARE DEEPLY ABOUT THE HEALTH AND WELFARE OF ITS CITIZENS. THE BOARD INCLUDES NON-UR MEDICAL CENTER-EMPLOYED PRIVATE COMMUNITY PHYSICIANS, MEMBERS OF THE BUSINESS COMMUNITY, LOCAL PHILANTHROPISTS WITH AN INTEREST IN ADVOCATING FOR HEALTH CARE, AND OTHER LOCAL REPRESENTATIVES. AS A DEDICATED BOARD, EACH MEMBER UPHOLDS WELL-ESTABLISHED PRINCIPLES OF NONPROFIT CORPORATION LAW CONCERNING THE STANDARDS OF CONDUCT AND ATTENTION. A BOARD MEMBER MUST MEET FIDUCIARY RESPONSIBILITY, OBEDIENCE TO THE CHARITABLE PURPOSE OF THE ORGANIZATION, LOYALTY, A COMMITMENT TO ACT BASED ON BEST INTERESTS OF THE ORGANIZATION AND THE WIDER COMMUNITY IT SERVES, AND DILIGENCE IN CARRYING OUT THE WORK OF THE BOARD. ADMINISTRATIVELY, UR MEDICAL CENTER LEADERSHIP HAS INITIATED A COMPREHENSIVE AND AMBITIOUS STRATEGIC PLAN WHICH SEEKS TO PRODUCE EXCEPTIONAL RESULTS AT AN AFFORDABLE COST, ACROSS ALL OF OUR MISSIONS: EDUCATION, RESEARCH, PATIENT CARE, AND COMMUNITY HEALTH. THE GOALS OF THE PLAN INCLUDE EXPANDING COMMUNITY HEALTH PROGRAMS AND RESEARCH THAT IMPROVE THE OVERALL HEALTH OF THE GREATER ROCHESTER COMMUNITY. THE BOARD OF DIRECTORS ENDORSE AND CHAMPION THE VISION OF THE PLAN. TO HIGHLIGHT THE IMPORTANCE OF THE COMMUNITY HEALTH MISSION, THE CENTER FOR COMMUNITY HEALTH AND PREVENTION (CCHP) WAS ESTABLISHED IN 2006 AS THE LINK BETWEEN THE COMMUNITY AND THE UNIVERSITY. THE CCHP MISSION IS TO JOIN FORCES WITH THE COMMUNITY TO PROMOTE HEALTH EQUITY, IMPROVE HEALTH THROUGH RESEARCH, EDUCATION, SERVICES, AND POLICY, AND ESTABLISH LOCAL AND NATIONAL MODELS FOR PREVENTION AND COMMUNITY ENGAGEMENT THROUGH DISEASE PREVENTION AND HEALTHY LIVING PROGRAMS, RESEARCH, EDUCATION, AND POLICY. THE CCHP WORKS TO CREATE ENVIRONMENTS THAT SUPPORT HEALTHY BEHAVIORS AIMED AT PREVENTING DISEASE AND CREATING A HEALTHIER COMMUNITY. THE CENTER FOR COMMUNITY HEALTH AND PREVENTION HOSTS THE ANNUAL "DR. DAVID SATCHER COMMUNITY HEALTH IMPROVEMENT AWARDS" PROGRAM THAT WAS ESTABLISHED IN 2010 TO RECOGNIZE URMIC FACULTY/STAFF AND THEIR COMMUNITY PARTNERS FOR EXEMPLARY COMMUNITY-ENGAGED WORK WHICH CONTRIBUTES TO REDUCING HEALTH INEQUALITIES AND IMPROVES THE COMMUNITY'S HEALTH. URMIC EXTENDS MEDICAL STAFF PRIVILEGES TO EMPLOYED UR MEDICAL CENTER FACULTY PHYSICIANS AND ALL ELIGIBLE PRIVATE PHYSICIANS WHO PRACTICE AT UR MEDICAL CENTER AFFILIATED HOSPITALS. MANY FACULTY MEMBERS SERVE A DUAL ROLE WITH COMMUNITY AGENCIES, PROVIDING SERVICE AS A MEDICAL DIRECTOR OR ATTENDING PHYSICIAN FOR COMMUNITY HEALTH INITIATIVES. THIS LINKAGE ENHANCES COLLABORATION, PRODUCING A HIGHER QUALITY OF CARE AND SMOOTHER TRANSITIONS FOR PATIENTS WHO MAY NEED ANY OR ALL OF THESE SERVICES THROUGH THE EFFECTIVE USE OF SURPLUS FUNDS. THE UR MEDICAL CENTER CONTINUALLY REINVESTS IN ITS FACILITIES AND PROGRAMS IN AN EFFORT TO IMPROVE THE HEALTH OF THE COMMUNITY. EXAMPLES INCLUDE ITS 92-YEAR-OLD STRONG MEMORIAL HOSPITAL HAS IN RECENT YEARS RENOVATED ITS MEDICAL AND SURGICAL ICUS TO INCLUDE LARGER, PRIVATE ROOMS. IT ALSO UNVEILED A NEW FREESTANDING AMBULATORY SURGERY CENTER THAT INCLUDES 10 OPERATING SUITES AND THREE PROCEDURE ROOMS EQUIPPED WITH ADVANCED TECHNOLOGY. THE SURGERY CENTER WAS DEVELOPED AS AN INCREASE IN SPECIALTY CARE BEGAN PLACING MORE PRESSURE ON EXISTING OPERATING SUITES. STRONG MEMORIAL HOSPITAL ALSO RUNS THE REGION'S LARGEST EMERGENCY FACILITY. THE 55,000-SQUARE-FOOT FRANK AND CAROLINE GANNETT EMERGENCY CENTER WAS DESIGNED TO IMPROVE EFFICIENCY, WITH THE DIGNITY AND COMFORT OF OUR PATIENTS IN MIND. IT WAS DESIGNATED BY THE NEW YORK STATE DEPARTMENT OF HEALTH AS A LEVEL ONE REGIONAL TRAUMA CENTER. THE ADULT TREATMENT AREA WAS CONSTRUCTED WITH 25 SEMI-PRIVATE PATIENT CUBICLES, AND UNLIKE OTHER EMERGENCY FACILITIES IN THE REGION, IT ALSO INCLUDES A DEDICATED CHILDREN'S EMERGENCY DEPARTMENT WITH A PRIVATE WAITING ROOM. IT IS ALSO THE REGION'S ONLY DEDICATED BURN CENTER IN THE REGION, AND ALSO HAS THE REGION'S ONLY TOXICOLOGIST- A DOCTOR THAT SPECIALIZES IN POISONINGS AND DRUG OVERDOSES. SURPLUS FUNDS ARE ALSO DEDICATED TO SUPPORT RESEARCH. OUR CLINICAL AND TRANSLATIONAL RESEARCH INSTITUTE (CTSI) THAT SERVES AS THE HUB OF RESOURCES, EXPERTISE AND NETWORKS NECESSARY TO ACCELERATE THE CLINICAL APPLICATION OF BIOMEDICAL AND BEHAVIORAL RESEARCH SO THAT INTERVENTIONS CAN REACH INDIVIDUALS IN THE COMMUNITY MORE QUICKLY.</p>

Form and Line Reference	Explanation
PART VI, LINE 5- PROMOTION OF COMMUNITY HEALTH	<p>THE CTSI'S COMMUNITY ENGAGEMENT FUNCTION, WHICH IS ADMINISTERED BY THE UR MEDICAL CENTER' S CENTER FOR COMMUNITY HEALTH AND PREVENTION, SUPPORTS THE CTSI COMMUNITY ENGAGEMENT MISSION BY FACILITATING COMMUNICATION AND PARTNERSHIPS AMONG RESEARCHERS, HEALTH CARE PROVIDERS , AND COMMUNITY MEMBERS AND ORGANIZATIONS IN ADDITION, SURPLUS FUNDS ALSO SUPPORT THE UR MEDICAL CENTER'S COMMITMENT TO COMMUNITY HEALTH, WHICH DATES BACK TO THE MEDICAL SCHOOL'S FOUNDING IN 1920, LOCAL BENEFACTOR GEORGE EASTMAN BEQUEATHED A GIFT TO THE SCHOOL WITH TH E INSTRUCTIONS THAT THE SCHOOL HELP MAKE ROCHESTER "ONE OF THE HEALTHIEST COMMUNITIES IN T HE WORLD " OUTSTANDING EXAMPLES INCLUDE THE HOEKELMAN CENTER SERVES AS A NATIONAL LEADER FOR PEDIATRIC COMMUNITY HEALTH BY FOCUSING ON CONNECTING, ADVOCATING, RESEARCHING AND EDUC ATING IN OUR COMMUNITIES TO DO WHAT WORKS FOR HEALTH THE HOEKELMAN CENTER HOSTS THE PEDIA TRIC LINKS WITH THE COMMUNITY (PLC) WHICH WILL HAVE TRAINED CLOSE TO 800 FIRST-YEAR RESIDE NTS FROM PEDIATRICS, MEDICINE-PEDIATRICS, AND FAMILY MEDICINE, AND MEDICAL STUDENTS BY THE END OF 2016- 2017 ACADEMIC YEAR DURING THE PLC TWO-WEEK ROTATION, RESIDENTS AND STUDENTS LEARN FIRST-HAND ABOUT CRITICAL FACTORS AFFECTING CHILD HEALTH, WHILE INTERACTING WITH ME DICAL AND NON-MEDICAL PROVIDERS AT VARIOUS COMMUNITY-BASED ORGANIZATIONS AND PROGRAMS THE CLOSTRIDIUM DIFFICILE INFECTION REDUCTION COLLABORATIVE (CDPC) IS FOCUSED ON LIMITING C DIFF INFECTION TRANSMISSION BY EMPHASIZING HAND HYGIENE AND ADEQUATE CLEANING OF THE ENVIR ONMENT WITHIN FOUR HOSPITALS IN OUR COMMUNITY A REDUCTION OF HOSPITAL-ONSET CDI OF OVER 3 0% WAS ACHIEVED THROUGH INVOLVEMENT OF STAFF FROM MULTIPLE DISCIPLINES, EDUCATION, OBSERVA TIONS, STANDARDIZATION OF POLICIES, BEHAVIORAL CHANGE THEORY IMPLEMENTATION AND ANTIBIOTIC STEWARDSHIP THE INITIATIVE IS NOW EXPANDING TO NURSING HOMES IN THE COMMUNITY FUNDS FRO M THE MEDICAL CENTER SUPPORT THE EMERGENCY DEPARTMENTS INJURY FREE COALITION FOR KIDS WHIC H HAS AS ITS MISSION TO WORK WITH A COMMUNITY COALITIONS TO LEARN MORE ABOUT HOW, WHEN, AN D WHERE INJURIES TO CHILDREN OCCUR, TO SET PRIORITIES FOR INJURY PREVENTION, TO DEVELOP NE W PREVENTION STRATEGIES, AND TO STUDY THE IMPACT OF THESE STRATEGIES ON THE ROCHESTER ACT IVITIES INCLUDE BIKE RODEOS, HELMUT DISTRIBUTIONS, AND SAFE TEEN DRIVING SEMINARS UR MEDI CINE PARTICIPATES IN THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPROVEMENT PLAN FOR MONROE COUNTY THE PLAN HAS FIVE FOCUS AREAS AND IS ALIGNED WITH THE NYS PREVENTION AGENDA UR M EDICINE SUPPORTS THE COMMUNITY HEALTH IMPROVEMENT PLAN OUTLINED IN THE CHNA/CHIP AND HAS D EDICATED FACULTY, STAFF AND RESOURCES TO MEET THE GOALS OUTLINED IN THE PLAN THE FOCUS AR EAS ADDRESSED ARE 1 SMOKING CESSATION, BY REFERRING ALL TOBACCO USES TO THE NYSTATE QUIT LINE VIA THE ELECTRONIC MEDICAL RECORD, 2 HYPERTENSION CONTROL, BY WORKING WITH THE COMMU NITY HIGH BLOOD PRESSURE COLLABORATIVE TO INCREASE THE RATE OF HYPERTENSIVE PATIENTS WHO A RE IN CONTROL PROVIDERS ARE WORKING WITH PRACTICE IMPROVEMENT CONSULTANTS TO FIND SYSTEM SOLUTIONS TO BLOOD PRESSURE CONTROL, 3 SCREENING FOR FOOD INSECURITY, WHICH IS BEING DONE CURRENTLY IN THE PEDIATRIC OUTPATIENT CLINICS USING THE WE CARE TOOL AND ACTIVELY REFERRI NG THOSE WITH FOOD INSECURITY TO THE FOODLINK FOOD HUB, 4 REDUCING UNPLANNED PREGNANCY BY REMOVING BARRIERS TO LONG-ACTING REVERSIBLE CONTRACEPTION AND CONCENTRATING ON SEXUAL HEA LTH EDUCATION TO YOUTH, AND 5 ADDRESSING THE OPIOID CRISIS BY DISCOVERING WAYS TO DECREASE DEATHS DUE TO OPIOID OVERDOSE UR IS ALSO STRONGLY COMMITTED TO THE DSRIP INITIATIVE AS O NE OF THE KEY PARTNER AGENCIES IN THE REGIONAL DSRIP INITIATIVE CALLED FLPPS (FINGER LAKES PERFORMING PROVIDER SYSTEM) FLPPS HAS CHOSEN SEVERAL PROJECTS WITH EXTENSIVE COMMUNITY H EALTH IMPROVEMENT POSSIBILITIES UR IS BUILDING INFRASTRUCTURE AND LEADERSHIP TO BE ABLE T O IMPLEMENT THE PROJECTS WHICH INLCUDE BEHAVIORAL HEALTH SERVICE IMPROVEMENTS AND CRISIS S TABILIZATION, EXPANSION OF THE BABY LOVE</p>

Form and Line Reference	Explanation
PART VI, LINE 6- AFFILIATED HEALTH CARE SYSTEM	<p>THE UNIVERSITY OF ROCHESTER MEDICAL CENTER IS AN INTEGRATED ACADEMIC HEALTH CENTER THAT COMPREHENSIVELY PROVIDES THE SCHOOL OF MEDICINE AND DENTISTRY, INCLUDING ITS FACULTY PRACTICE (UNIVERSITY OF ROCHESTER MEDICAL FACULTY GROUP), STRONG MEMORIAL HOSPITAL, HIGHLAND HOSPITAL, GOLISANO CHILDREN'S HOSPITAL, JAMES P WILMOT CANCER CENTER, STRONG WEST, SCHOOL OF NURSING, EASTMAN INSTITUTE FOR ORAL HEALTH, VISITING NURSE SERVICE, HIGHLANDS AT PITTSFORD, THE HIGHLANDS LIVING CENTER, INC., HIGHLANDS AT BRIGHTON, FF THOMPSON HEALTH SYSTEM, INC., JONES MEMORIAL HOSPITAL, NOYES HEALTH, AND ACCOUNTABLE HEALTH PARTNERS, LLC. UR MEDICAL CENTER AND THE AFFILIATED HEALTH CARE ENTITIES HAVE EMBRACED A COMPREHENSIVE APPROACH TO COMMUNITY HEALTH, WHICH EMPLOYS THE MULTIDISCIPLINARY SKILLS FOUND IN AN ACADEMIC MEDICAL CENTER TO BOTH PROVIDE IMPORTANT COMMUNITY SERVICES AND CONDUCT COMMUNITY-BASED RESEARCH. THESE ACTIVITIES HELP INFORM POLICYMAKERS AND THE COMMUNITY ABOUT LOCAL HEALTH CHALLENGES, EVALUATE THE EFFECTIVENESS OF INTERVENTIONS, AND SERVE AS A FOUNDATION FOR EVIDENCE-BASED PRACTICES TO IMPROVE HEALTH AND OVERALL QUALITY OF LIFE. - THE UNIVERSITY'S HEALTH CARE DELIVERY NETWORK IS ANCHORED BY STRONG MEMORIAL HOSPITAL, AN 838 BED TEACHING HOSPITAL, WHICH INCLUDES A CHILDREN'S HOSPITAL-GOLISANO CHILDREN'S HOSPITAL. PATIENTS BENEFIT FROM THE MEDICAL CENTER'S ROBUST TEACHING AND BIOMEDICAL RESEARCH PROGRAMS. STUDENT ROSTERS INCLUDE APPROXIMATELY 400 MEDICAL STUDENTS, 500 GRADUATE STUDENTS, AND 890 RESIDENTS AND FELLOWS WHO ARE ENGAGED IN COMMUNITY SERVICE THROUGHOUT THEIR EDUCATION. - EASTMAN INSTITUTE FOR ORAL HEALTH PROVIDES COMMUNITY DENTAL CARE IN A NUMBER OF CLINICS, AS WELL AS CLINICAL EDUCATION TO DENTAL STUDENTS ENROLLED AT THE UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY. IT OFFERS GENERAL DENTISTRY, PEDIATRIC AND ORTHODONTIC CLINICS, AND AN URGENT CARE DENTAL CLINIC THAT SEES 10 - 50 PATIENTS PER DAY. IT OPERATES LOW-INCOME CLINICS AT SCHOOLS AND A DOWNTOWN LOCATION. ADDITIONALLY, FOUR SMILEMOBILES PROVIDE A DENTAL OFFICE ON WHEELS, ALLOWING THE CITY'S CHILDREN INCREASED ACCESS TO MUCH NEEDED DENTAL CARE. - THE JAMES P WILMOT CANCER CENTER IS ORGANIZED AROUND A MULTIDISCIPLINARY CARE MODEL, WHICH LEADING CANCER EXPERTS BELIEVE IS THE GOLD STANDARD IN CANCER CARE IN THE 21ST CENTURY. ITS MODEL UNDERSCORES A COMMITMENT TO PROVIDE PATIENTS IN THE ROCHESTER AREA WITH THE MOST UP-TO-DATE INFORMATION AND AVAILABLE TREATMENTS, BASING OUR RECOMMENDATIONS ON THE BEST EVIDENCE. IT IS THE ONLY CENTER IN THE ROCHESTER AND FINGER LAKES REGION OFFERING THIS TEAM APPROACH TO CARE. A VARIETY OF FREE PREVENTIVE EDUCATION EVENTS ARE HELD THROUGHOUT THE YEAR, INCLUDING MEN'S HEALTH DAY, WHICH INCLUDES NUMEROUS FREE HEALTH SCREENINGS, FREE SKIN CANCER SCREENINGS, AND BREAST CANCER SCREENINGS FOR THE UNINSURED AND UNDERINSURED. - GOLISANO CHILDREN'S HOSPITAL, HOUSED IN STRONG MEMORIAL HOSPITAL, IS A 124-BED CHILDREN'S HOSPITAL THAT SERVES AS THE REFERRAL CENTER FOR ALL SERIOUSLY ILL OR INJURED CHILDREN FROM THE 17-COUNTY FINGER LAKES REGION. IT COMBINES AWARD-WINNING RESEARCH, INTERNATIONALLY ACCLAIMED EDUCATION AND COMPASSIONATE CARE TO SERVE CHILDREN AND FAMILIES. PEDIATRIC SPECIALTIES INCLUDE ORTHOPAEDICS, NEUROLOGY/NEUROSURGERY, CANCER AND NEONATAL CARE. IN ADDITION TO THESE TRADITIONAL MEDICAL SERVICES, GOLISANO CHILDREN'S HOSPITAL IS THE NATION'S MODEL FOR "COMMUNITY PEDIATRICS", A PHILOSOPHY THAT EMBRACES THE IDEA THAT A CHILD'S COMMUNITY AND ENVIRONMENT AFFECT HIS HEALTH AND, THEREFORE, HE CANNOT BE TREATED SOLELY IN AN EXAM ROOM. THE HOSPITAL ENCOURAGES PHYSICIANS AND STAFF TO PARTNER WITH COMMUNITY ORGANIZATIONS TO IMPROVE VACCINATION RATES, EDUCATIONAL OPPORTUNITIES, SAFETY AT HOME AND ON PLAYGROUNDS, AND HEALTH INSURANCE AND HEALTH CARE ACCESS. - THE STRONG WEST CAMPUS, WHICH IS LOCATED APPROXIMATELY 20 MILES WEST OF ROCHESTER IN BROCKPORT, NY WAS ACQUIRED BY THE UNIVERSITY IN 2013. IT IS THE SITE OF THE FORMER 61 BED LAKESIDE MEMORIAL HOSPITAL, WHICH ANNOUNCED IT WAS CLOSING IN APRIL, 2013, LEAVING THE COMMUNITY WITHOUT AN EMERGENCY ROOM AND LOCAL ACCESS TO OTHER HEALTH CARE SERVICES. STRONG MEMORIAL HOSPITAL NOW OPERATES A FREE-STANDING EMERGENCY ROOM ON THE STRONG WEST CAMPUS, IN ADDITION TO OFFERING AMBULATORY SURGERY, HEALTH IMAGING, LABORATORY SERVICES, PRIMARY CARE, ORTHOPAEDICS, CARDIAC CARE, ONCOLOGY AND HEMATOLOGY, SLEEP MEDICINE, NEUROLOGY, AND UROLOGY SERVICES. THE UNIVERSITY'S WHOLLY OWNED HEALTH CARE AFFILIATES ARE - HIGHLAND HOSPITAL OF ROCHESTER (HIGHLAND) PROVIDES INPATIENT AND OUTPATIENT HEALTHCARE SERVICES WITHOUT REGARD TO A PATIENT'S ABILITY TO PAY. HIGHLAND OPERATES A 261-BED ACUTE CARE HOSPITAL, AS WELL AS 20 OUTPATIENT CLINICS, AND OB/MIDWIFERY CLINIC, BREAST CARE CLINIC, AND THREE RADIATION ONCOLOGY TREATMENT CENTERS. HIGHLAND IS ALSO A TEACHING AFFILIATE OF THE UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY. HIGHLAND'S SERVICE AREA INCLUDES MONROE COUNTY, NEW YORK, AS WELL AS SEVERAL CO</p>

Form and Line Reference	Explanation
PART VI, LINE 6- AFFILIATED HEALTH CARE SYSTEM	<p>UNITIES SURROUNDING THE ROCHESTER, NEW YORK REGION - VISITING NURSE SERVICE OF ROCHESTER AND MONROE COUNTY, INC AND COMMUNITY CARE OF ROCHESTER, INC D/B/A VISITING NURSE SIGNATURE CARE PROVIDE HOME AND COMMUNITY BASED CARE TO OVER 13,000 PEOPLE ANNUALLY, INCLUDING NURSING, REHABILITATION THERAPY, PERSONAL CARE, HOSPICE AND MEALS ON WHEELS THE AGENCY IS NATIONALLY RECOGNIZED FOR ITS ABILITY TO REDUCE UNNECESSARY HOSPITALIZATIONS DURING 2013, AFFILIATES FINGER LAKES VISITING NURSE SERVICE, INC AND FINGER LAKES HOME CARE, INC JOINED THE SYSTEM, EXTENDING THE HOME CARE AFFILIATES' PROVISION OF HIGH QUALITY HOME HEALTH CARE SERVICES TO THE FINGER LAKES REGION - THE HIGHLANDS AT PITTSFORD CAMPUS INCLUDES TWO SEPARATE CORPORATIONS WITH DIFFERENT ACTIVITIES OFFERING SKILLED NURSING CARE, AS WELL AS ASSISTED AND INDEPENDENT LIVING FOR SENIORS THE HIGHLANDS LIVING CENTER IS A 122-BED SKILLED NURSING FACILITY THAT ALSO OFFERS AN ADULT DAY CARE PROGRAM THE 60-BED ASSISTED LIVING, 166-BED INDEPENDENT LIVING, AND COMMUNITY EDUCATION ARE PROVIDED BY HIGHLAND COMMUNITY DEVELOPMENT CORPORATION D/B/A/THE HIGHLANDS AT PITTSFORD AND LAURELWOOD AT THE HIGHLANDS THE HIGHLANDS OFFER A COMPREHENSIVE SERIES OF COMMUNITY EDUCATION PROGRAMS ON CURRENT HEALTH TOPICS, INCLUDING HEART HEALTH, NUTRITION, ORAL HEALTH, AND DIABETES PREVENTION, TO NAME A FEW - THE HIGHLANDS AT BRIGHTON IS A 145-BED SKILLED NURSING FACILITY THAT SPECIALIZES IN CARE FOR THE MOST MEDICALLY COMPLEX CASES, INCLUDING A NEUROBEHAVIORAL UNIT, VENTILATOR UNIT, AND BEHAVIORAL STEP-DOWN/DEMENTIA CARE UNIT IN ADDITION TO TRANSITIONAL, POST-ACUTE CARE AND REHABILITATION SERVICES THROUGH ITS TRANSITIONAL CARE MODEL, THE HIGHLANDS AT BRIGHTON ACCEPTS PATIENTS WHO NO LONGER REQUIRE HOSPITAL CARE BUT ARE DIFFICULT TO DISCHARGE DUE TO THE COMPLEXITY OF THEIR MEDICAL OR BEHAVIORAL NEEDS, PROVIDING THEM WITH SUPPORTIVE CARE AND IN MANY CASES, HELPING THEM TRANSITION TO MORE APPROPRIATE LEVELS OF CARE IN THE COMMUNITY - FF THOMPSON HEALTH SYSTEM INCLUDES THE FREDERICK FERRIS THOMPSON HOSPITAL (FF THOMPSON) FF THOMPSON IS A 113-BED ACUTE CARE HOSPITAL THAT IS LOCATED IN CANANDAIGUA, NY, APPROXIMATELY 30 MILES SOUTH OF ROCHESTER AND SERVES THE FINGER LAKES REGION ITS SERVICES INCLUDE MEDICAL/SURGICAL CARE, INTENSIVE CARE, MATERNITY AND EMERGENCY CARE IN ADDITION, THE HOSPITAL OWNS AND OPERATES 9 EXTENSION CLINICS, 8 OF WHICH PROVIDE PRIMARY HEALTH CARE SERVICE AND 2 OF WHICH PROVIDE OUTPATIENT PHYSICAL AND/OR OCCUPATIONAL THERAPY - M M EWING CONTINUING CARE CENTER INC IS A NOT-FOR-PROFIT CORPORATION THAT OPERATES A 188-BED SKILLED NURSING FACILITY AND ADULT DAY CARE PROGRAM ADJACENT TO FF THOMPSON HOSPITAL - F F T SENIOR COMMUNITIES, INC IS A NOT-FOR-PROFIT CORPORATION THAT OPERATES FERRIS HILLS AT WESTLAKE, A RESIDENTIAL COMMUNITY CONSISTING OF 84 INDEPENDENT LIVING UNITS AND 48 ENRICHED LIVING UNITS - ACCOUNTABLE HEALTH PARTNERS, LLC AND ACCOUNTABLE HEALTH PARTNERS-IPA, LLC IS A NETWORK OF PHYSICIANS EMPLOYED BY THE UNIVERSITY AND ITS AFFILIATED HOSPITALS, COMMUNITY BASED PHYSICIANS, AND OTHER AFFILIATED HOSPITALS THAT ARE CLINICALLY INTEGRATED AND NEGOTIATE REIMBURSEMENT CONTRACTS WITH LOCAL PAYORS AND SELF-INSURED BUSINESSES THE UNIVERSITY, THROUGH STRONG MEMORIAL HOSPITAL, OWNS ACCOUNTABLE HEALTH PARTNERS, ALONG WITH OTHER HOSPITALS, UNIVERSITY-EMPLOYED PHYSICIANS, AFFILIATED HOSPITAL-EMPLOYED PHYSICIANS AND COMMUNITY PHYSICIANS AHP IS AN ENGAGED, HIGH-PERFORMING, ROBUST REGIONAL PROVIDER NETWORK THAT IS DELIVERING HIGH-QUALITY, COST-EFFECTIVE HEALTH CARE AHP EXECUTES A COMPREHENSIVE, INTEGRATED CARE MANAGEMENT PROGRAM THAT PUTS THE PATIENT AT THE CENTER AND EXPLICITLY STRIVES FOR THE BEST INTERESTS OF THE PATIENTS AHP EMPHASIZES AND SUPPORTS THE IMPORTANCE OF PRIMARY CARE AND THE VALUE OF PATIENT-CENTERED MEDICAL HOMES, AND CREATES AND ADHERES TO CLINICAL PROTOCOLS THAT ARE EVIDENCE-BASED AND INFORMED BY BEST PRACTICES - JONES MEMORIAL HOSPITAL IS A 70-BED ACUTE CARE</p>

Schedule H (Form 990) 2017

Additional Data**Software ID:****Software Version:****EIN:** 16-0743209**Name:** UNIVERSITY OF ROCHESTER**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	STRONG MEMORIAL HOSPITAL & EXT CLINICS 601 ELMWOOD AVENUE ROCHESTER, NY 14642 WWW.URMC.ROCHESTER.EDU/STRONG-MEMORIAL LICENSE# 2701005H	X	X	X	X		X	X		OUTPATIENT MED CLINI OUTPATIENT MENTAL HE METHADONE MAINT, URG	

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5- INPUT FROM COMMUNITY	<p>UR STRONG CONDUCTED ITS CHNA IN COLLABORATION WITH OTHER HOSPITALS AND AGENCIES IN MONROE COUNTY THIS GROUP, CALLED THE COMMUNITY HEALTH IMPROVEMENT WORKGROUP (CHIW) MEETS MONTHLY TO CONDUCT THE CHNA WHEN INDICATED AND TO IMPLEMENT THE COMMUNITY-WIDE IMPROVEMENT STRATEGY COMMUNITY INPUT IS CRITICAL THROUGHOUT THE CHNA PROCESS, THE IMPROVEMENT PLANNING PROCESS, AND THE IMPLEMENTATION PROCESS ONGOING COMMUNITY ENGAGEMENT IS VITAL TO INFORM OUR AGENDA EACH OF THE HOSPITAL SYSTEMS INCLUDED IN THE CHNA UNIVERSITY OF ROCHESTER STRONG MEMORIAL HOSPITAL, HIGHLAND HOSPITAL, ROCHESTER REGIONAL HEALTH, AND UNITY HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY THE MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH WAS REPRESENTED AT EACH CHIW MEETING BY ANNE KERN, PUBLIC HEALTH PROGRAM COORDINATOR, AND KATHY CARELOCK, MANAGER OF THE DIVISION OF EPIDEMIOLOGY BOTH ARE AWARE OF COMMUNITY NEEDS, OVERSEE THE ADULT AND YOUTH HEALTH SURVEY PROCESS AND ARE EXPERTS IN EFFECTIVE PUBLIC HEALTH ASSESSMENT AND INTERVENTION MICHAEL MENDOZA, MD, MPH AND CURRENT DIRECTOR OF THE MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH, ATTENDED MEETINGS OCCASIONALLY BUT WAS ALSO INFORMED BY MS KERN, MS CARELOCK AND DR GREEN THERESA GREEN, DIRECTOR OF COMMUNITY HEALTH POLICY AND THE HEALTH POLICY COORDINATOR, BOTH FROM THE URCM CENTER FOR COMMUNITY HEALTH AND PREVENTION, PROVIDED EXPERT ADVICE ON COMMUNITY ENGAGEMENT AND EVIDENCE BASED INTERVENTIONS IN ADDITION, COMMON GROUND HEALTH (FORMERLY FINGER LAKES HEALTH SYSTEM AGENCY), WHO REPRESENTS THE COMMUNITY VOICE AND WHO MANAGES BOTH THE AFRICAN AMERICAN HEALTH COALITION AND THE LATINO HEALTH COALITION AND THE BLOOD PRESSURE COLLABORATIVE FOR MONROE COUNTY, WAS REPRESENTED AT EACH MEETING BY EITHER DINA FATICONE, DIRECTOR OF COMMUNITY HEALTH AND ENGAGEMENT OR SEVERAL OF THEIR OTHER REPRESENTATIVES SPECIFICALLY FOR THE 2016 CHNA, COMMUNITY INPUT WAS ACQUIRED BY REVIEWING EXISTING COMMUNITY REPORTS AND BY DISCUSSIONS WITH EXISTING COMMUNITY BASED GROUPS ABOUT THE DATA-IDENTIFIED NEEDS THE CHIW REVIEWED SEVERAL RECENTLY CONDUCTED COMMUNITY ENGAGED REPORTS AROUND COMMUNITY HEALTH IN MONROE COUNTY, PRIMARILY THOSE CONDUCTED FOR DSRIP IN LATE 2015 FOCUS GROUPS AND KEY INFORMANT INTERVIEWS WERE CONDUCTED BY COMMON GROUND HEALTH FOR THE DSRIP COMMUNITY NEEDS ASSESSMENT IN 2015 (*1) THE FOCUS GROUP FINDINGS PROVIDED INSIGHT INTO ISSUES IMPACTING HEALTH OF THE MEDICAID POPULATION THREE KEY THEMES THAT EMERGED FROM THE FOCUS GROUPS INCLUDED 1 THE EFFECT OF SOCIAL DETERMINANTS INCLUDING POVERTY ON HEALTH, 2 HEALTH LITERACY AND THE IMPACT IT HAS ON PEOPLES ABILITY TO MANAGE THEIR HEALTH AND 3 THE IMPORTANCE OF CULTURALLY APPROPRIATE CARE IN LATE 2014, COMMON GROUND HEALTH, IN COLLABORATION WITH THE HIGH BLOOD PRESSURE COLLABORATIVE OF THE ROCHESTER CHAMBER OF COMMERCE, CONDUCTED A SERIES OF FOCUS GROUPS WITH PEOPLE DIAGNOSED WITH HIGH BLOOD PRESSURE KEY THEMES IDENTIFIED DURING THE FOCUS GROUPS INCLUDED A NEED TO S</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5- INPUT FROM COMMUNITY	<p>UPPORT PEOPLE IN MAKING LIFESTYLE CHANGES, HEALTH LITERACY, AND STRATEGIES AROUND MEDICATION COMPLIANCE THE ROCHESTER-MONROE ANTI-POVERTY INITIATIVE AT UNITED WAY (RMAPI), IN 2015 , FORMED SIX WORKGROUPS INCLUDING HEALTH & NUTRITION, EDUCATION, HOUSING, JOBS, JUSTICE SYSTEM AND SAFE NEIGHBORHOODS WITH CROSS-SECTION REPRESENTATION INCLUDING COMMUNITY MEMBERS RECOMMENDATIONS FROM THE HEALTH AND NUTRITION WORK GROUP CENTERED AROUND FOOD ACCESS, SCREENING FOR FOOD INSECURITY, FOOD LITERACY, AND PREVENTING AND ADDRESSING TRAUMA ACROSS THE LIFESPAN (INCLUDING EMPOWERING EVERY WOMAN IN HER SEXUAL AND REPRODUCTIVE CHOICES) (*2) THIS HIGH LEVEL COLLABORATION AMONG COMMUNITY MEMBERS, PUBLIC HEALTH PROVIDERS AND HOSPITAL SYSTEMS, ALONG WITH THE ROBUST PROCESS OF COMMUNITY INPUT GATHERING, PROVIDES A TRULY COMMUNITY BASED HEALTH NEEDS ASSESSMENT AND IMPROVEMENT PLAN (*1)COMMUNITY NEEDS ASSESSMENT , FINGER LAKES PERFORMING PROVIDER SYSTEM DELIVERY SYSTEM REFORM INCENTIVE PROGRAM DECEMBER 18, 2014 FINGER LAKES HEALTH SYSTEMS AGENCY PAGES 100-106 HTTP //WWW FLHSA ORG/MEDIA /DEFAULT/DOCUMENTS/DSRIP/FINAL%20CNA%20REPORT%20 12-18-14 PDF (*2)POVERTY INITIATIVE AT U NITED WAY OF GREATER ROCHESTER PROGRESS REPORT A ROADMAP FOR CHANGE, SEPTEMBER 2015 HTT PS //WWW UWROCHESTER ORG/UNITEDWAYOFROCHESTER/MEDIA/OUR-WORK-RESULTS/DO CUMENTS/RMAPI-PROG RESS-REPORT-OCTOBER-2015-PRINT-VERSION PDF -----</p>

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6a- JOINT CHNA	THE CHNA WAS CONDUCTED WITH SEVERAL OTHER HOSPITAL FACILITIES AN ASSESSMENT OF MONROE COUNTY WAS CONDUCTED JOINTLY BY UNIVERSITY OF ROCHESTER STRONG MEMORIAL HOSPITAL AND HIGHLAND HOSPITAL, ROCHESTER REGIONAL HEALTH INCLUDING ROCHESTER REGIONAL HOSPITAL AND UNITY HOSPITAL (SINCE THE 2013 CHNA, ROCHESTER GENERAL HEALTH SYSTEM AND UNITY HEALTH SYSTEM HAVE MERGED TO CREATE ROCHESTER REGIONAL HEALTH WHICH INCLUDES BOTH HOSPITALS) -----

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6b - CHNA CONDUCTED WITH NON-HOSPITAL FACILITIES	THE CHNA WAS CONDUCTED WITH SEVERAL OTHER ORGANIZATIONS BESIDES THE HOSPITAL FACILITIES THE MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH WAS VERY ENGAGED IN THE CHNA PROCESS, WAS PRESENT AT EACH MEETING AND ASSISTED WITH DATA ANALYSIS AND IMPROVEMENT PLANNING COMMON GROUND HEALTH (FORMERLY THE FINGER LAKES HEALTH SYSTEM AGENCY) IS THE REGIONAL PLANNING AGENCY AND IS REPRESENTED AT ALMOST EVERY MEETING OF THE COMMUNITY HEALTH IMPROVEMENT WORKGROUP (CHIW), AND WAS INSTRUMENTAL IN DEVELOPING THE CHNA, BOTH BY PROVIDING DATA AND ASSISTING WITH COMMUNITY ENGAGEMENT OUR REGIONAL DSRIP AGENCY ALSO ATTENDS THE CHIW MEETINGS AND GAVE INPUT TO THE CHNA PROCESS AND THE REGIONAL HEALTH INFORMATION ORGANIZATION (RHIO) HAS BEEN TO MOST CHIW MEETINGS AND WAS ENGAGED IN THE CHNA PROCESS -----

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7A&D,10 - CHNA & IMP PLAN PUBLIC AVAILABILITY	THE CHNA REPORT WAS MADE WIDELY AVAILABLE TO THE PUBLIC A COPY OF THE ORGANIZATION'S CHNA AND IMPLEMENTATION/IMPROVEMENT PLAN CAN BE FOUND AT https //www urmc rochester edu/community.aspx OUR CHNA AND IMPLEMENTATION/IMPROVEMENT PLAN ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND ARE ALSO POSTED ON THE COLLABORATING HOSPITAL SYSTEM'S WEBSITES AND ON THE MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH'S WEBSITE OUR CHIW MEETINGS ARE OPEN TO THE PUBLIC UPON REQUEST AND THE CHNA WAS DISCUSSED WITH EACH OF THE HOSPITALS BOARD OF DIRECTORS IN ADDITION, THE CHNA AND CHIP HAS BEEN SHARED WITH NUMEROUS COMMUNITY AGENCIES AND STUDENT GROUPS AT CLASSES OR MEETINGS WHERE MEMBERS OF THE CHIW PRESENT INFORMATION IS ALWAYS SHARED AS TO WHERE TO FIND THE COMPLETE REPORT ----- --

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 - ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA	<p>THE CHIW STUDIED DATA FROM A VARIETY OF SOURCES, THE DETAILS OF WHICH ARE EXPLAINED IN THE IR ENTIRETY WITHIN THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN SHORT, THE WORKGROUP EXTENSIVELY REVIEWED THE NEW YORK STATE PREVENTION AGENDA WITH PARTICULAR INTEREST IN THE COUNTY LEVEL DASHBOARDS THE CHIW GROUP EXAMINED AREAS IN WHICH MONROE COUNTY WAS IDENTIFIED AS WORSE THAN NEW YORK STATE AS A WHOLE OR IN WHICH MONROE COUNTY WAS NOT PREVIOUSLY ABLE TO MEET THE PREVENTION AGENDA TARGET ADDITIONALLY, THE GROUP LOOKED FOR NEW OR EMERGING TROUBLESOME HEALTH TRENDS THAT MAY NOT HAVE BEEN IDENTIFIED AS A PREVENTION AGENDA TARGET THIRTEEN AREAS OF PARTICULAR CONCERN WERE IDENTIFIED AND WERE PRIORITIZED ACCORDING TO WHERE THE COMMUNITY HAD THE GREATEST POTENTIAL FOR MAKING THE MOST IMPACT WITHIN THE 3-6 YEAR TIMEFRAME THE FOLLOWING HEALTH NEEDS WERE IDENTIFIED AND PRIORITIES SELECTED Selected Tobacco Use Chronic Disease Care Childhood Health Unplanned Pregnancy Substance Abuse Additional areas of concern Obesity STD morbidity Colorectal Cancer Adverse childhood experiences Violence Suicide Premature Birth Teen pregnancy INTERVENTIONS WERE PLANNED AROUND THE SELECTED AREAS OF TOBACCO CESSATION, CHRONIC DISEASE MANAGEMENT, CHILDHOOD HEALTH, UNPLANNED PREGNANCY AND SUBSTANCE ABUSE THE OTHER AREAS OF CONCERN WERE NOT ADDRESSED IN THE IMPROVEMENT PLAN, PRIMARILY BECAUSE OF LIMITED RESOURCES, LACK OF FUNDING AND TIME, AS WELL AS AVOIDING MISSION CREEP FOR THE HOSPITALS OBESITY, ALTHOUGH A MAJOR PROBLEM IN OUR COMMUNITY WAS NOT SELECTED BECAUSE THE CHIW WAS NOT CLEAR ON AN EFFECTIVE INTERVENTION GIVEN THE 3-YEAR IMPLEMENTATION PERIOD COLORECTAL CANCER SCREENINGS ARE BEING ADDRESSED THROUGH THE CANCER SERVICES DEPARTMENT WITHIN THE CENTER FOR COMMUNITY HEALTH, AND ONLY IMPACTS A SMALLER SUBSET OF THE POPULATION ADVERSE CHILDHOOD EXPERIENCES, VIOLENCE AND SUICIDE PREVENTION ALL CENTER AROUND MENTAL HEALTH WHICH IS THE PRIMARY FOCUS OF THE DSRIP INITIATIVE IN OUR COMMUNITY, AND VIOLENCE PREVENTION WAS THOUGHT TO BE BEYOND THE MISSION OF THE HOSPITALS AT THIS TIME STDs, PREMATURE BIRTHS AND TEEN PREGNANCIES SOMEWHAT OVERLAP WITH THE UNPLANNED PREGNANCY PRIORITY AREA THAT WAS SELECTED EDUCATION AROUND AVOIDING RISKY SEXUAL BEHAVIOR, AS RECOMMENDED TO ADDRESS UNPLANNED PREGNANCY, WILL ALSO IMPACT THESE AREAS OF CONCERN OF COURSE, WITH UNLIMITED RESOURCES, WE WOULD ADDRESS ALL THESE AREAS, BUT UNFORTUNATELY WE NEED TO PRIORITIZE FOR THE GIVEN TIME PERIOD THE HOSPITAL IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN THE 2016 CHNA THROUGH MANY INTERVENTIONS DESCRIBED IN THE IMPLEMENTATION STRATEGY PROGRESS ON THE IMPLEMENTATION STRATEGY IS WIDELY AVAILABLE TO THE PUBLIC AND CAN BE FOUND ON THE SAME WEBSITE AS THE CHNA (https://www.urmc.rochester.edu/community.aspx) TOBACCO USE IMPLEMENTATION EFFORTS CONTINUE FOR SMOKING CESSATION, AT THE TIME OF THE CHNA 2016, UNIVERSITY OF ROCHESTER STRONG AND HIGHLAND WERE WORKING TO ADOPT AN OPT-TO-QUIT POLICY WHERE</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 - ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA	<p>IDENTIFIED SMOKERS WILL BE AUTOMATICALLY REFERRED TO THE NY STATE QUIT LINE EMR CHANGES WERE IN PROCESS AND THE POLICY HAS BEEN IMPLEMENTED AT STRONG HIGHLAND THE OBJECTIVES FOR THIS FOCUS AREA INCLUDE Objective 1 1 UR STRONG will enact a tobacco cessation policy that incorporates the opt-to-quit program and will implement that policy thereby electronically linking tobacco using patients to the NYS quit line Objective 1 3 UR STRONG WILL WORK TO decrease the percent of women who smoke during pregnancy from 11% of births (2013 vital statistics) to less than 10% of births, and to especially concentrate on those women who receive Medicaid baseline 20% of births were smoking during pregnancy UR STRONG AGREES WITH THE CONCEPT OF REFERRING ALL TOBACCO USERS TO THE NY STATE QUITLINE VIA THE EMR IMPLEMENTATION EFFORTS FOR THE 2016-18 TIME PERIOD WILL INCLUDE ESTABLISHING THE EMR CHANGES, ASSURING PRIVATE TRANSFER OF DATA TO THE QUITLINE, ESTABLISHING FEEDBACK TO THE REFERRING PHYSICIANS AND EVALUATING THE INCREASE IN REFERRALS TO THE QUITLINE UR STRONG IS ALSO ADDRESSING SMOKING DURING PREGNANCY BY LINKING PATIENTS WITHIN THE BABY LOVE PROGRAM WITH THE MOMMY AND ME TOBACCO FREE PROGRAM TO INCREASE CESSATION CHRONIC DISEASE CARE OUR WORK HERE FOCUSES ON HYPERTENSION CONTROL TO ADDRESS BLOOD PRESSURE CONTROL, UR CONTINUES TO BE AN ACTIVE MEMBER OF THE ROCHESTER BUSINESS ALLIANCE (CHAMBER OF COMMERCE) HEALTH CARE PLANNING TEAM THAT MEETS WEEKLY AND IS FOCUSING ON HYPERTENSION UR HAS MANAGED A COMMUNITY HEALTH WORKER PROGRAM THAT CONCENTRATED ON BLOOD PRESSURE CONTROL BUT IS NO LONGER ACTIVE, CONTRIBUTES TO A REGIONAL REGISTRY OF HYPERTENSIVE PATIENTS, HELPS FUND IMPROVEMENT INITIATIVES, AND PARTICIPATES IN THE PRACTICE IMPROVEMENT CONSULTANT PROGRAM TO INCREASE CONTROL RATES THE OBJECTIVES FOR THIS FOCUS AREA INCLUDE Objective 2 1 By December 2018, decrease the disparity among hypertensive residents in the local registry who have their blood pressure in control by increasing the control rate among Monroe County African Americans [58 8% and Latinos (61 5%) compared to Whites (75 4%)] Objective 2 2 Increase the control rate for hypertensive patients who also have diabetes ADDRESSING DISPARITY IN HYPERTENSION CONTROL RATES WILL INCLUDE COLLABORATION WITH THE DSRIP CULTURAL COMPETENCY WORKGROUP AS WELL AS THE REGISTRY REPORTING FUNCTION CHILDHOOD HEALTH UR STRONG IS WORKING TO IMPROVING CHILDHOOD HEALTH BY FOLLOWING THE APA GUIDELINE TO SCREEN ALL CHILDREN FOR FOOD INSECURITY AT WELL CHILD VISITS THE OBJECTIVE FOR THIS FOCUS AREA IS Objective 4 1 Decrease the percent of children living in food insecure households from 20 5% (Feeding America, 2014) while also striving to decrease the percent of adults who experienced food insecurity in the past year worried or stressed about having enough money to buy nutritious meals (EBRF SS2013-4) from 23% in Monroe County AT LEAST ONE PEDIATRIC CLINIC IN STRONG IS CURRENTLY SCREENING FOR FOOD INSECURITY</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 - ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA	<p>AND UR STRONG COMMITS TO ENHANCING THIS PROCESS WITH ACTIVE REFERRAL AS WELL AS EXPANDING THE MODEL TO OTHER CLINICS WITHIN UR AS WELL AS WITHIN OTHER HOSPITALS AND OFFICES IN MONROE COUNTY WE WILL ALSO ASSURE THAT RESOURCES TO FOOD FOR FAMILIES WHO POSITIVELY SCREEN FOR FOOD INSECURITY ARE KNOWN AND ACCESSIBLE AND UPDATED UNPLANNED PREGNANCY THE CHIW AND UR STRONG ARE COMMITTED TO REDUCING THE UNPLANNED PREGNANCY RATE IN MONROE COUNTY AND TO ADDRESSING THE SIGNIFICANT DISPARITIES THAT EXIST BY RACE, ZIP CODE AND ECONOMIC STATUS WE HAVE THE FOLLOWING OBJECTIVES Objective 3 1 By December 2018, reduce significant barriers to the use of LARC (Long-Acting Reversible Contraception), particularly among at-risk women of reproductive age Objective 3 2 By December 2018, increase the number of youth reached with evidence-based sexual health education (baseline measure of current youth being reached is needed) PRIMARY TO THE BARRIERS TO THE USE OF LARC IS THE MEDICAID REIMBURSEMENT RULES IN NEW YORK THAT DO NOT ACCOUNT FOR PLACEMENT OF LARC IN MEDICAID MANAGED CARE PARTICIPANTS (AT THE TIME OF THE CHNA/IMPROVEMENT PLANNING) UR STRONG IS COMMITTED TO CHANGING THIS RULE AND ASSURING THE MEDICAID CLIENTS CAN RECEIVE LARC AT DELIVERY IF DESIRED THIS RULE WAS CHANGED IN 2017 AND STRONG ASSURED THAT POST PARTUM LARC WAS REIMBURSED FOR MEDICAID PATIENTS OTHER BARRIERS TO BE ADDRESSED INCLUDE LACK OF EDUCATION AND LACK OF TRAINING ON INSERTION IN ADDITION TO LOGISTICAL BARRIERS TO LARC, UNPLANNED PREGNANCY CAN BE REDUCED BY WORKING TO EDUCATE YOUTH IN OUR COMMUNITY AROUND SAFE SEXUAL HEALTH AND GOAL SETTING, ETC UR AND THE CHIW WILL WORK WITH COMMUNITY AGENCIES, PARTICULARLY THE METRO COUNCIL FOR TEEN POTENTIAL SUBSTANCE ABUSE UR STRONG WILL JOIN OTHER LEAD AGENCIES TO ADDRESS THE OPIOID EPIDEMIC PLAGUING OUR COMMUNITY ADDRESSING THIS PROBLEM HAS MANY PREVENTION STRATEGIES FROM PREVENTING SUBSTANCE ABUSE TO DECREASING DEATHS DUE TO OPIOID OVERDOSE AND TREATMENT FOR THOSE WHO ARE ADDICTED OUR OBJECTIVE FOCUSES ON DEATHS DUE TO OVERDOSE Objective 5 1 By December 2018, decrease the number of deaths due to opioid overdose from 69 in 2015 (Medical Examiners report of 2015) THERE IS A MONROE COUNTY TASK FORCE ADDRESSING OPIOID MISUSE AND UR STRONG COMMITS TO SENDING REPRESENTATION TO THE TASK FORCE AND SUPPORTING ANY PLANS THAT COME FROM THAT GROUP OF EXPERTS IN ADDITION, THERE IS NOW A URMCOPIOID TASK FORCE THAT MEETS MONTHLY WITH SUBCOMMITTEES CONCENTRATING ON PREVENTION, IDENTIFICATION AND TREATMENT OF OPIOID MISUSE CHARITY CARE ASSISTANCE IS GENERALLY AVAILABLE TO INDIVIDUALS WHOSE INCOME IS LESS THAN OR EQUAL TO 400% OF THE FEDERAL POVERTY LEVEL HOWEVER, PATIENTS WHO EXCEED THE INCOME THRESHOLD WHO HAVE EXHAUSTED THEIR INSURANCE BENEFITS, FACE EXTRAORDINARY MEDICAL COSTS, HAVE FILED FOR BANKRUPTCY OR HAVE OTHER UNIQUE OR EXTENUATING CIRCUMSTANCES MAY BE CONSIDERED FOR CHARITY CARE APPROVAL IN THE HOSPITAL'S SOLE DISCRETION -----</p>

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

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

Form and Line Reference	Explanation
PARV V, SECTION B, LINE 13B - INCOME LEVEL OTHER THAN FPG	CHARITY CARE ASSISTANCE IS GENERALLY AVAILABLE TO INDIVIDUALS WHOSE INCOME IS LESS THAN OR EQUAL TO 400% OF THE FEDERAL POVERTY LEVEL. HOWEVER, PATIENTS WHO EXCEED THE INCOME THRESHOLD WHO HAVE EXHAUSTED THEIR INSURANCE BENEFITS, FACE EXTRAORDINARY MEDICAL COSTS, HAVE FILED FOR BANKRUPTCY OR HAVE OTHER UNIQUE OR EXTENUATING CIRCUMSTANCES MAY BE CONSIDERED FOR CHARITY CARE APPROVAL IN THE HOSPITAL'S SOLE DISCRETION ----- -----

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINES 16A-C - FINANCIAL ASSISTANCE POLICY AVAILABILITY	A COPY OF THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, APPLICATION AND PLAIN LANGUAGE SUMMARY CAN BE ACCESSED AT HTTPS //WWW URMC ROCHESTER EDU/STRONG-MEMORIAL/PATIENTS-FAMILIES/BILLING-I NSURANCE ASPX HTTPS //WWW URMC ROCHESTER EDU/STRONG-MEMORIAL/PATIENTS-FAMILIES/BILLING-I NSURANCE/FINANCIAL-ASSISTANCE ASPX -----

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 20E - PRESUMPTIVE ELIGIBILITY	PRESUMPTIVE ELIGIBILITY FILES ARE RUN THROUGH PARO/CONNANCE TO DETERMINE WHETHER A PATIENT MAY QUALIFY FOR 100% PRESUMPTIVE FINANCIAL ASSISTANCE PRIOR TO AN EXTERNAL CREDIT AGENCY REFERRAL -----

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
UNIVERSITY OF ROCHESTER

Employer identification number
16-0743209

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

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

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS AND FELLOWSHIPS TO STUDENTS	6752	225,767,180		N/A	N/A
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART II	DETAIL OF SUBAWARDS IN FURTHERANCE OF ITS RESEARCH ACTIVITIES, THE UNIVERSITY OF ROCHESTER MAKES SUB-AWARDS TO OTHER ORGANIZATIONS THAT PERFORM RESEARCH IN CONNECTION WITH RESEARCH GRANTS AWARDED TO THE UNIVERSITY THE UNIVERSITY DOES NOT CATEGORIZE THESE SUB-AWARDS AS "GRANTS" FOR FORM 990, SCHEDULE I REPORTING, SINCE THE RECIPIENT ORGANIZATIONS PERFORM RESEARCH SERVICES FOR THE UNIVERSITY AND ARE CONSIDERED INDEPENDENT CONTRACTORS WHICH SERVE THE DIRECT NEEDS OF THE UNIVERSITY -----
SCHEDULE I, PART I, LINE 2 AND PART III	STUDENT SCHOLARSHIP, FELLOWSHIPS AND STUDENT LOANS THE OFFICE OF FINANCIAL AID MONITORS THE DISBURSEMENT OF GRANTS AND FEDERAL LOANS TO STUDENTS STUDENTS WHO RECEIVE SCHOLARSHIPS, FELLOWSHIPS AND STUDENT LOANS FROM THE UNIVERSITY OF ROCHESTER ARE SELECTED AND THE AMOUNT OF GRANTS OR LOANS DETERMINED BY OBJECTIVE AND NON-DISCRIMINATORY PROCESSES APPLIED TO ALL SIMILARLY SITUATED INDIVIDUALS THE DECISIONS ARE MADE ON A CASE BY CASE BASIS THROUGH EVALUATING THE ACADEMIC ACHIEVEMENT AND FINANCIAL NEED OF THE APPLICANT IN LIGHT OF THE FUNDS AVAILABLE FOR THIS PURPOSE -----

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNIVERSITY OF ROCHESTER

Employer identification number
16-0743209

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes			
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	DETAIL OF ADDITIONAL BENEFITS PROVIDED FIRST CLASS OR CHARTER TRAVEL IN LIMITED CIRCUMSTANCES, THE PRESIDENT AND PROVOST OR OTHER KEY EMPLOYEE OF THE UNIVERSITY OF ROCHESTER (THE "UNIVERSITY") MAY TRAVEL FIRST CLASS IF CERTAIN TIME/DISTANCE REQUIREMENTS ARE MET AND A VALID UNIVERSITY-RELATED BUSINESS PURPOSE FOR THE TRAVEL EXISTS TRAVEL FOR COMPANIONS IN LIMITED CIRCUMSTANCES, THE SPOUSE OF THE PRESIDENT AND PROVOST OR OTHER KEY EMPLOYEE MAY TRAVEL FOR LEGITIMATE UNIVERSITY-RELATED BUSINESS PURPOSES EXAMPLES OF SUCH TRAVEL INCLUDE ATTENDANCE AT FUNDRAISING OR ALUMNI EVENTS IN ACCORDANCE WITH APPLICABLE LEGAL STANDARDS, AND ON THESE LIMITED OCCASIONS, THE UNIVERSITY WILL REIMBURSE THE TRAVEL EXPENSES FOR SPOUSAL TRAVEL AS A BUSINESS EXPENSE ONLY IF THE SPOUSAL TRAVEL SERVES A "BONA FIDE BUSINESS PURPOSE" OF THE UNIVERSITY TAX INDEMNIFICATION AND GROSS-UP PAYMENTS THE UNIVERSITY MAY PROVIDE TAX GROSS-UP PAYMENTS UNDER CERTAIN CIRCUMSTANCES AS APPROVED BY THE BOARD THE UNIVERSITY DOES NOT GENERALLY PROVIDE TAX INDEMNIFICATIONS ONE OFFICER RECEIVED A GROSS-UP PAYMENT THAT WAS TREATED AS TAXABLE COMPENSATION HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE/PERSONAL SERVICES AS A CONDITION OF EMPLOYMENT, THE PRESIDENT AND PROVOST ARE REQUIRED TO LIVE IN A HOME ON THE UNIVERSITY'S CAMPUS WHICH IS FURNISHED AND MAINTAINED AT THE UNIVERSITY'S EXPENSE SOCIAL CLUB DUES THE UNIVERSITY PROVIDES A SOCIAL CLUB MEMBERSHIP, TO BE USED BY CERTAIN OFFICERS AND KEY EMPLOYEES IN CONNECTION WITH THEIR DUTIES THESE OFFICERS AND KEY EMPLOYEES ARE RESPONSIBLE FOR ANY PERSONAL USE OF THE CLUB MEMBERSHIP SEVEN OFFICERS, FOUR KEY EMPLOYEES AND ONE FORMER OFFICER RECEIVED SOCIAL CLUB DUES THAT WERE TREATED AS TAXABLE COMPENSATION -----
SCHEDULE J, PART I, LINE 4A	DETAIL OF SEVERANCE PAYMENT IN CONNECTION WITH THE TERMS OF HIS SEPARATION FROM THE UNIVERSITY, DAVID A KIRSHNER RECEIVED A PAYMENT OF \$702,975 IN CALENDAR YEAR 2017 THAT IS INCLUDED IN OTHER REPORTABLE COMPENSATION ----- SCHEDULE J, PART I, LINE 4B PARTICIPATION IN A SUPP NONQUALIFIED PLAN THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND RECEIVED EMPLOYER PAID AMOUNTS THAT ARE INCLUDED IN DEFERRED COMPENSATION ADAM P ANOLIK - SERP - \$30,000 BRADFORD C BERK - SERP - \$144,700 MARK B TAUBMAN - SERP - \$125,000 STEVEN I GOLDSTEIN - SERP - \$159,400 PETER G ROBINSON - SERP - \$61,500 KATHLEEN PARRINELLO - SERP - \$75,000 MICHAEL ROTONDO - SERP - \$25,000 GEORGE M ALFIERIS - 457(F) \$300,000 ROBERT L CLARK - 457(F) - \$175,000 STEVEN I GOLDSTEIN - 457(F) - \$300,000 DAVID A KIRSHNER - 457(F) - \$50,000 PETER G ROBINSON - 457(F) - \$180,900 KATHLEEN PARRINELLO - 457(F) - \$26,000 MICHAEL ROTONDO - 457(F) - \$75,000 MARK B TAUBMAN - 457(F) - \$150,000 PURSUANT TO THE UNIVERSITY'S IRC SECTION 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN, PARTICIPANTS ARE ENTITLED TO DISTRIBUTIONS FROM THE PLAN UPON THE OCCURRENCE OF CERTAIN VESTING EVENTS THE FOLLOWING INDIVIDUALS MET THE VESTING CONDITIONS UNDER THE PLAN AND RECEIVED DISTRIBUTIONS IN CALENDAR YEAR 2017, WHICH ARE REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III) AS OTHER REPORTABLE COMPENSATION BRADFORD C BERK - 457(F) - \$195,637 ROBERT L CLARK - 457(F) - \$686,035 DAVID A KIRSHNER - 457(F) - \$276,934 STEVEN I GOLDSTEIN - 457(F) - \$201,413 KATHLEEN PARRINELLO - 457(F) - \$119,933 MICHAEL D MALONEY - 457(F) - \$2,145,822 THESE AMOUNTS REPRESENT EMPLOYEE DEFERRALS OF COMPENSATION OVER SEVERAL YEARS THAT VESTED AND WERE PAID PURSUANT TO THE REQUIREMENTS OF THE PLAN THESE AMOUNTS WERE REPORTED AS DEFERRED COMPENSATION IN SCHEDULE J, PART II, COLUMN (C) IN PRIOR YEARS AND ARE ALSO REFLECTED IN SCHEDULE J, PART II, COLUMN (F) -----
SCHEDULE J, PART I, LINE 7	PROVISION OF NON-FIXED PAYMENTS THE UNIVERSITY OF ROCHESTER MEDICAL SCHOOL COMPENSATION PLAN ALLOWS COMPENSATION TO BE CALCULATED, IN PART, BY MEDICAL SERVICES RENDERED THE UNIVERSITY OF ROCHESTER DOES NOT PROVIDE DISCRETIONARY BONUS AND/OR INCENTIVE COMPENSATION PAYMENTS MADE TO ANY DISQUALIFIED PERSON IS APPROVED BY THE BOARD THROUGH THE PROCESS DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 15

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 PETER G ROBINSON VP&COO, MEDCTR & STRONG HEALTH	(i)	619,557	0	41,204	268,358	70,944	1,000,063	0
	(ii)	0	0	0	0	0	0	0
1 MICHAEL ROTONDO CEO, URMFG	(i)	825,605	150,000	22,588	125,958	3,260	1,127,411	0
	(ii)	0	0	0	0	0	0	0
2 LEONARD J SHUTE SR ADVISOR, URMFC	(i)	188,376	0	32,844	19,658	13,577	254,455	0
	(ii)	0	0	0	0	0	0	0
3 MICHAEL D MALONEY MD PROFESSOR- ORTHOPAEDICS M&D	(i)	1,944,037	21,900	2,145,822	25,958	25,965	4,163,682	2,145,822
	(ii)	0	0	0	0	0	0	0
4 GEORGE M ALFIERIS MD PROF-CARDIAC SURGERY M&D	(i)	1,676,753	5,000	18,000	325,958	13,886	2,039,597	0
	(ii)	0	0	0	0	0	0	0
5 MARC D BROWN MD PROF-DERMATOLOGY M&D	(i)	832,084	615,605	18,000	25,958	22,124	1,513,771	0
	(ii)	0	0	0	0	0	0	0
6 SHERRIF F IBRAHIM MD PHD ASSOC PROFESSOR- DERMATOLOGYM&D	(i)	608,133	811,397	18,000	25,958	26,949	1,490,437	0
	(ii)	0	0	0	0	0	0	0
7 ILYA VOLOSHIN MD PROFESSOR- ORTHOPAEDICS M&D	(i)	1,096,426	196,293	18,000	25,958	21,487	1,358,164	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047
2017
Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.**
▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF ROCHESTER

Employer identification number
16-0743209

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64983UP20	11-06-2003	164,425,000	2003 A,B,C- CAPITAL PROJECTS		X		X		X
B	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64983QWB1	03-16-2008	111,180,000	2006 A-1 & B-1- BOND REFINANCING		X		X		X
C	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649905KL9	07-22-2009	120,741,579	2009 A B C D E CAPITAL PROJECTS		X		X		X
D	MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION	51-0188852	61075TCE6	09-01-2011	175,747,934	2011 A, B MCIDC-CAPITAL PROJECTS		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	103,295,000		59,750,000		105,125,000		139,375,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	165,914,138		111,180,000		120,927,106		175,833,848	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		3,243,526	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	3,122,743		2,170,437		1,169,973		1,502,375	
8	Credit enhancement from proceeds	2,349,000		1,213,000		0		0	
9	Working capital expenditures from proceeds	383,179		0		1,991,256		6,789,361	
10	Capital expenditures from proceeds	70,315,050		0		76,605,196		149,668,886	
11	Other spent proceeds	89,744,166		107,796,563		41,160,681		14,629,700	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2009		2000		2010		2016	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue?	X		X		X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X				X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X				X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X				X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X				X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 300 %		0 %		0 600 %		0 700 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 100 %		0 %		1 600 %		0 200 %	
6 Total of lines 4 and 5	0 400 %		0 %		2 200 %		0 900 %	
7 Does the bond issue meet the private security or payment test?		X				X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X				X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			0 %		0 %		0 %	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X				X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X				X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?	X		X		X		X	
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X			X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		X
b Name of provider	WELLSFARGOCITIGROUP		BANK OF AMERICA		0		0	
c Term of hedge	30 %		2130 %					
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PART I COLUMN C- ADDITIONAL TAX-EXEMPT BOND CUSIP # INFORMATION	BOND ISSUE 2009 A,B,C,D,E- CUSIP #649907VR0, #649907VS8, #649907VP4, #649907VQ2 BOND ISSUE 2011 A,B - CUSIP #61075TJM1, #61075TJN9, #61075TDC9, #61075TJK9, #61075TJL3 BOND ISSUE 2013 A,B - CUSIP #61075TJH2 BOND ISSUE 2017 C,D - CUSIP #61075TTB5 -----

Return Reference	Explanation
PART II, LINE 3- ADDITIONAL DETAIL FOR PROCEEDS OF ISSUES	<p>THE TOTAL PROCEEDS OF ISSUE REPORTED FOR THE 2003 A,B,C BOND ISSUE INCLUDES \$1,489,138 IN INVESTMENT EARNINGS THE TOTAL PROCEEDS OF ISSUE REPORTED FOR THE 2009 A,B,C,D,E BOND ISSUE INCLUDES \$185,527 IN INVESTMENT EARNINGS THE TOTAL PROCEEDS OF ISSUE REPORTED FOR THE 2011 A,B BOND ISSUE INCLUDES \$85,914 IN INVESTMENT EARNINGS THE TOTAL PROCEEDS OF ISSUE REPORTED FOR THE 2013 A,B BOND ISSUE INCLUDES \$68,964 IN INVESTMENT EARNINGS THE TOTAL PROCEEDS OF ISSUE REPORTED FOR THE 2015 A,B BOND ISSUE INCLUDES \$478,872 IN INVESTMENT EARNINGS THE TOTAL PROCEEDS OF ISSUE REPORTED FOR THE 2017 A,B BOND ISSUE INCLUDES \$485,056 IN INVESTMENT EARNINGS</p>

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047
2017
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Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF ROCHESTER

Employer identification number
16-0743209

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION	51-0188852	61075THK7	09-19-2013	198,885,260	2013 A, B CAPITAL PROJECTS		X		X		X
B	MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION	51-0188852	61075TND6	06-24-2015	248,557,616	2015 A, B CAPITAL PROJECTS		X		X		X
C	MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION	51-0188852	61075TQA9	04-05-2017	289,439,545	2017 A, B CAPITAL PROJECTS		X		X		X
D	MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION	51-0188852	61075TSK5	12-14-2017	246,123,340	2017 C, D BOND REFINANCE		X		X		X

Part II Proceeds

		A	B	C	D				
1	Amount of bonds retired	172,895,000	10,485,000	3,375,000	0				
2	Amount of bonds legally defeased	0	0	0	0				
3	Total proceeds of issue	198,954,224	249,036,488	289,924,601	246,123,340				
4	Gross proceeds in reserve funds	0	0	0	0				
5	Capitalized interest from proceeds	0	0	1,145,900	0				
6	Proceeds in refunding escrows	0	0	0	0				
7	Issuance costs from proceeds	1,422,460	1,460,004	1,742,715	1,656,861				
8	Credit enhancement from proceeds	0	0	0	0				
9	Working capital expenditures from proceeds	2,548,949	1,730,158	31,930	0				
10	Capital expenditures from proceeds	182,741,617	64,505,006	41,445,444	0				
11	Other spent proceeds	8,867,321	163,221,324	214,448,166	244,466,479				
12	Other unspent proceeds	3,373,877	18,119,996	31,110,446	0				
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			X
15	Were the bonds issued as part of an advance refunding issue?	X		X		X		X	
16	Has the final allocation of proceeds been made?		X	X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1 500 %		0 700 %		0 600 %		1 300 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 300 %		0 300 %		0 300 %		0 300 %	
6 Total of lines 4 and 5	1 800 %		1 000 %		0 900 %		1 600 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?	X		X		X		X	
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF ROCHESTER

Employer identification number

16-0743209

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
See Additional Data Table												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27, or Form 990-EZ, Part V, line 39

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE L, PART IV	ADDITIONAL SUPPLEMENTAL INFORMATION WEGMANS- TRUSTEE DANIEL R WEGMAN IS AN OFFICER, DIRECTOR AND OWNER OF WEGMANS VALLEY PROPANE AND FUELS- TRUSTEE PHILIP E SAUNDERS IS A GREATER THAN 35% OWNER OF VALLEY PROPANE AND FUELS

Additional Data**Software ID:****Software Version:****EIN:** 16-0743209**Name:** UNIVERSITY OF ROCHESTER**Form 990, Schedule L, Part II - Loans to and from Interested Persons**

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			BRADFORD C BERK	EMPLOYEE			SPLITDOLLAR LIFE INS		X	1,498,900	1,498,900	
STEVEN I GOLDSTEIN	EMPLOYEE	SPLITDOLLAR LIFE INS		X	1,765,800	1,765,800		No	Yes		Yes	
RAYMOND J MAYEWSKI	EMPLOYEE	SPLITDOLLAR LIFE INS		X	921,520	921,520		No	Yes		Yes	
KATHLEEN PARRINELLO	EMPLOYEE	SPLITDOLLAR LIFE INS		X	614,884	614,884		No	Yes		Yes	
PETER G ROBINSON	EMPLOYEE	SPLITDOLLAR LIFE INS		X	681,010	681,010		No	Yes		Yes	
MICHAEL ROTONDO	EMPLOYEE	SPLITDOLLAR LIFE INS		X	125,000	125,000		No	Yes		Yes	
LEONARD J SHUTE	EMPLOYEE	SPLITDOLLAR LIFE INS		X	418,496	418,496		No	Yes		Yes	
MARK B TAUBMAN	EMPLOYEE	SPLITDOLLAR LIFE INS		X	870,700	870,700		No	Yes		Yes	
ADAM ANOLIK	EMPLOYEE	SPLITDOLLAR LIFE INS		X	90,000	90,000		No	Yes		Yes	

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KAREN BERK	FAMILY MEMBER OF FORMER OFFICER	69,614	PAYMENT OF COMPENSATION		No
(1) DENNIS KESSLER	FAMILY MEMBER OF TRUSTEE	127,178	PAYMENT OF COMPENSATION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) DELORES CONWAY	FAMILY MEMBER OF OFFICER	313,050	PAYMENT OF COMPENSATION		No
(1) REBECCA WALTERS	FAMILY MEMBER OF KEY EMPLOYEE	136,404	PAYMENT OF COMPENSATION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) ELIZABETH MAYEWSKI	FAMILY MEMBER OF KEY EMPLOYEE	89,274	PAYMENT OF COMPENSATION		No
(1) LYDIA ROTONDO	FAMILY MEMBER OF KEY EMPLOYEE	199,523	PAYMENT OF COMPENSATION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) JENNIFER ANOLIK MD	FAMILY MEMBER OF KEY EMPLOYEE	240,133	PAYMENT OF COMPENSATION		No
(1) SANDRA G WITMER RN	FAMILY MEMBER OF TRUSTEE	76,576	PAYMENT OF COMPENSATION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(9) NICHOLAS WALTERS	FAMILY MEMBER OF KEY EMPLOYEE	18,225	PAYMENT OF COMPENSATION		No
(1) LES WEISBROD MD	FAMILY MEMBER OF KEY EMPLOYEE	410,479	PAYMENT OF COMPENSATION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(11) MAUREEN PRINCE	FAMILY MEMBER OF TRUSTEE	120,587	PAYMENT OF COMPENSATION		No
(1) ERICKA AUGUSTINE	FAMILY MEMBER OF TRUSTEE	256,146	PAYMENT OF COMPENSATION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(13) WEGMANS	OWNED > 35% BY TRUSTEE	317,985	PAYMENT OF DRUG DISPENSING FEE		No
(1) VALLEY PROPANE AND FUELS	OWNED > 35% BY TRUSTEE	736,055	PAYMENT OF FUEL PURCHASES		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

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

▶ **Attach to Form 990.**

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF ROCHESTER

Employer identification number
16-0743209

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	7	712,500	FAIR MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		24,105	FAIR MARKET VALUE
5 Clothing and household goods				
6 Cars and other vehicles	X	1	33,790	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	307	11,199,163	FAIR MARKET VALUE
10 Securities—Closely held stock	X	3	700,000	FAIR MARKET VALUE
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	1	525,000	FAIR MARKET VALUE
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ See Additional Data				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 14

	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 is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	NUMBER OF CONTRIBUTIONS THE UNIVERSITY OF ROCHESTER REPORTS ALL NON-CASH CONTRIBUTIONS RECEIVED, OTHER THAN SECURITIES, BASED ON THE NUMBER OF NON-CASH ITEMS RECEIVED

Additional Data

Software ID:

Software Version:

EIN: 16-0743209

Name: UNIVERSITY OF ROCHESTER

Part I, Lines 25-28

(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other ▶ (MUSICAL INSTRUMENTS)	18	106,889	FAIR MARKET VALUE
Other ▶ (GIFT-IN-KIND)	15	16,569	FAIR MARKET VALUE
Other ▶ (PERSONAL PROPERTY)	46	156,126	FAIR MARKET VALUE
Other ▶ (MISCELLANEOUS EQUIPMENT)	28	184,924	FAIR MARKET VALUE
Other ▶ (MEDICAL RECORDS)	1	191,300	FAIR MARKET VALUE

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF ROCHESTER

Employer identification number

16-0743209

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	DETAIL OF OTHER PROGRAM SERVICES AUXILIARY ENTERPRISES- THE UNIVERSITY OPERATES EITHER DIRECTLY OR THROUGH THIRD PARTY CONTRACTORS FOOD SERVICES WHICH SERVED 5,831 UNDERGRADUATES 2,900,754 MEALS IN FIVE DINING SERVICES THE UNIVERSITY HAS 803 UNITS USED FOR STUDENT HOUSING -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	DELEGATION OF AUTHORITY THE BY-LAWS OF THE UNIVERSITY PROVIDE FOR AN EXECUTIVE COMMITTEE THAT MAY EXERCISE ALL THE POWERS OF THE BOARD IN INTERVALS BETWEEN MEETINGS OF THE BOARD OF TRUSTEES, EXCEPT THAT THE EXECUTIVE COMMITTEE DOES NOT HAVE POWER (1) TO GRANT DEGREES, (2) TO REMOVE A TRUSTEE OR OFFICER, (3) TO ELECT TRUSTEES, THE CHAIR OF THE BOARD OR THE PRESIDENT, OR (4) TO AMEND, ALTER OR REPEAL THE BY-LAWS THE MEMBERS OF THE EXECUTIVE COMMITTEE ARE ALL TRUSTEES THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR OF THE BOARD, THE PRESIDENT, THE CHAIRS OF THE BOARD COMMITTEES OF INVESTMENT, NOMINATIONS AND BOARD PRACTICES, FACILITIES, AUDIT AND RISK ASSESSMENT, PERSONNEL, HEALTH AFFAIRS, ACADEMIC AFFAIRS, RESEARCH AND INNOVATION, FINANCIAL PLANNING, STUDENT AFFAIRS, COMPLIANCE AND COMPENSATION, AND DEVELOPMENT PLUS SUCH OTHER TRUSTEES AS THE BOARD OF TRUSTEES MAY ELECT TO SERVE FOR TERMS NOT TO EXCEED FIVE YEARS -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS THE FORM 990 OF UNIVERSITY OF ROCHESTER IS PREPARED BY FINANCE STAFF AND PROVIDED TO PRICEWATERHOUSECOOPERS LLP AND SENIOR MANAGEMENT FOR REVIEW PRIOR TO FILING THE FORM 990 WAS ALSO PROVIDED TO THE UNIVERSITY'S AUDIT AND RISK ASSESSMENT COMMITTEE PRIOR TO FILING THE COMMITTEE'S QUESTIONS AND COMMENTS WERE ADDRESSED AT A COMMITTEE MEETING PRIOR TO FILING THE FORM 990 WAS ALSO PROVIDED TO THE ENTIRE BOARD OF TRUSTEES PRIOR TO FILING -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>CONFLICT OF INTEREST POLICY DIRECTORS, COMMITTEE MEMBERS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE A CONFLICT OF INTEREST A) PRIOR TO VOTING ON OR OTHERWISE DISCHARGING THEIR DUTIES WITH RESPECT TO ANY MATTER INVOLVING THE CONFLICT WHICH COMES BEFORE THE BOARD OR ANY COMMITTEE, B) PRIOR TO ENTERING INTO ANY CONTRACT OR TRANSACTION INVOLVING THE CONFLICT, C) AS SOON AS POSSIBLE AFTER THE DIRECTOR, COMMITTEE MEMBER OR OFFICER LEARNS OF THE CONFLICT, AND D) ON AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM THE FORM IS DISTRIBUTED ANNUALLY AND REQUIRES DISCLOSURE OF ALL CONFLICTS OF INTEREST, INCLUDING SPECIFIC INFORMATION CONCERNING THE TERMS OF ANY CONTRACT OR TRANSACTION WITH THE UNIVERSITY THAT INVOLVES A POTENTIAL CONFLICT OF INTEREST FOR THE INDIVIDUAL THE FORMS ARE REVIEWED BY LEGAL COUNSEL, AND CONFLICTS DISCLOSED ON THE FORMS OR ON AN AD-HOC BASIS ARE REVIEWED BY AN INDEPENDENT BOARD COMMITTEE THE COMMITTEE CONSIDERS THE MATERIAL FACTS CONCERNING ANY PROPOSED CONTRACT OR TRANSACTION, INCLUDING THE PROCESS BY WHICH THE DECISION WAS MADE TO APPROVE OR RECOMMEND ENTERING INTO THE ARRANGEMENT ON THE TERMS PROPOSED, AND APPROVES SUCH CONTRACTS OR TRANSACTIONS ONLY IF THE TERMS ARE FAIR AND REASONABLE TO THE UNIVERSITY AND THE ARRANGEMENTS ARE CONSISTENT WITH THE BEST INTERESTS OF THE UNIVERSITY -----</p> <p>---</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION PROCESS WRITTEN SELF-EVALUATIONS AND PERFORMANCE EVALUATIONS FOR THE UNIVERSITY'S OFFICERS AND KEY EMPLOYEES ARE REVIEWED ANNUALLY BY THE UNIVERSITY'S COMMITTEE ON COMPLIANCE AND COMPENSATION THE COMMITTEE REVIEWS AND APPROVES TOTAL COMPENSATION FOR OFFICERS AND KEY EMPLOYEES AND CONSIDERS, IN ADDITION TO THE PERFORMANCE EVALUATIONS, THE SCOPE OF THE INDIVIDUAL'S JOB RESPONSIBILITIES, PREVIOUS COMPENSATION AND COMPARABLE COMPENSATION PAID TO PEOPLE WITH SIMILAR RESPONSIBILITIES AT COMPARABLE INSTITUTIONS THE COMPARABLE INFORMATION IS PROVIDED BY AN INDEPENDENT CONSULTANT AND BY REFERENCE TO LOCAL, REGIONAL AND NATIONAL COMPENSATION SURVEYS -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 17	STATE FILING OF FORM 990 ALTHOUGH THE UNIVERSITY OF ROCHESTER IS LOCATED IN THE STATE OF NEW YORK, A COPY OF ITS FORM 990 IS NOT REQUIRED TO BE FILED WITH THE STATE, SINCE EDUCATIONAL INSTITUTIONS INCORPORATED UNDER THE NEW YORK STATE EDUCATION LAW ARE EXEMPT FROM FILING IN THE STATE OF NEW YORK -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS AVAILABILITY TO PUBLIC THE UNIVERSITY OF ROCHESTER'S AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC BY POSTING THEM ON THE UNIVERSITY'S WEBSITE THE UNIVERSITY OF ROCHESTER'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ROUTINELY MADE AVAILABLE TO THE PUBLIC -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION B	DETAIL OF INDEPENDENT CONTRACTOR PAYMENTS THE PAYMENT AMOUNTS LISTED FOR PIKE COMPANY, IN C , WELLIVER MCGUIRE, INC , AND DGA BUILDERS, LLC REPRESENT THE ESTIMATED SERVICE COMPONENT OF THE TOTAL PAYMENTS MADE TO THESE VENDORS FOR CONSTRUCTION SERVICES ----- ---

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DETAIL OF OTHER CHANGES IN NET ASSETS CHANGE IN VALUATION OF ANNUITIES \$ 59,550 LOSS ON EXTINGUISHMENT OF DEBT (26,760,080) CHANGE IN POST RETIREMENT LIABILITY 25,897,000 OTHER CHANGES (8,552,908) ----- TOTAL \$ (9,356,438) -----

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF ROCHESTER

Employer identification number

16-0743209

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SPRUCE RISK PURCHASING GROUP LLC 263 WALLIS HALL ROCHESTER, NY 14627 16-0743209	INSURANCE	NY	0	0	UNIV OF ROCH

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) EXCELL INNOVATE NY FUND LP 222 WEST RIDGE ROAD SUITE 156 ROCHESTER, NY 14615 46-2405519	FUNDING START-UP	NY	ETV INC									
(2) EXCELL MINORITY AND WOMEN OWNED BUSINESS 222 WEST RIDGE RD BLDG 28 SUITE 1 ROCHESTER, NY 14615 81-0723223	FUNDING START-UP	NY	ETV INC									
(3) EXCELL PARTNERS INNOVATIVE TC FUND LP 222 WEST RIDGE ROAD BLDG 28SUITE ROCHESTER, NY 14615 81-0711015	FUNDING START-UP	NY	ETV INC									

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

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

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

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

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

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 16-0743209
Name: UNIVERSITY OF ROCHESTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
1000 SOUTH AVENUE ROCHESTER, NY 14620 16-0743037	HOSPITAL	NY	501 (c)(3)	3	SPHS	Yes	
1000 SOUTH AVENUE ROCHESTER, NY 14620 23-7310662	FUNDRAISING	NY	501 (c)(3)	12A,I	HIGHLD HOSP	Yes	
1000 SOUTH AVENUE ROCHESTER, NY 14620 22-3039077	MEDICAL BLDG	NY	501 (c)(3)	10	HIGHLD HOSP	Yes	
100 HAHNEMANN TRAIL PITTSFORD, NY 14534 22-3154715	ELDER CARE	NY	501 (c)(3)	10	SPHS	Yes	
500 HAHNEMANN TRAIL PITTSFORD, NY 14534 22-3240227	HEALTHCARE	NY	501 (c)(3)	10	SPHS	Yes	
5901 LAC DE VILLE BLVD ROCHESTER, NY 14618 16-1502303	HEALTHCARE	NY	501 (c)(3)	10	SPHS	Yes	
1000 SOUTH AVENUE ROCHESTER, NY 14620 16-1499099	SUPPORT ORG	NY	501 (c)(3)	12A,I	UNIV OF ROCH	Yes	
2180 EMPIRE BOULEVARD WEBSTER, NY 14580 22-2577664	FUNDRAISING	NY	501 (c)(3)	7	UNIV OF ROCH	Yes	
2180 EMPIRE BOULEVARD WEBSTER, NY 14580 16-0743215	HEALTHCARE	NY	501 (c)(3)	10	SHCG	Yes	
2180 EMPIRE BOULEVARD WEBSTER, NY 14580 16-1561691	HEALTHCARE	NY	501 (c)(3)	10	SHCG	Yes	
222 WEST RIDGE ROAD ROCHESTER, NY 14615 20-1862628	ECONOMIC DEV	NY	501 (c)(4)	N/A	UNIV OF ROCH	Yes	
601 ELMWOOD AVENUE ROCHESTER, NY 14642 20-2485999	BIOTECH INCUB	NY	501 (c)(3)	12A,I	UNIV OF ROCH	Yes	
260 EAST MAIN STREET ROCHESTER, NY 14604 16-1195028	BUSINESS INCU	NY	501 (c)(3)	7	UNIV OF ROCH	Yes	
625 ELMWOOD AVENUE ROCHESTER, NY 14620 16-1529555	SUPPORT ORG	NY	501 (c)(3)	12A,I	NA		No
387 E MAIN STREET ROCHESTER, NY 14604 22-2341413	SUPPORT ORG	NY	501 (c)(3)	12D,III-OTH	NA		No
910 GENESEE STREET SUITE 200 ROCHESTER, NY 14611 16-1600112	EMPL BEN TRST	NY	501 (c)(9)	N/A	UNIV OF ROCH	Yes	
GANSON PERRIN 160 FEDERAL ST 20 BOSTON, MA 02110 04-6660588	SUPPORT ORG	MA	501 (c)(3)	12D,III-OTH	NA		No
201 WILSON COMMONS ROCHESTER, NY 14627 16-0743209	BROADCAST LIC	NY	501 (c)(4)	N/A	UNIV OF ROCH	Yes	
263 WALLIS HALL ROCHESTER, NY 14627 27-1140014	SUPPORT ORG	NY	501 (c)(3)	12A,I	UNIV OF ROCH	Yes	
263 WALLIS HALL ROCHESTER, NY 14627 45-2464788	SUPPORT ORG	NY	501 (c)(3)	12A,I	UNIV OF ROCH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
350 PARRISH STREET CANANDAIGUA, NY 14424 16-0743024	HOSPITAL	NY	501 (c)(3)	3	FFTHS INC	Yes	
350 PARRISH STREET CANANDAIGUA, NY 14424 22-2959984	FUNDRAISING	NY	501 (c)(3)	7	FFTHS INC	Yes	
350 PARRISH STREET CANANDAIGUA, NY 14424 23-7046583	HEALTHCARE	NY	501 (c)(3)	3	FFTHS INC	Yes	
350 PARRISH STREET CANANDAIGUA, NY 14424 22-2959987	SUPPORT ORG	NY	501 (c)(3)	12A,I	UNIV OF ROCH	Yes	
350 PARRISH STREET CANANDAIGUA, NY 14424 16-1557494	ELDER CARE	NY	501 (c)(3)	10	FFTHS INC	Yes	
125 RED CREEK DRIVE ROCHESTER, NY 14623 27-0425383	SUPPORT ORG	NY	501 (c)(3)	12A,I	NA		No
756 PRE-EMPTION ROAD GENEVA, NY 14456 22-3067627	HEALTHCARE	NY	501 (c)(3)	10	VNSR	Yes	
756 PRE-EMPTION ROAD GENEVA, NY 14456 16-1489133	HEALTHCARE	NY	501 (c)(3)	10	VNSR	Yes	
191 NORTH MAIN STREET WELLSVILLE, NY 14895 22-2807681	Hospital	NY	501(c)(3)	3	UNIV OF ROCH	Yes	
111 CLARA BARTON STREET DANSVILLE, NY 14427 16-1455240	SUPPORT ORG	NY	501 (c)(3)	12A,I	UNIV OF ROCH	Yes	
111 CLARA BARTON STREET DANSVILLE, NY 14427 16-0743979	Hospital	NY	501(c)(3)	3	LHCS	Yes	
111 CLARA BARTON STREET DANSVILLE, NY 14427 16-1037658	Med Off Bldg	NY	501(c)(3)	12A,I	LHCS	Yes	
111 CLARA BARTON STREET DANSVILLE, NY 14427 16-1584778	Fundraising	NY	501(c)(3)	7	LHCS	Yes	
191 NORTH MAIN STREET WELLSVILLE, NY 14895 47-3763374	SUPPORT ORG	NY	501 (c)(3)	7	JONES	Yes	
191 NORTH MAIN STREET WELLSVILLE, NY 14895 46-5210222	MEDICAL CLINI	NY	501 (c)(3)	3	JONES	Yes	
411 CANISTEO STREET HORNELL, NY 14844 16-0743310	HOSPITAL	NY	501 (c)(3)	3	UNIV OF ROCH	Yes	
411 CANISTEO STREET HORNELL, NY 14844 16-1486437	FUNDRAISING	NY	501 (c)(3)	7	ST JAMES	Yes	
2180 EMPIRE BOULEVARD WEBSTER, NY 14580 82-5091873	HEALTHCARE	NY	501 (c)(3)	10	SHCG	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
MEDICAL ADMINISTRATIVE ASSOCIATES INC 777 SOUTH CLINTON AVENUE ROCHESTER, NY 14620 16-1354319	RETAIL PHARMACY	NY	HIGHLD HOSP	C CORP				Yes	
UR EQUITY HOLDINGS INC 110 OFFICE PARK WAY PITTSFORD, NY 14534 27-3040889	HOLDING COMPANY	NY	UNIV OF ROCH	C CORP	-1,249	0	100 000 %	Yes	
FFTH PROPERTIES AND SERVICES INC 350 PARRISH STREET CANANDAIGUA, NY 14424 16-1286518	HOLDING COMPANY	NY	FFTHS INC	C CORP				Yes	
EXCELL TECHNOLOGY VENTURES INC 222 WEST RIDGE ROAD STE 156-1 ROCHESTER, NY 14615 80-0909149	BIOTECH INCUBATOR	NY	ROCH BIOVENTURE	C CORP				Yes	
ACCOUNTABLE HEALTH PARTNERS LLC 135 CORPORATE WOODS SUITE 320 ROCHESTER, NY 14623 30-0787967	ACCT CARE NETWORK	NY	UNIV OF ROCH	C CORP	0	11,913,526	71 000 %	Yes	
CHARITABLE REMAINDER TRUSTS (30)	N/A	NY	NA	TRUST					No
POOLED INCOME FUNDS (3)	N/A	NY	NA	TRUST					No
IRC SECTION 4947(A)(1) TRUSTS (9)	N/A	NY	NA	TRUST					No
FINGER LAKES COMMUNITY CARE NETWORK INC 350 PARRISH STREET CANANDAIGUA, NY 14424 16-1423442	INACTIVE	NY	THS	C CORP				Yes	
ACCOUNTABLE HEALTH PARTNERS IPA LLC 135 CORPORATE WOODS STE 320 ROCHESTER, NY 14623 37-1746016	INDEP PRACT ASSOC	NY	AHP LLC	C CORP				Yes	
AHP INSURANCE COMPANY 76 ST PAUL STREET SUITE 500 BURLINGTON, VT 05401 81-4644839	CAPTIVE INS CO	VT	AHP LLC	C CORP				Yes	
LUMINATE VENTURE CHALLENGE CORP 150 LUCIUS GORDON DRIVE WEST HENRIETTA, NY 14586 82-3954131	BUSINESS INCUBATO	NY	NEXTCORPS (HTR)	C CORP				Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HIGHLAND HOSPITAL OF ROCHESTER INC	M	2,261,338	SERVICE COST
HIGHLAND HOSPITAL OF ROCHESTER INC	R	34,659,358	PATIENT COST
HIGHLAND HOSPITAL OF ROCHESTER INC	K	666,046	FMV RENT
HIGHLAND HOSPITAL OF ROCHESTER INC	P	674,222	NET EXPENSES
HIGHLAND FACILITIES DEVELOPMENT CORP	K	182,452	FMV RENT
VISITING NURSE SERVICE OF ROCHESTER & MC INC	B	2,900,000	FMV GIFT
VISITING NURSE SERVICE OF ROCHESTER & MC INC	P	673,212	NET EXPENSES
THE MEADOWS AT WESTFALL INC	B	1,398,438	FMV GIFT
HIGHLAND FOUNDATION INC	B	83,400	NET EXPENSES
THE FREDERICK FERRIS THOMPSON HOSPITAL	K	361,548	RENTAL COST
THE FREDERICK FERRIS THOMPSON HOSPITAL	M	58,835	SERVICE COST
THE FREDERICK FERRIS THOMPSON HOSPITAL	R	956,920	PATIENT COST
ACCOUNTABLE HEALTH PARTNERS LLC	R	14,789,452	FMV COST
COMMUNITY CARE OF ROCHESTER	P	149,737	NET EXPENSES
JONES MEMORIAL HOSPITAL	P	376,557	RENTAL COST
NICHOLAS H NOYES MEMORIAL HOSPITAL	P	348,296	NET EXPENSES
HIGHLAND HOSPITAL OF ROCHESTER INC	L	75,148,080	SERVICE COST
HIGHLAND HOSPITAL OF ROCHESTER INC	Q	698,383	NET EXPENSES
VISITING NURSE SERVICE OF ROCHESTER & MC INC	L	426,042	SERVICE COST
THE MEADOWS AT WESTFALL INC	J	675,450	FMV RENT
THE MEADOWS AT WESTFALL INC	L	94,046	SERVICE COST
THE MEADOWS AT WESTFALL INC	S	144,000	FMV RES FUND
THE HIGHLANDS LIVING CENTER INC	L	244,347	SERVICE COST
THE FREDERICK FERRIS THOMPSON HOSPITAL	L	4,284,125	SERVICE COST
JONES MEMORIAL HOSPITAL	L	71,371	SERVICE COST

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
NICHOLAS H NOYES MEMORIAL HOSPITAL	L	181,818	SERVICE COST
ST JAMES MERCY HOSPITAL INC	L	653,997	SERVICE COST
ACCOUNTABLE HEALTH PARTNERS LLC	L	5,055,286	SERVICE COST
ACCOUNTABLE HEALTH PARTNERS LLC	S	5,943,052	GAIN SHARING CO