

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019
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): BOX 278893
Room/suite
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
F Name and address of principal officer: SARAH C MANGELSDORF, 208 WALLIS HALL, ROCHESTER, NY 14627
G Gross receipts \$ 5,229,132,529
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number
I Tax-exempt status: 501(c)(3)
J Website: www.rochester.edu
K Form of organization: Corporation
L Year of formation: 1850
M State of legal domicile: NY

Part I Summary

Table with 4 columns: Description, Prior Year, Current Year, and End of Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Summary statistics 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

Part II Signature Block

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

Sign Here: Signature of officer, Date: 2020-06-29, Name and title: HOLLY G CRAWFORD SRVP ADMIN/FIN & CFO

Paid Preparer Use Only: Preparer's name, signature, date, firm's name, address, EIN, phone 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

THE PROVISION OF HIGHER EDUCATION IN THE LIBERAL ARTS AND SCIENCES, MEDICINE AND DENTISTRY, NURSING AND MUSIC, RESEARCH, AND CHARITABLE PATIENT CARE SERVICES

**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 \$ 701,946,306 including grants of \$ 242,418,990 ) (Revenue \$ 584,379,266 )  
See Additional Data

**4b** (Code ) (Expenses \$ 336,275,025 including grants of \$ 0 ) (Revenue \$ 97,875,232 )  
See Additional Data

**4c** (Code ) (Expenses \$ 2,598,314,807 including grants of \$ 0 ) (Revenue \$ 2,698,224,265 )  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 125,367,567 including grants of \$ 0 ) (Revenue \$ 111,740,912 )

**4e Total program service expenses** ▶ 3,761,903,705

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 22 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23 Yes	
<b>24a</b>	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> . . . . .	24a Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	25a	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b	No
<b>26</b>	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> . . . . .	26 Yes	
<b>27</b>	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> . . . . .	27 Yes	
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a Yes	
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b Yes	
<b>c</b>	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> . . . . .	28c Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29 Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30 Yes	
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32	No
<b>33</b>	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> . . . . .	33 Yes	
<b>34</b>	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> . . . . .	34 Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
<b>b</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> . . . . .	35b Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36 Yes	
<b>37</b>	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> . . . . .	37	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38 Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a 16,965	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c Yes	

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<b>2a</b>	32,684			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	<b>2b</b>		Yes		
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>	<b>3a</b>		Yes		
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>	<b>3b</b>		Yes		
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>	<b>4a</b>		Yes		
<p><b>b</b> If "Yes," enter the name of the foreign country <b>▶UK</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>	<b>5a</b>			No	
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<b>5b</b>			No	
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>	<b>5c</b>				
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>	<b>6a</b>			No	
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<b>6b</b>				
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>	<b>7a</b>		Yes		
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>	<b>7b</b>		Yes		
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>	<b>7c</b>			No	
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>				
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<b>7e</b>			No	
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>	<b>7f</b>			No	
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>	<b>7g</b>				
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>	<b>7h</b>				
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>	<b>8</b>			No	
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>	<b>9a</b>			No	
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>	<b>9b</b>			No	
<b>10 Section 501(c)(7) organizations.</b> Enter					
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>				
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter					
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>				
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>	<b>13a</b>				
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<b>13b</b>				
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>				
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>	<b>14a</b>			No	
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O . . . . .</i></p>	<b>14b</b>				
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>	<b>15</b>			No	
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>	<b>16</b>			No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (45); 1b Enter the number of voting members included in line 1a, above, who are independent (38); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records: 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>	606,660			
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>	4,548,774			
	<b>d</b> Related organizations	<b>1d</b>	2,035,000			
	<b>e</b> Government grants (contributions)	<b>1e</b>	320,729,801			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	87,491,618			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____		14,938,682			
	<b>h Total.</b> Add lines 1a-1f . . . . .			415,411,853		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> SERVICES OF HOSPITALS AND CLINICS (NET)		621500	2,698,224,265	2,686,355,009	11,869,256	
	<b>b</b> EDUCATIONAL ACTIVITIES		611310	584,452,995	584,452,995		
	<b>c</b> RESEARCH & OTHER CONTRACTS		900099	97,875,232	97,875,232		
	<b>d</b> AUXILIARY ENTERPRISES		900099	111,740,911	111,740,911		
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f . . . . .			3,492,293,403			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			102,525,700		8,679,581	93,846,119	
	<b>4</b> Income from investment of tax-exempt bond proceeds			719,811			719,811	
	<b>5</b> Royalties . . . . .			2,141,762			2,141,762	
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
		<b>b</b> Less rental expenses						
		<b>c</b> Rental income or (loss)	0	0				
		<b>d</b> Net rental income or (loss) . . . . .			0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less cost or other basis and sales expenses						
		<b>c</b> Gain or (loss)	1,213,205,974	1,065,651,491				
		<b>d</b> Net gain or (loss) . . . . .			147,554,483			147,554,483
	<b>8a</b> Gross income from fundraising events (not including \$ 4,548,774 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>						
		<b>b</b> Less direct expenses . . . . .	<b>a</b>	2,116,953				
		<b>c</b> Net income or (loss) from fundraising events . . . . .	<b>b</b>	1,765,461		351,492		351,492
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
		<b>b</b> Less direct expenses . . . . .	<b>a</b>	0				
		<b>c</b> Net income or (loss) from gaming activities . . . . .	<b>b</b>	0		0		
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .		<b>a</b>	0					
<b>c</b> Net income or (loss) from sales of inventory . . . . .		<b>b</b>	0		0			
Miscellaneous Revenue		Business Code						
<b>11a</b> ATHLETIC FACILITY FEES		713940	28,338		28,338			
<b>b</b> MAG & CHAPEL FACILITY RENTAL		531390	677,026		677,026			
<b>c</b> TRAVEL TOURS		561520	11,709		11,709			
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			717,073					
<b>12 Total revenue.</b> See Instructions . . . . .			4,161,715,577	3,480,424,147	21,265,910	244,613,667		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,485	5,485		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	242,413,505	242,413,505		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	14,029,490	10,105,679	3,135,827	787,984
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,950,418	1,950,418	0	0
<b>7</b> Other salaries and wages	1,781,721,838	1,713,422,416	47,520,547	20,778,875
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	109,077,872	103,246,821	4,549,225	1,281,826
<b>9</b> Other employee benefits	292,468,266	276,833,589	12,197,744	3,436,933
<b>10</b> Payroll taxes	115,696,608	109,511,735	4,825,268	1,359,605
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	21,681,560	21,681,560	0	0
<b>b</b> Legal	5,367,119	4,614,256	746,819	6,044
<b>c</b> Accounting	1,136,014	15,420	1,120,594	0
<b>d</b> Lobbying	396,800	396,800	0	0
<b>e</b> Professional fundraising services See Part IV, line 17	260,891			260,891
<b>f</b> Investment management fees	69,805,638	0	69,805,638	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	130,671,483	125,958,850	3,917,911	794,722
<b>12</b> Advertising and promotion	3,447,892	3,406,787	7,340	33,765
<b>13</b> Office expenses	144,063,820	139,698,510	2,213,158	2,152,152
<b>14</b> Information technology	38,200,739	37,523,684	431,674	245,381
<b>15</b> Royalties	0			
<b>16</b> Occupancy	106,990,989	106,345,717	637,486	7,786
<b>17</b> Travel	26,305,858	23,691,987	491,902	2,121,969
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	18,657,482	14,769,549	793,709	3,094,224
<b>20</b> Interest	39,776,124	34,867,751	4,192,403	715,970
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	200,816,863	187,077,006	12,934,861	804,996
<b>23</b> Insurance	17,650,926	16,450,629	1,198,631	1,666
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	559,912,518	559,912,518	0	0
<b>b</b> OTHER-UBIT STATE TAX PAID	69,937	69,937	0	0
<b>c</b> OTHER EXPENSES	65,017,147	27,933,096	33,262,252	3,821,799
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,007,593,282	3,761,903,705	203,982,989	41,706,588
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	151,765,883	<b>2</b>	192,343,078
	<b>3</b> Pledges and grants receivable, net . . . . .	171,584,520	<b>3</b>	169,882,730
	<b>4</b> Accounts receivable, net . . . . .	394,791,413	<b>4</b>	465,708,277
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	6,986,310	<b>5</b>	7,726,910
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	18,126,176	<b>7</b>	14,778,895
	<b>8</b> Inventories for sale or use . . . . .	40,936,082	<b>8</b>	42,924,580
	<b>9</b> Prepaid expenses and deferred charges . . . . .	16,094,890	<b>9</b>	15,803,827
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 4,364,254,631		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 2,496,800,112	1,817,162,481	<b>10c</b> 1,867,454,519
	<b>11</b> Investments—publicly traded securities . . . . .	776,570,920	<b>11</b>	537,332,694
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	2,020,295,437	<b>12</b>	2,316,041,545
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	83,521,247	<b>15</b>	87,056,349
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	5,497,835,359	<b>16</b>	5,717,053,404	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	431,583,825	<b>17</b>	463,184,532
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	37,412,586	<b>19</b>	48,306,338
	<b>20</b> Tax-exempt bond liabilities . . . . .	929,102,585	<b>20</b>	881,078,720
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	127,802,106	<b>23</b>	123,988,599
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	52,763,897	<b>24</b>	100,696,968
	<b>25</b> 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 . . . . .	637,551,344	<b>25</b>	684,840,224
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,216,216,343	<b>26</b>	2,302,095,381
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	2,005,042,560	<b>27</b>	2,089,796,609
	<b>28</b> Temporarily restricted net assets . . . . .	688,906,646	<b>28</b>	699,846,122
	<b>29</b> Permanently restricted net assets	587,669,810	<b>29</b>	625,315,292
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	3,281,619,016	<b>33</b>	3,414,958,023	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	5,497,835,359	<b>34</b>	5,717,053,404	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,161,715,577
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,007,593,282
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	154,122,295
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,281,619,016
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-22,293,521
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,510,233
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,414,958,023

**Part XII Financial Statements and Reporting**

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

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 16-0743209

**Name:** UNIVERSITY OF ROCHESTER

Form 990 (2018)

---

**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 1,348 FULL-TIME TENURED FACULTY MEMBERS AND 11,817 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:**

RESEARCH ACTIVITIES THE UNIVERSITY PERFORMS RESEARCH, TRAINING, AND OTHER SERVICES UNDER GRANTS, CONTRACTS, AND SIMILAR AGREEMENTS WITH SPONSORING ORGANIZATIONS, PRIMARILY DEPARTMENTS AND AGENCIES OF THE UNITED STATES GOVERNMENT DURING THE 2018-2019 FISCAL YEAR, THERE WERE 4,165 GRANTS AND CONTRACTS IN EFFECT THAT TOTALED \$320,729,801 IN REVENUE ROCHESTER RESEARCHERS ARE SCIENTISTS AND SCHOLARS, INVENTORS AND CONSERVATORS, ARTISTS AND ANALYSTS THEY KNOW MANY OF THE BEST BREAKTHROUGHS IN KNOWLEDGE AND CREATIVITY OCCUR BY CROSSING BOUNDARIES MANY OF THE UNIVERSITYS RESEARCH ENVIRONMENTS ARE DESIGNED TO FACILITATE COLLABORATION AND EXPLORATION ACROSS DISCIPLINES RESEARCH AT THE UNIVERSITY OF ROCHESTER OCCURS IN 60 RESEARCH CENTERS AND INSTITUTES ACROSS THE UNIVERSITY, INCLUDING - THE LABORATORY FOR LASER ENERGETICS (LLE) - THE LASER LAB IS THE LARGEST UNIVERSITY-BASED DEPARTMENT OF ENERGY RESEARCH PROGRAM IN THE NATION AND IS HOME TO THE MOST POWERFUL LASER SYSTEMS FOUND AT ANY ACADEMIC INSTITUTION IN THE WORLD AT THE LAB, RESEARCHERS FROM ALL OVER THE WORLD PROBE THE EXTREMES OF TEMPERATURE AND PRESSURE IN LABORATORY-SCALE EXPERIMENTS - THE INSTITUTE OF OPTICS - HOME TO THE NATIONS FIRST OPTICAL SCIENCE, ENGINEERING AND DESIGN PROGRAM THE INSTITUTE OF OPTICS HAS GRANTED ABOUT HALF OF ALL DEGREES IN OPTICS AWARDED IN THE U S - THE DEL MONTE INSTITUTE FOR NEUROSCIENCE - INSTRUMENTAL IN BRINGING TOGETHER NEUROSCIENCE AND RELATED DISCIPLINES- BIOMEDICAL ENGINEERING, BRAIN AND COGNITIVE SCIENCES, COMPUTER SCIENCE, AND NEUROLOGY THIS MULTIDISCIPLINARY WORK HAS MADE POSSIBLE CRITICAL RESEARCH INTO ALZHEIMERS, MULTIPLE SCLEROSIS, AUTISM AND DYSLEXIA - THE HUMANITIES CENTER - AN INTELLECTUAL HOME BASE FOR STUDENTS, FACULTY, RESEARCHERS, ARTISTS AND THE PUBLIC RESEARCH PROJECTS AFFECT FIELDS BEYOND THE HUMANITIES, INCLUDING MEDICINE, BUSINESS, SCIENCE AND ENGINEERING - MT HOPE FAMILY CENTER - LEADING EXPERTS PROVIDE EVIDENCE-BASED INTERVENTION AND PREVENTION SERVICES TO OVER 900 AT-RISK CHILDREN AND FAMILIES ANNUALLY - INSTITUTE FOR MUSIC LEADERSHIP - DEVELOPING CREATIVE AND EFFECTIVE LEADERS FOR TODAYS MUSICAL WORLD

---

**Form 990, Part III, Line 4c:**

SERVICES OF HOSPITAL AND CLINICS- THE UNIVERSITY OF ROCHESTER (THE "UNIVERSITY") PROVIDES HEALTH CARE SERVICES TO THE GREATER ROCHESTER AND FINGER LAKES AREA THROUGH STRONG MEMORIAL HOSPITAL, STRONG HOME CARE GROUP, THE VARIOUS ENTITIES INCLUDED IN STRONG PARTNERS HEALTH SYSTEM, INC (SPHS), F F THOMPSON HEALTH SYSTEM, INC , LIVINGSTON HEALTH CARE SYSTEM, INC , THE MEMORIAL HOSPITAL OF WILLIAM F AND GERTRUDE F JONES, INC AND ST JAMES HOSPITAL TO SUPPORT THE TEACHING AND RESEARCH MISSIONS OF ITS SCHOOL OF MEDICINE AND DENTISTRY AND ITS SCHOOL OF NURSING, THE UNIVERSITY OF ROCHESTER OPERATES STRONG MEMORIAL HOSPITAL, A TERTIARY CARE TEACHING HOSPITAL, WHICH INCLUDES THE GOLISANO CHILDRENS HOSPITAL STRONG MEMORIAL HOSPITAL, GOLISANO CHILDRENS HOSPITAL, AND THE UNIVERSITY OF ROCHESTER MEDICAL FACULTY GROUP OPERATE AS UNINCORPORATED DIVISIONS OF THE UNIVERSITY OF ROCHESTER STRONG MEMORIAL HOSPITAL 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 2018-2019 FISCAL YEAR, THERE WERE 303,771 TOTAL INPATIENT DAYS AND 134,231 EMERGENCY 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			
RICHARD FELDMAN ..... INTERIM TRUSTEE, PRES&CEO	80 ..... 00	X		X				877,740	0	53,057
RICHARD T AAB ..... TRUSTEE	20 ..... 00	X						0	0	0
JOSEPH W ABRAMS ..... TRUSTEE	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 PHD ..... TRUSTEE	20 ..... 00	X						0	0	0
LAURENCE H BLOCH ..... TRUSTEE	20 ..... 00	X						0	0	0
H CHRISTOPHER BOEHNING ..... 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			
JOHN H BRUNING ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
ELIZABETH P BRUNO ..... TRUSTEE	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
ROGER B FRIEDLANDER ..... TRUSTEE (UNTIL MAY 2019)	2 0 ..... 0 0	X						0	0	0
EMERSON U FULLWOOD ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
ANI N GABRELLIAN ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
GWEN MELTZER GREENE ..... 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			
EDMUND A HAJIM ..... TRUSTEE (UNTIL MAY 2019)	2 0 ..... 0 0	X						0	0	0
RICHARD B HANDLER ..... TRUSTEE (CHAIR AS OF OCT 2018)	2 0 ..... 0 0	X		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
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

**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			
KATHLEEN ANN MURRAY ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
NEVEEN NATARAJ ..... TRUSTEE (AS OF MAY 2019)	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
THOMAS S RICHARDS ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
MICHAEL S ROSEN ..... TRUSTEE (UNTIL MAY 2019)	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			
PHILIP E SAUNDERS ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
THOMAS R SLOAN ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
KATHY N WALLER ..... TRUSTEE (AS OF MAY 2019)	2 0 ..... 0 0	X						0	0	0
DANIEL R WEGMAN ..... TRUSTEE (CHAIR UNTIL OCT 2018)	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
NATHANIEL WISCH MD ..... TRUSTEE (UNTIL MAY 2019)	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-(UNTIL AUG 2018)	40 0 ..... 0 0			X				136,492	0	23,730

**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			
ROBERT L CLARK ..... PROVOST & SRVP RESEARCH	55 0 ..... 0 0			X				658,835	0	290,761
HOLLY G CRAWFORD ..... SR VP, ADMIN & FIN, CFO, TRSR	65 0 ..... 0 0			X				577,720	0	50,598
THOMAS J FARRELL ..... SRVP & CHIEF ADVANCEMENT OFCR	55 0 ..... 0 0			X				723,253	0	51,079
LAMAR R MURPHY ..... CHIEF OF STAFF, GENL SECRETARY	55 0 ..... 0 0			X				403,206	0	55,371
GAIL M NORRIS ..... VP & GENERAL COUNSEL	60 0 ..... 2 0			X				541,868	0	50,537
DOUGLAS W PHILLIPS ..... SRVP & CHIEF INVESTMENT OFCR	62 0 ..... 0 0			X				760,655	0	54,677
ELIZABETH STAUDERMAN ..... VP FOR COMMUNICATIONS	55 0 ..... 0 0			X				332,315	0	36,261
MARK B TAUBMAN MD ..... SRVP HEALTH,CEO URMC, DEAN SMD	68 0 ..... 7 0			X				2,070,504	0	248,883
ADAM P ANOLIK ..... CFO URMC	55 0 ..... 9 0				X			652,526	0	149,040
MICHAEL J APOSTOLAKOS MD ..... CMO,SMH & HH, VP URMC	55 0 ..... 9 0				X			649,551	0	52,865



**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 ..... PRESIDENT EMERITUS & PROFESSOR	40 0 ..... 0 0						X	2,756,529	0	54,445
BRADFORD C BERK ..... DIRECTOR-UR NEUROREST INST	65 0 ..... 0 3						X	1,437,230	0	184,903
PETER LENNIE ..... PROFESSOR	40 0 ..... 0 0						X	528,326	0	41,836
RAYMOND J MAYEWSKI MD ..... PROFESSOR	40 0 ..... 0 0						X	548,504	0	51,822
LEONARD J SHUTE ..... SPEC PROJ/CONTRACT MGR URM	20 0 ..... 0 0						X	221,033	0	33,534

**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.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**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		
<b>Total</b>						



**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	345,905,882	365,364,666	379,449,692	398,868,083	415,411,853	1,905,000,176
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 Total.</b> Add lines 1 through 3	345,905,882	365,364,666	379,449,692	398,868,083	415,411,853	1,905,000,176
<b>5</b> 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
<b>6 Public support.</b> Subtract line 5 from line 4						1,905,000,176

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
<b>7</b> Amounts from line 4	345,905,882	365,364,666	379,449,692	398,868,083	415,411,853	1,905,000,176
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	106,498,980	84,262,108	76,738,221	92,486,026	96,707,692	456,693,027
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
<b>11 Total support.</b> Add lines 7 through 10						2,361,693,203

**12** Gross receipts from related activities, etc (see instructions) **12** 14,980,338,558

**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**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	80.663%
<b>15</b> Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	79.907%

**16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	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.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	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 <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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).		
	<b>7</b>		
<b>8</b>	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).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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 <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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.		
	<b>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## 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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization UNIVERSITY OF ROCHESTER	Employer identification number 16-0743209
---	--

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

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

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

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

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

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

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



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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?


Yes  No

**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?	Yes		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?	Yes		3,992
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		608,677
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?		No	
<b>j</b> Total Add lines 1c through 1i			612,669
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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 AGENCIES AT ALL LEVELS OF GOVERNMENT THE UNIVERSITY ALSO INTERACTS WITH PEER INSTITUTIONS, D C AND ALBANY-BASED HIGHER EDUCATION AND MEDICAL ASSOCIATIONS, SCIENTIFIC COALITIONS AND SOCIETIES, AND CONSULTANTS TO ADVANCE ITS INTERESTS THROUGH POLICY, LEGISLATION AND REGULATIONS

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

**Supplemental Financial Statements**  
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047  
**2018**  
**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
<b>1</b> Total number at end of year	23	
<b>2</b> Aggregate value of contributions to (during year)	484,530	
<b>3</b> Aggregate value of grants from (during year)	1,800,384	
<b>4</b> Aggregate value at end of year	6,375,841	

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

- 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 ▶ \$ 81,589
- (ii)** Assets included in Form 990, Part X ▶ \$ 40,612,986
- 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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .	2,108,597,452	1,980,167,484	1,797,727,143	1,922,892,466	1,883,514,930
<b>b</b> Contributions . . . . .	39,807,016	39,128,228	38,987,413	31,412,694	45,895,617
<b>c</b> Net investment earnings, gains, and losses	128,306,491	194,112,646	251,558,457	-61,083,382	83,377,311
<b>d</b> Grants or scholarships . . . . .	20,918,930	18,661,772	17,912,500	16,617,676	14,971,593
<b>e</b> Other expenditures for facilities and programs . . . . .	82,806,003	86,149,134	90,193,029	78,876,959	74,923,799
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	2,172,986,026	2,108,597,452	1,980,167,484	1,797,727,143	1,922,892,466

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 48 330 %
  - b** Permanent endowment ▶ 51 320 %
  - c** Temporarily restricted endowment ▶ 0 350 %
- 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
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . . | <b>Yes</b> | <b>No</b> |
| <b>3a(i)</b>                                 | Yes        |           |
| <b>(ii)</b> related organizations . . . . .  |            | No        |
| <b>3a(ii)</b>                                |            | No        |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . **3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" 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
<b>1a</b> Land . . . . .		11,607,818		11,607,818
<b>b</b> Buildings . . . . .		2,696,865,348	1,208,581,288	1,488,284,060
<b>c</b> Leasehold improvements		89,489,763	25,333,769	64,155,994
<b>d</b> Equipment . . . . .		1,152,377,131	1,049,182,889	103,194,242
<b>e</b> Other . . . . .		413,914,571	213,702,166	200,212,405
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,867,454,519

**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	332,613,384	F
(B) CASH & CASH EQUIVALENTS	31,762,631	F
(C) INTERESTS	1,951,665,530	F
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	<b>2,316,041,545</b>	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	153,956,555
RETIREMENT & POST-EMPLOYMENT	470,289,616
ASSET RETIREMENT OBLIGATION	35,207,039
FOR STUDENT LOANS	14,825,436
SPONSORED RESEARCH	10,561,578
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>684,840,224</b>

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.

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

**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.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 16-0743209

**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 CAN GENERALLY 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 TAX CUTS AND JOBS ACT (THE ACT) WAS ENACTED ON DECEMBER 22, 2017 THE ACT IMPACTS THE UNIVERSITY IN SEVERAL WAYS, INCLUDING A NEW EXCISE TAX ON EXECUTIVE COMPENSATION AND NEW RULES TO CALCULATE UNRELATED BUSINESS TAXABLE INCOME 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 BASED ON CURRENTLY AVAILABLE REGULATORY GUIDANCE

**SCHEDULE E**  
(Form 990 or 990-EZ)

# Schools

OMB No 1545-0047

# 2018

**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.**
- ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest instructions.**

Department of the Treasury

Name of the organization  
UNIVERSITY OF ROCHESTER

Employer identification number

16-0743209

## Part I

	YES	NO
<b>1</b> 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	
<b>2</b> 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	
<b>3</b> 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	
<b>4</b> Does the organization maintain the following? <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? <b>d</b> 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	
<b>5</b> Does the organization discriminate by race in any way with respect to: <b>a</b> Students' rights or privileges? <b>b</b> Admissions policies? <b>c</b> Employment of faculty or administrative staff? <b>d</b> Scholarships or other financial assistance? <b>e</b> Educational policies? <b>f</b> Use of facilities? <b>g</b> Athletic programs? <b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? <b>b</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
<b>7</b> 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 3A	<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 A NONDISCRIMINATION 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 EQUAL OPPORTUNITY, READS AS FOLLOWS The University of Rochester does not discriminate on the basis of age, color, disability, domestic violence victim status, ethnicity, gender identity or expression, genetic information, marital status, military/veteran status, national origin, race, religion/creed, sex, sexual orientation, citizenship status, or any other status protected by law in matters of admissions, employment, housing or services or in the educational programs or activities it operates. The University of Rochester prohibits and will not engage in discrimination and harassment on the basis of age, color, disability, domestic violence victim status, ethnicity, gender identity or expression, genetic information, marital status, familial status or an individuals reproductive health decision making, military/veteran status, national origin, race (including hair style), religion/creed (including religious attire and facial hair), sex, sexual orientation, citizenship status, or any other status protected by law (anyone individually, a "Protected Class") Discrimination or harassment (including hostile work environment harassment) based on protected status is illegal, will not be tolerated, and is considered misconduct that will be subject to discipline. The University complies with all federal and state laws that prohibit discrimination based on the protected categories listed above, including Title IX of the Education Amendments of 1972, which prohibits sex discrimination (including sexual harassment and violence based on sex) in the University's educational programs and activities, and Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of disability. Inquiries concerning the application of Title IX and sex-based complaints should be referred to the University's Title IX Coordinator, Morgan Levy, 20 Taylor Hall, 585-275-7814, Morgan Levy@rochester.edu. Questions about compliance with Section 504 can be addressed to the University's Disability Compliance Director, 36 Wallis Hall, 275-9125, I.vanslyke@rochester.edu. Questions regarding the application of Title IX and Section 504 can also be directed to the U.S. Department of Education's Office of Civil Rights (OCR) at its New York office at (646) 428-3800 or its national headquarters at (800) 421-3481, TTY (800)-877-8339, or www.ed.gov/ocr/. THE UNIVERSITY OF ROCHESTER ALSO POSTS A "STATEMENT OF EDUCATIONAL PHILOSOPHY" WHICH IS AMPLIFICATION OF THE NONDISCRIMINATION STATEMENT. SEE <a href="https://www.rochester.edu/diversity/reports/policies-2/statement-of-educational-philosophy/">https://www.rochester.edu/diversity/reports/policies-2/statement-of-educational-philosophy/</a> -----</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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
  
**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
See Add'l Data					
<b>3a</b> Sub-total		952			1,414,996,377
<b>b</b> Total from continuation sheets to Part I					59,604,364
<b>c Totals</b> (add lines 3a and 3b)		1,443			1,474,600,741

**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)

- 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)



**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, don't 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, don't 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).

**990 Schedule F, Supplemental Information**

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		16	Program Services	CONDUCTED RESEARCH	19,879
Central America and the Caribbean		14	Program Services	PRESENTATION AT CONFER	38,871

**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	TEACHING & RECRUITMENT	376
Central America and the Caribbean			Investments		1,400,796,751

**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		12	Program Services	STUDY ABROAD	24,439
East Asia and the Pacific		33	Fundraising		101,698

**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		20	Program Services	CONDUCTED RESEARCH	54,600
East Asia and the Pacific		141	Program Services	PRESENTATION AT CONFER	365,135

**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		30	Program Services	STUDY ABROAD	111,494
East Asia and the Pacific		50	Program Services	TEACHING & RECRUITMENT	164,641

**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)		15	Fundraising		22,859
Europe (Including Iceland and Greenland)			Investments		11,799,364



**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)		74	Program Services	CONDUCTED RESEARCH	151,238
Europe (Including Iceland and Greenland)		379	Program Services	PRESENTATION AT CONFER	945,338

**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)		75	Program Services	STUDY ABROAD	283,209
Europe (Including Iceland and Greenland)		85	Program Services	TEACHING & RECRUITMENT	87,146

**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		7	Program Services	CONDUCTED RESEARCH	29,339
Middle East and North Africa		32	Program Services	PRESENTATION AT CONFER	88,832

**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		19	Program Services	STUDY ABROAD	97,963
Middle East and North Africa		7	Program Services	TEACHING & RECRUITMENT	7,489

**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		4	Fundraising		9,171
North America			Investments		26,954,869

**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	36,860
North America		203	Program Services	PRESENTATION AT CONFER	302,294

**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		4	Program Services	STUDY ABROAD	5,909
North America		41	Program Services	TEACHING & RECRUITMENT	25,317

**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	CONDUCTED RESEARCH	6,996
Russia and the Newly Independent States		9	Program Services	PRESENTATION AT CONFER	25,471



**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		1	Program Services	STUDY ABROAD	18,432
Russia and the Newly Independent States		2	Program Services	TEACHING & RECRUITMENT	2,653

**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		3	Program Services	CONDUCTED RESEARCH	7,807
South America		9	Program Services	PRESENTATION AT CONFER	14,723

**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		9	Program Services	STUDY ABROAD	36,607
South America		7	Program Services	TEACHING & RECRUITMENT	30,084

**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		4	Program Services	CONDUCTED RESEARCH	17,687
South Asia		17	Program Services	PRESENTATION AT CONFER	32,152

**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		15	Program Services	STUDY ABROAD	76,229
South Asia		15	Program Services	TEACHING & RECRUITMENT	41,291

**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			Investments		31,597,078
Sub-Saharan Africa		32	Program Services	CONDUCTED RESEARCH	112,718

**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		6	Program Services	PRESENTATION AT CONFER	12,491
Sub-Saharan Africa		9	Program Services	STUDY ABROAD	17,581

**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		21	Program Services	TEACHING & RECRUITMENT	25,660



**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

**2018**

**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.
- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <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			
RUFFALO NOEL LEVITZ LLC 1025 KIRKWOOD PARKWAY SW  CEDAR RAPIDS, IA 524063018	PHONE SOLICITAT'N		No	379,470	260,891	118,579
<b>Total</b>				379,470	260,891	118,579

**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)
		<b>TOAST HLTH AUCT</b> (event type)	<b>GCH GALA</b> (event type)	<b>9</b> (total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	2,618,000	1,152,408	2,895,319	6,665,727
	<b>2</b> Less Contributions . . . . .	2,114,395	421,310	2,013,069	4,548,774
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	503,605	731,098	882,250	2,116,953
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Noncash prizes . . . . .	6,863	0	57,096	63,959
	<b>6</b> Rent/facility costs . . . . .	161,753	4,000	236,898	402,651
	<b>7</b> Food and beverages . . . . .	56,548	129,043	221,058	406,649
	<b>8</b> Entertainment . . . . .	1,400	67,975	100,356	169,731
	<b>9</b> Other direct expenses . . . . .	156,836	106,310	459,325	722,471
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				1,765,461
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				351,492

**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))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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
- |          |                             |   |
|----------|-----------------------------|---|
| <b>a</b> | The organization's facility | % |
| <b>b</b> | An outside facility         | % |

**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 LEVITZS 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 UNIVERSITYS 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

OMB No 1545-0047  
**2018**  
 Open to Public Inspection

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

**Name of the organization**  
 UNIVERSITY OF ROCHESTER

**Employer identification number**  
 16-0743209

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy?	<b>1b</b> Yes	
<b>2</b> 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		
<b>3</b> 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		
<b>a</b> 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 _____ %	<b>3a</b> Yes	
<b>b</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 _____ %	<b>3b</b> Yes	
<b>c</b> 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		
<b>4</b> 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"?	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	No
<b>c</b> 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?	<b>5c</b>	
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b> Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			17,249,252	6,863,468	10,385,784	0 260 %
<b>b</b> Medicaid (from Worksheet 3, column a)			489,724,882	365,718,129	124,006,753	3 090 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			5,061,665	1,632,545	3,429,120	0 090 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			512,035,799	374,214,142	137,821,657	3 440 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			1,920,666	2,400	1,918,266	0 050 %
<b>f</b> Health professions education (from Worksheet 5)			139,351,909	12,172,023	127,179,886	3 170 %
<b>g</b> Subsidized health services (from Worksheet 6)			269,475,977	198,866,566	70,609,411	1 760 %
<b>h</b> Research (from Worksheet 7)			332,668,309	332,668,309	0	0 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			451,999	0	451,999	0 010 %
<b>j Total.</b> Other Benefits			743,868,860	543,709,298	200,159,562	4 990 %
<b>k Total.</b> Add lines 7d and 7j			1,255,904,659	917,923,440	337,981,219	8 430 %

**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			9,065	0	9,065	0 %
4 Environmental improvements						
5 Leadership development and training for community members			434	0	434	0 %
6 Coalition building						
7 Community health improvement advocacy			1,260	0	1,260	0 %
8 Workforce development						
9 Other			74	0	74	0 %
<b>10 Total</b>			10,833	0	10,833	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	287,478,436
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	329,321,889
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-41,843,453
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** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

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		
<b>13</b>	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	Yes	
	<b>a</b> <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>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
	<b>c</b> <input checked="" type="checkbox"/> Asset level		
	<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
	<b>e</b> <input checked="" type="checkbox"/> Insurance status		
	<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount		
	<b>g</b> <input checked="" type="checkbox"/> Residency		
	<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	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)	Yes	
	<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
	<b>b</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		
	<b>c</b> <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		
	<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
	<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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)	Yes	
	<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
	<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
	<b>c</b> <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>		
	<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
	<b>e</b> <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)		
	<b>f</b> <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)		
	<b>g</b> <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		
	<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
	<b>i</b> <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		
	<b>j</b> <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	
<b>17</b>	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	
<b>18</b>	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			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	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
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	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)			
<b>a</b>	<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>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	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	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b>	<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
<b>23</b>		No
<b>24</b>		No

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

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

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

**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

**990 Schedule H, Supplemental Information**

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 \$98,889,019, DIRECT OFFSETTING REVENUE OF \$72,623,147, NET COMMUNITY BENEFIT EXPENSE OF \$26,265,872 ----- -----

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7- COSTING METHODOLOGY USED, BAD DEBT EXPENSE	THE COSTING METHODOLOGY USED IN CALCULATING THE AMOUNTS REPORTED ON THE LINE 7 TABLE ARE BASED ON A COST ACCOUNTING SYSTEM DUE TO THE ADOPTION OF NEW ACCOUNTING PRONOUNCEMENT ASC 606, CURRENT YEAR IMPLICIT PRICE CONCESSIONS ARE TREATED AS A CONTRA- REVENUE ITEM ON THE STATEMENT OF REVENUE -----

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART II- DETAIL OF COMMUNITY BUILDING ACTIVITIES	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 - BRA DAY- BREAST RECONSTRUCTION AWARENESS/BRA DAY TO LEARN ABOUT THE OPTIONS AVAILABLE AND THE LATEST TECHNIQUES FOR IMPROVED RESULT IN BREAST RECONSTRUCTION IN ADDITION, HEAR FROM PATIENTS WHO HAVE HAD BREAST RECONSTRUCTION AND HOW IT HAS HELPED THEM - ROCHESTER ROOKIES VOLUNTEER- ENHANCING THE QUALITY OF CHILDREN'S LIVES BY TEACHING ATHLETIC SKILLS, FOSTERING INDEPENDENCE, BUILDING CHARACTER AND HELPING FAMILIES REALIZE THEIR CHILD'S FULL POTENTIAL THROUGH PROGRAMS, ADVOCACY AND SERVICES 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 -----

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, SECTION A, LINE 2- IMPLICIT PRICE CONCESSIONS/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 AND RECORDED AS IMPLICIT PRICE CONCESSIONS UNDER NEW ACCOUNTING PRONOUNCEMENT ASC 606) ---- ----- PART III, SECTION A, LINE 4- IMPLICIT PRICE CONCESSION FOOTNOTE THE TEXT OF THE IMPLICIT PRICE CONCESSION (BAD DEBT EXPENSE) FOOTNOTE FOR THE UNIVERSITY CAN BE FOUND ON PAGE 14 (ITEM V) OF THE ELECTRONICALLY ATTACHED AUDITED FINANCIAL STATEMENTS ----- ---



**990 Schedule H, Supplemental Information**

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>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 2- NEEDS ASSESSMENT	<p>UR STRONG CONDUCTS ASSESSMENT OF HEALTH CARE NEEDS OF THE COMMUNITY, MOST FORMALLY THROUGH THE CHNA IN COLLABORATION WITH THE MEMBERS OF THE COMMUNITY HEALTH IMPROVEMENT WORKGROUP (CHIW) AS WELL AS SEVERAL ADDITION 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 THERE ARE SEVERAL UR STRONG REPRESENTATIVES TO THE CHIW COMMITTEE, WHICH BEGAN MEETING MONTHLY IN MAY 2012 AND CONTINUES TO MEET EVERY MONTH TO ASSESS THE NEEDS OF THE MONROE COUNTY COMMUNITY AND TO MONITOR SUCCESSSES OF IMPLEMENTATION OF THE COMMUNITY HEALTH IMPROVEMENT PLAN IN ADDITION, COMMUNITY INPUT IS PERIODICALLY SOUGHT FROM RESIDENTS, 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 FREE MEDICAL 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 TO THEIR ACADEMIC AND CLINICAL EXPERTISE TO HELP IDENTIFY AND IMPLEMENT THE MOST EFFECTIVE INTERVENTIONS ON THE HEALTH PRIORITY NEEDS THE CENTER FOR COMMUNITY HEALTH &amp; 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 URMCM 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 URMCM-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 THE GOVERNMENT AND COMMUNITY RELATIONS OFFICE OF THE UNIVERSITY OF ROCHESTER IS ALSO ENGAGED WITH THE COMMUNITY AND IS ACTIVELY INVOLVED WITH SEVERAL COMMUNITY GROUPS THAT INFORM THE NEEDS OF THE COMMUNITY THERE IS ALSO A PATIENT AND FAMILY RELATIONS DEPARTMENT WHICH IS A CONFIDENTIAL RESOURCE FOR PATIENTS AND FAMILIES WHO HAVE CONCERNS ABOUT COMMUNICATION, QUALITY OF CARE OR UNEXPECTED OUTCOMES -----</p>

**990 Schedule H, Supplemental Information**

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
<p>PART VI, LINE 4- COMMUNITY INFORMATION</p>	<p>THE MAJORITY OF PATIENTS FROM UR STRONG RESIDE IN MONROE COUNTY, WHICH 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 2019 IS 741,770 PERSONS, WHICH REPRESENTS A SLIGHT DECREASE FROM THE 2010 CENSUS FIGURE OF 744,344 THE ESTIMATE FOR THE CITY OF ROCHESTER IS 206,284 IN 2018, DOWN SINCE 2010 WHEN THE POPULATION WAS 210,565 THE AVERAGE HOUSEHOLD SIZE IN MONROE COUNTY (2014-18) IS 2.4 PERSONS ACCORDING TO THE 2019 POPULATION ESTIMATES THE POPULATION AGED 5 OR YOUNGER IS 5.5% AND THE AGE 65 AND OVER MAKES UP 17.2% ROUGHLY 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 2019, IT IS ESTIMATED THAT 14.4% 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 POVERTY WITH MORE THAN 50% OF CHILDREN IN ROCHESTER LIVE IN POVERTY, THE HIGHEST FOR ANY COMPARABLY SIZED CITY IN THE US (1) 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 (1) Analysis of American Community Survey Data for 2010-2014, ACT Rochester downloaded May 3, 2016  <a href="http://www.actrochester.org/sites/default/files/Rochester%27s%20Poverty%20Rate%20Rises%20According%20to%20New%20Census_December%202015.pdf">http://www.actrochester.org/sites/default/files/Rochester%27s%20Poverty%20Rate%20Rises%20According%20to%20New%20Census_December%202015.pdf</a> -----</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 33 MEMBER BOARD, INCLUSIVE OF 16 EX-OFFICIO MEMBERS AND 19 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. THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) FOR MONROE COUNTY IS MANAGED AND LED BY FACULTY AND STAFF OF THE CENTER FOR COMMUNITY HEALTH AND PREVENTION, PART OF UR MEDICAL CENTER. THE 2019 CHIP HAS TWO PRIMARY FOCUS AREAS AND IS ALIGNED WITH THE NYS PREVENTION AGENDA. UR STRONG SUPPORTS THE COMMUNITY HEALTH IMPROVEMENT PLAN OUTLINED IN THE CHNA/CHIP AND HAS DEDICATED FACULTY, STAFF AND RESOURCES TO MEET THE GOALS OUTLINED IN THE PLAN. THE FOCUS AREAS ADDRESSED ARE 1. MATERNAL AND CHILD HEALTH DISPARITIES AND 2. MENTAL HEALTH AND WELL-BEING. UR STRONG WILL DEDICATE ALL REASONABLE RESOURCES TO SUPPORT EFFORTS IN THESE FOCUS AREAS. 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. 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. THE CTSI'S COMMUNITY ENGAGEMENT FUNCTION, WHICH IS SUPPORTED BY THE UR MEDICAL CENTER'S CENTER FOR COMMUNITY HEALTH AND PREVENTION, SUPPORTS THE CTSI'S 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 TH</p>

Form and Line Reference	Explanation
PART VI, LINE 5- PROMOTION OF COMMUNITY HEALTH	<p>E SCHOOL WITH THE INSTRUCTIONS THAT THE SCHOOL HELP MAKE ROCHESTER "ONE OF THE HEALTHIEST COMMUNITIES IN THE WORLD " OUTSTANDING EXAMPLES INCLUDE THE HOEKELMAN CENTER SERVES AS A NATIONAL LEADER FOR PEDIATRIC COMMUNITY HEALTH BY FOCUSING ON CONNECTING, ADVOCATING, RESEARCHING AND EDUCATING IN OUR COMMUNITIES TO "DO WHAT WORKS" FOR HEALTH THE HOEKELMAN CENTER HOSTS THE PEDIATRIC LINKS WITH THE COMMUNITY (PLC) WHICH WILL HAVE TRAINED OVER 800 FIRST-YEAR RESIDENTS 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 MEDICAL AND NON-MEDICAL PROVIDERS AT VARIOUS COMMUNITY-BASED ORGANIZATIONS AND PROGRAMS THE CLOSTRIDIUM DIFFICILE INFECTION REDUCTION COLLABORATIVE (CDC) IS FOCUSED ON LIMITING C. DIFFICILE INFECTION TRANSMISSION BY EMPHASIZING HAND HYGIENE AND ADEQUATE CLEANING OF THE ENVIRONMENT WITHIN FOUR HOSPITALS IN OUR COMMUNITY A REDUCTION OF HOSPITAL-ONSET CDI OF OVER 30% WAS ACHIEVED THROUGH INVOLVEMENT OF STAFF FROM MULTIPLE DISCIPLINES, EDUCATION, OBSERVATIONS, STANDARDIZATION OF POLICIES, BEHAVIORAL CHANGE THEORY IMPLEMENTATION AND ANTIBIOTIC STEWARDSHIP THE INITIATIVE IS NOW EXPANDING TO NURSING HOMES IN THE COMMUNITY FUNDS FROM THE MEDICAL CENTER SUPPORT THE EMERGENCY DEPARTMENTS INJURY FREE COALITION FOR KIDS WHICH HAS AS ITS MISSION TO WORK WITH A COMMUNITY COALITIONS TO LEARN MORE ABOUT HOW, WHEN, AND WHERE INJURIES TO CHILDREN OCCUR, TO SET PRIORITIES FOR INJURY PREVENTION, TO DEVELOP NEW PREVENTION STRATEGIES, AND TO STUDY THE IMPACT OF THESE STRATEGIES ON THE ROCHESTER COMMUNITY ACTIVITIES INCLUDE BABY SAFE SLEEP, BIKE SAFETY EDUCATION, CHILD PASS ENGER SAFETY PROGRAMS, HOME SAFETY, PEDESTRIAN SAFETY AND SAFE TEEN DRIVING SEMINARS UR STRONG IS HOME TO THE REGIONS ONLY ACADEMIC MEDICAL CENTER, THE LEADING SOURCE OF NEW PHYSICIANS IN THE AREA AND THE SAFETY-NET PROVIDER FOR OUR MOST VULNERABLE CITIZENS WE ARE HOME TO THE REGIONS ONLY LEVEL I TRAUMA CENTER, NEONATAL, PEDIATRIC, AND ADULT INTENSIVE CARE UNITS, A BURN TRAUMA UNIT, SURGICAL TRANSPLANT SERVICES, AND OTHER NEW AND SPECIALIZED 24 /7 CARE UNAVAILABLE ELSEWHERE IN THE COMMUNITY FINGER LAKES OCCUPATIONAL HEALTH SERVICES IS DEDICATED TO THE DIAGNOSIS, TREATMENT, AND PREVENTION OF WORKPLACE INJURY AND DISEASE A CROSS NINE COUNTIES IN NEW YORK STATE UR IS ALSO STRONGLY COMMITTED TO THE DSRIP INITIATIVE AS ONE 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 HEALTH IMPROVEMENT POSSIBILITIES UR HAS BUILT INFRASTRUCTURE AND LEADERSHIP TO BE ABLE TO IMPLEMENT THE PROJECTS WHICH INCLUDES BEHAVIORAL HEALTH SERVICE IMPROVEMENTS AND CRISIS STABILIZATION, EXPANSION OF THE BABY LOVE PROGRAM THAT PROVIDES SOCIAL AND EDUCATIONAL SUPPORT TO HIGH RISK PREGNANT WOMEN, INCREASING TRANSITIONAL HOUSING OPTIONS FOR HOUSING INSECURE PATIENTS UPON DISCHARGE, AND ACTIVATING PATIENTS WHO ARE HIGH UTILIZERS AND UNDERINSURED -----</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 COMPREHENSES 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, ST JAMES HOSPITAL AND ACCOUNTABLE HEALTH PARTNERS, LLC URBAN 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 STRONG PARTNERS HEALTH SYSTEM, INC AND AFFILIATES IN JUNE 1997, HIGHLAND HOSPITAL AND ITS AFFILIATES AND THE UNIVERSITY BECAME AFFILIATED THROUGH THE RESTRUCTURING OF A CORPORATION NOW KNOWN AS STRONG PARTNERS HEALTH SYSTEM, INC ("SPHS"), OF WHICH THE UNIVERSITY IS THE SOLE MEMBER SPHS, A NOT-FOR-PROFIT CORPORATION, NOW SERVES AS THE CORPORATE PARENT OF HIGHLAND HOSPITAL AND THE UNIVERSITY'S LONG TERM CARE AFFILIATES A BRIEF DESCRIPTION OF THE SPHS AFFILIATES FOLLOWS HIGHLAND</p>

Form and Line Reference	Explanation
PART VI, LINE 6- AFFILIATED HEALTH CARE SYSTEM	<p>D HOSPITAL OF ROCHESTER HIGHLAND HOSPITAL OF ROCHESTER IS A 261-BED NOT-FOR-PROFIT ACUTE CARE HOSPITAL LOCATED IN ROCHESTER, NEW YORK THE HOSPITALS SERVICES INCLUDE MEDICAL/SURGICAL CARE, INTENSIVE CARE, MATERNITY AND EMERGENCY CARE IN ADDITION, THE HOSPITAL OWNS AND OPERATES 21 OUTPATIENT EXTENSION CLINICS, PROVIDING PRIMARY CARE, PRENATAL CARE, RADIOLOGY , AND/OR THERAPEUTIC RADIOLOGY SERVICES HIGHLAND COMMUNITY DEVELOPMENT CORPORATION HIGHLAND COMMUNITY DEVELOPMENT CORPORATION ("HCDC") IS A NOT-FOR-PROFIT CORPORATION WHICH OWNS AND OPERATES THE HIGHLANDS AT PITTSFORD, A RETIREMENT COMMUNITY LOCATED IN PITTSFORD, MONROE COUNTY, NEW YORK THE RETIREMENT COMMUNITY INCLUDES 130 INDEPENDENT LIVING APARTMENTS, 36 INDEPENDENT LIVING COTTAGES, 60 ENRICHED HOUSING UNITS, A COMMUNITY COMMON AREA, A DINING ROOM, SITTING AREAS, RECREATIONAL AREAS, A WELLNESS CENTER, AND A COMMUNITY CENTER HCDC ALSO OWNS AND OPERATES LAURELWOOD AT THE HIGHLANDS, AN ASSISTED LIVING FACILITY INCLUDING 68 APARTMENTS LOCATED ON THE SAME CAMPUS AS THE HIGHLANDS AT PITTSFORD THE HIGHLANDS LIVING CENTER, INC THE HIGHLANDS LIVING CENTER, INC IS A NOT-FOR-PROFIT CORPORATION WHICH OWNS AND OPERATES A 122-BED SKILLED NURSING FACILITY AND AN ADULT DAY CARE HEALTH PROGRAM FOR SENIORS IN PITTSFORD, MONROE COUNTY, NEW YORK THE SKILLED NURSING FACILITY IS ADJACENT TO THE HIGHLANDS AT PITTSFORD THE HIGHLANDS AT BRIGHTON THE MEADOWS AT WESTFALL, INC D/B/A/ THE HIGHLANDS AT BRIGHTON ("HAB") IS A NOT-FOR-PROFIT CORPORATION WHICH OWNS AND OPERATES A 145-BED SKILLED NURSING FACILITY IN BRIGHTON, MONROE COUNTY, NEW YORK HIGHLAND FACILITIES DEVELOPMENT CORPORATION HIGHLAND FACILITIES DEVELOPMENT CORPORATION ("HFDC") IS A NOT-FOR-PROFIT CORPORATION WHOSE PRIMARY PURPOSE IS TO PROVIDE SERVICES THAT ARE SUBSTANTIALLY RELATED TO THE CHARITABLE PURPOSES OF HIGHLAND HOSPITAL BUT DO NOT INVOLVE THE PROVISION OF HEALTH CARE SERVICES HFDC OWNS AND OPERATES A MEDICAL OFFICE BUILDING AND A PARKING GARAGE ON THE HOSPITAL CAMPUS MEDICAL ADMINISTRATIVE ASSOCIATES, INC HIGHLAND HOSPITAL IS THE SOLE SHAREHOLDER OF MEDICAL ADMINISTRATIVE ASSOCIATES, INC , D/B/A HIGHLAND SOUTH WEDGE PHARMACY, WHICH IS A FOR-PROFIT CORPORATION WHICH OWNS AND OPERATES A RETAIL PHARMACY IN ROCHESTER, NEW YORK THE HIGHLAND FOUNDATION, INC THE HIGHLAND FOUNDATION, INC IS A NOT-FOR-PROFIT CORPORATION CONTROLLED BY HIGHLAND HOSPITAL WHICH SOLICITS, RECEIVES AND MAINTAINS FUNDS FOR THE SUPPORT OF HIGHLAND HOSPITAL AND THE LONG TERM CARE AFFILIATES STRONG HOME CARE GROUP AND AFFILIATES THE UNIVERSITY AFFILIATED WITH VISITING NURSE FOUNDATION, INC IN APRIL 1999, WHICH IS A NOT-FOR-PROFIT CORPORATION NOW KNOWN AS STRONG HOME CARE GROUP ("SHCG") THE UNIVERSITY IS THE SOLE CORPORATE MEMBER OF SHCG SHCG SERVES AS THE CORPORATE PARENT OF THE UNIVERSITYS HOME HEALTH CARE AFFILIATES SHCG IS THE CORPORATE PARENT OF TWO NOT-FOR-PROFIT HOME HEALTH CARE PROVIDERS, UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC ("CERTIFIED SERVICES") (FORMERLY NAMED VISITING NURSE SERVICE OF ROCHESTER AND MONROE COUNTY, INC ), WHICH OPERATES A LICENSED HOME CARE SERVICES AGENCY IN OCTOBER 2014 , FINGER LAKES VISITING NURSE SERVICE, INC , WHICH OPERATES A NOT-FOR-PROFIT CERTIFIED HOME HEALTH AGENCY AND A HOSPICE, AND FINGER LAKES HOME CARE, INC , WHICH OPERATES A NOT-FOR-PROFIT LICENSED HOME CARE SERVICES AGENCY, BECAME UNIVERSITY AFFILIATES CERTIFIED SERVICES IS THE SOLE CORPORATE MEMBER OF THE FINGER LAKES HOME HEALTH AFFILIATES CERTIFIED SERVICES AND FINGER LAKES VISITING NURSE SERVICE, INC ARE IN THE FINAL STAGES OF A CORPORATE MERGER IN 2018, SHCG FORMED TWO NEW WHOLLY CONTROLLED, NOT-FOR-PROFIT SUBSIDIARIES UR MEDICINE HOME CARE, COMMUNITY SERVICES, INC , WHICH OPERATES CERTAIN COMMUNITY-BASED PROGRAMS THAT PROVIDE HOME-BASED SERVICES THAT ARE NOT REGULATED BY THE DEPARTMENT OF HEALTH OR SUBJECT TO THE MEDICARE CONDITIONS OF PARTICIPATION, INCLUDING PROGRAMS SUCH AS MEALS ON WHEELS, WHICH WAS FORMERLY OPERATED BY CERT</p>

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		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 MADE SEVERAL SUCCESSFUL ATTEMPTS TO SOLICIT INPUT FROM THE BROAD INTERESTS OF THE COMMUNITY SERVED WHILE CONDUCTING ITS CHNA AND CHIP. THE MONROE COUNTY CHNA IS CONDUCTED IN COLLABORATION WITH OTHER HOSPITALS, THE LOCAL PUBLIC HEALTH DEPARTMENT AND OTHER AGENCIES IN MONROE COUNTY. A GROUP OF REPRESENTATIVES FROM EACH OF THESE ENTITIES MEETS MONTHLY AND IS CALLED THE COMMUNITY HEALTH IMPROVEMENT WORKGROUP (CHIW). THE CHIW MEETS TO CONDUCT THE CHNA WHEN INDICATED AND TO IMPLEMENT THE COMMUNITY-WIDE IMPROVEMENT STRATEGY. THEREAFTER, DIRECTOR OF COMMUNITY HEALTH POLICY FROM THE URMC CENTER FOR COMMUNITY HEALTH AND PREVENTION, LED THE CHIW AND PROVIDED EXPERT ADVICE ON COMMUNITY ENGAGEMENT AND EVIDENCE-BASED INTERVENTIONS. COMMUNITY INPUT IS CRITICAL THROUGHOUT THE CHNA PROCESS, THE IMPROVEMENT PLANNING PROCESS, AND THE IMPLEMENTATION PROCESS. ONGOING COMMUNITY ENGAGEMENT IS VITAL TO INFORM THE AGENDA. THE CHIW USED SEVERAL STRATEGIES TO ASSURE COMMUNITY INPUT WHEN DEVELOPING THE CHNA. FIRST, EACH OF THE COUNTY'S HOSPITAL SYSTEMS REPRESENTATIVES TO THE CHIW TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY. EACH OF THE HOSPITAL SYSTEMS INCLUDED IN THE CHNA: UNIVERSITY OF ROCHESTER STRONG MEMORIAL HOSPITAL, HIGHLAND HOSPITAL, ROCHESTER REGIONAL HEALTH, AND UNITY HOSPITAL, SEND A REPRESENTATIVE TO THE CHIW. IN ADDITION, COMMON GROUND HEALTH, WHO REPRESENTS THE COMMUNITY VOICE AND WHO MANAGES BOTH THE AFRICAN AMERICAN HEALTH COALITION AND THE LATINO HEALTH COALITION FOR MONROE COUNTY, WAS REPRESENTED AT EACH CHIW MEETING BY EITHER DINA FATICONE, DIRECTOR OF COMMUNITY HEALTH AND ENGAGEMENT, OR SEVERAL OF THEIR OTHER REPRESENTATIVES. SEVERAL OTHER COMMUNITY AGENCIES INCLUDING UNITED WAY, THE REGIONAL HEALTH INFORMATION ORGANIZATION, AND THE COORDINATED CARE SERVICES, INC FOR MENTAL HEALTH ATTEND THE CHIW MEETINGS AND INFORMED THE CHNA AND CHIP. THE MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH WAS REPRESENTED AT EACH CHIW MEETING BY DR. MARIELENA VELEZ DE BROWN, MD, MPH, DEPUTY COMMISSIONER OF PUBLIC HEALTH AT MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH, ANNE KERN, PUBLIC HEALTH PROGRAM COORDINATOR, AND KATHY CARELOCK, MANAGER OF THE DIVISION OF EPIDEMIOLOGY. ALL 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 COMMISSIONER OF THE MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH, ATTENDED MEETINGS OCCASIONALLY BUT WAS ALSO INFORMED BY DR. VELEZ DE BROWN, MS, KERN, MS, CARELOCK, AND DR. GREEN. ASIDE FOR INFRASTRUCTURE DESIGNED FOR COMMUNITY REPRESENTATION, THE CHIW RELIED HEAVILY ON A COMMUNITY SURVEY CONDUCTED BY COMMON GROUND HEALTH FOR COMMUNITY INPUT. IN 2018, COMMON GROUND HEALTH CONDUCTED A REGIONAL SURVEY OF COMMUNITY MEMBERS TO LEARN MORE ABOUT HEALTH BEHAVIORS AND BARRIERS TO HEALTHY LIVES. WITH PARTICULAR ATTENTION TO GATHERING INPUT FROM A DIVERSE GROUP OF PARTICIPANTS, OVER 4,000 PEOPLE WERE SUR</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>VEYED THE SURVEY ASKED ABOUT A WIDE RANGE OF TOPICS FROM ACCESS TO MEDICAL AND DENTAL CARE TO PERCEPTIONS OF PERSONAL SAFETY AND SATISFACTION WITH WORK TO CAPTURE EACH INDIVIDUAL'S UNIQUE STORY, SEVERAL QUESTIONS ARE OPEN-ENDED WITH AN OPPORTUNITY FOR UNSTRUCTURED FEEDBACK. THE RESULTS OF THE SURVEY INDICATED THAT THE TOP CONCERN FOR ADULTS IN MONROE COUNTY ACROSS ALL RACES, GEOGRAPHIES, AND SOCIOECONOMIC STATUS LEVELS WAS MENTAL HEALTH. AFTER REVIEWING THE DATA AND PRIORITIZING THE GENERAL DIRECTION FOR THE CHNA/CHIP, SEVERAL MEETINGS WERE PLANNED WITH SIGNIFICANT COMMUNITY GROUPS TO GATHER INPUT. MEMBERS FROM THE CHIW MET FIRST WITH THE AFRICAN AMERICAN HEALTH COALITION AT COMMON GROUND HEALTH ON MARCH 14TH, 2019. THEIR FEEDBACK INCLUDED SPECIFIC AREAS OF MENTAL HEALTH CONCERNS, THE NEED TO REDUCE THE STIGMA OF MENTAL HEALTH DIAGNOSES, AND INVOLVEMENT WITH THE CHURCH COMMUNITY. THEY ALSO SUGGESTED EMPHASIS IN MATERNAL AND CHILD HEALTH OUTCOMES DISPARITIES. REPRESENTATIVES FROM THE CHIW MET WITH THE LATINO HEALTH COALITION AT COMMON GROUND HEALTH ON MARCH 27TH, 2019. THE MATERNAL AND CHILD HEALTH ADVISORY GROUP MET WITH CHIW LEADERS ON MARCH 22, 2019. THIS GROUP DISCUSSED AREAS OF NEED WITHIN MATERNAL/CHILD HEALTH IN MONROE COUNTY, AND IDENTIFIED SEVERAL PRIORITIES INCLUDING FOCUSING ON HOUSING, TRANSPORTATION AND INCOME AS WELL AS ADVOCATING FOR FUNDING FOR SOME OF THE GRANT FUNDED AGENCIES AND INITIATIVES. A SPECIAL SESSION OF THE COMMUNITY ADVISORY COUNCIL WAS CALLED FOR APRIL 11, 2019. THE COMMUNITY ADVISORY COUNCIL (CAC) IS A GROUP OF 40+ LEADERS OF COMMUNITY AGENCIES MEETING WITH UNIVERSITY RESEARCHERS AND PROVIDERS. THE CAC MET IN THIS SESSION TO DISCUSS BOTH THE UNIVERSITY OF ROCHESTER'S UPCOMING APPLICATION FOR THE CARNEGIE CLASSIFICATION IN COMMUNITY ENGAGEMENT AND THE COMMUNITY HEALTH IMPROVEMENT PLAN. THE CAC EXPRESSED OVERALL APPROVAL FOR THE PRIORITY AREAS OF THE CHIP AND ADDED SEVERAL MEANINGFUL SUGGESTIONS THAT WERE INCORPORATED INTO THE PLAN. 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. -----</p> <p>--</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, as it has been since the early 2000s THE CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT OF MONROE COUNTY WAS CONDUCTED JOINTLY BY UNIVERSITY OF ROCHESTER STRONG MEMORIAL HOSPITAL AND HIGHLAND HOSPITAL, and ROCHESTER REGIONAL HEALTH INCLUDING ROCHESTER REGIONAL HOSPITAL AND UNITY HOSPITAL -----

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

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

Form and Line Reference	Explanation
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 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 THE 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 THE MONROE COUNTY OFFICE OF MENTAL HEALTH JOINED THE CHIW AS THE 2019-2021 GOALS AND OBJECTIVES CHANGED TO INCLUDE MORE FOCUS IN MENTAL HEALTH AND WELL-BEING INITIATIVES -----

**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 <a href="https://www.urmc.rochester.edu/community.aspx">https //www urmc rochester edu/community.aspx</a> THE 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 With 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 2019 COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED TWO PRIMARY FOCUS AREAS BASED ON VARIOUS SOURCES OF DATA AND SEVERAL OPPORTUNITIES FOR COMMUNITY INPUT THE IDENTIFIED PRIORITY AREAS ARE MENTAL HEALTH/WELL-BEING AND MATERNAL CHILD HEALTH DISPARITIES THE OBJECTIVES AND INTERVENTIONS FOR EACH AREA OF NEED WERE SELECTED FROM THE NEW YORK STATE PREVENTION AGENDAS LIST OF RECOMMENDED, EVIDENCE-BASED INTERVENTIONS AND PROGRAMS THE FOLLOWING WORK PLAN WILL BE IMPLEMENTED IN MONROE COUNTY TO PROGRESS TOWARDS THE GOALS OF THE 2019-2021 COMMUNITY HEALTH IMPROVEMENT PLAN, USING THE RESOURCES OF THE CHW ALL FOUR HOSPITALS AND THE HEALTH DEPARTMENT AS WELL AS COMMUNITY PARTNERS WILL WORK COLLABORATIVELY ON THE SAME WORK PLAN TOWARDS THE SAME GOALS THE INTERVENTIONS WILL BE IMPLEMENTED IN A COLLABORATIVE MANNER, AND THE HOSPITALS WILL DELEGATE RESOURCES INCLUDING REPRESENTATIVES, MEETING SPACES, CONTENT EXPERTS AND ORGANIZATIONAL CONNECTIONS OUR COMMUNITY PARTNERS ARE INVOLVED IN THE PLANNING AND IMPLEMENTATION OF ALL INTERVENTION STRATEGIES, FROM THEIR SELECTION TO THEIR COMPLETION MATERNAL CHILD HEALTH IS AN AREA OF CONCERN FOR MONROE COUNTY, AND THE CURRENT DISPARITIES ARE UNACCEPTABLE THE GOAL FOR MATERNAL CHILD HEALTH IN THE 2019-2021 CHIP IS REDUCE RACIAL, ETHNIC, ECONOMIC AND GEOGRAPHIC DISPARITIES IN MATERNAL AND CHILD HEALTH OUTCOMES AND PROMOTE HEALTH EQUITY FOR MATERNAL AND CHILD POPULATIONS THE GOAL WILL BE ATTAINED THROUGH SEVERAL INTERVENTIONS INCLUDING 1 PARTNER WITH HEALTHY BABY NETWORK AND OTHER MEMBERS OF THE MATERNAL CHILD HEALTH ADVISORY GROUP TO CONDUCT COMMUNITY INPUT SESSIONS TO IDENTIFY THE DRIVERS AND SOLUTIONS TO DISPARITIES BY DECEMBER OF 2020, COMPLETE A COMPREHENSIVE SUMMARY OF BARRIERS TO HEALTHY OUTCOMES AMONG WOMEN OF REPRODUCTIVE AGE, PRIMARILY PEOPLE OF COLOR, PEOPLE WITH LOW SES, AND PEOPLE WHO LIVE IN THE CITY OF ROCHESTER 2 CONVENE A MATERNAL CHILD HEALTH ADVISORY GROUP TO DISCUSS INTERVENTIONS AND PLAN IMPLEMENTATION TO ADDRESS BARRIERS IDENTIFIED BY THE COMMUNITY BY DECEMBER OF 2021, IMPLEMENT AT LEAST 3 SYSTEMS CHANGES THAT WILL ADDRESS SOCIAL BARRIERS AND IMPROVE DISPARITIES IN MATERNAL CHILD HEALTH OUTCOMES AND 3 HOST A SYNERGY MEETING ON LOCAL MATERNAL AND CHILD HEALTH DISPARITIES ANNUALLY PRESENTING RESULTS OF FOCUS GROUPS AND MCH ADVISORY GROUP WORK BY DECEMBER OF 2021, HOST TWO WELL ATTENDED SYNERGY MEETINGS FOCUSING ON MCH DISPARITIES AND PROGRESS OF THE ADVISORY GROUP PROMOTING MENTAL HEALTH AND WELL-BEING IS A PRIORITY AREA OF PARTICULAR IMPORTANCE TO OUR COMMUNITY MEMBERS INTERVENTIONS FOCUS ON THE UPSTREAM APPROACH OF ADDRESSING SOCIAL DETERMINANTS OF HEALTH INCLUDING POVERTY AND EMPLOYMENT IN ORDER TO IMPACT THE LONG TERM HEALTH OF THE COMMUNITY AND ADDRESS DISPARITIES IN HEALTH THERE ARE TWO GOALS IN THIS AREA ONE IS TO STRENGTHEN OPPORTUNITIES TO BUILD WELL-BEING AND RESILIENCE ACROSS THE LIFESPAN THIS GOAL WILL BE ATTAINED THROUGH SEVERAL INTERVENTIONS INCLUDING 1 EXPLORE OPP</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>ORTUNITIES TO USE THE POWER OF ANCHOR INSTITUTIONS SUCH AS HOSPITALS TO REVITALIZE NEIGHBO RHOODS, SUPPORTING DEMOCRATICALLY OPERATED WORKER COOPERATIVES, REEMPLOYMENT, AND SUPPORTE D EMPLOYMENT BY DECEMBER OF 2021, COMPLETE A COMPREHENSIVE SUMMARY OF INTERVENTIONS THAT ANCHOR INSTITUTIONS HAVE SUCCESSFULLY IMPLEMENTED TO IMPROVE COMMUNITY WEALTH AND PRESENT AT LEAST ONE RECOMMENDED OPTION TO EACH OF THE HOSPITALS IN THE COMMUNITY HEALTH IMPROVEME NT WORKGROUP THE SECOND GOAL FOR THIS AREA IS TO FACILITATE SUPPORTIVE ENVIRONMENTS THAT PROMOTE RESPECT AND DIGNITY FOR PEOPLE OF ALL AGES INTERVENTIONS IN THIS AREA INCLUDE 1 BY DECEMBER 2021, HOST AT LEAST 4 MENTAL HEALTH FIRST AID SESSIONS TO INCREASE MENTAL HEA LTH LITERACY, AWARENESS, AND EDUCATION ABOUT MENTAL HEALTH AND AVAILABLE SERVICES IN MONRO E COUNTY 2 BY DECEMBER 2021, REVIEW AT LEAST 3 TYPES OF DOCUMENTS INTERNAL TO THE HOSPIT AL SYSTEMS, AND SEEK HELP FROM LANGUAGE EXPERTS TO CHANGE AND ADAPT LANGUAGE THAT IS NOT E NHANCING STIGMA AND IS DESIGNED TO BE MORE INCLUSIVE IF RELEVANT, MAKE THESE LANGUAGE CHA NGES TO DEFAULT LANGUAGE THAT IS USED IN THE EMR IN ADDITION TO THE TWO IDENTIFIED FOCUS AREAS OUTLINED ABOVE, THERE ARE SEVERAL AREAS THAT WERE OF NOTED CONCERN TO THE CHIW THES E SECONDARY AREAS SHOW UNACCEPTABLE OUTCOMES IN ONE OR MORE MEASURABLE INDICATOR HOWEVER L IMITED RESOURCES DO NOT ALLOW FOR DEDICATED ATTENTION AND INTERVENTION TO ADDRESS THEM TH E CHIW HAS AGREED TO FOLLOW AND SUPPORT THESE AREAS IN THE CHIP 2019-2021, WHILE DEDICATIN G PRIMARY ATTENTION TO THE TWO FOCUS AREAS OF MENTAL HEALTH, AND MATERNAL CHILD HEALTH INE QUITIES THE FIVE AREAS THE CHIW WILL FOLLOW ARE 1 SMOKING CESSATION INCREASING SMOKING CESSATION WAS A FOCUS AREA FOR THE MONROE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (2016-2 018) THROUGH A CHANGE IN THE ELECTRONIC MEDICAL RECORDS PROCESS OF ALL FOUR HOSPITALS IN THE CHIW COLLABORATIVE, THE REFERRALS TO THE NYS QUIT LINE INCREASED 100 FOLD ELECTRONIC REFERRALS TO THE NYS QUITLINE ARE AVAILABLE THROUGH BOTH MAJOR HEALTH SYSTEMS AND SEVERAL INDEPENDENT CLINICS AND FQHCS THROUGHOUT THE REGION IN ADDITION, THE LOCAL MILLION HEARTS GROUP CONTINUES TO ORGANIZE AND HOST TOBACCO FREE COLLEGE CAMPUS CONFERENCES AND SUPPORT T-21 LEGISLATIVE INITIATIVES THE TOBACCO FREE COLLEGE CAMPUS CONFERENCES WAS ORGANIZED BY THE MILLION HEARTS COLLABORATIVE, INCLUDING MEMBERS FROM THE ROCHESTER CHAMBER OF COMMERC E, AND LIDESTRI FOODS INC AND INCLUDES SUPPORT AND REPRESENTATION FROM LOCAL COLLEGES INC LUDING ROCHESTER INSTITUTE OF TECHNOLOGY, UNIVERSITY OF ROCHESTER, ST JOHN FISHER, MONROE COMMUNITY COLLEGE, AND NAZARETH COLLEGE THIS GROUP MEETS TO DISCUSS PROGRESS, CAMPUS POL ICIES, AND SETBACKS IN DEVELOPING AND MAINTAINING SMOKE-, TOBACCO-, AND VAPE-FREE LOCAL CO LLEGE CAMPUSES 2 FOOD INSECURITY WORK ON FOOD INSECURITY WAS BEGUN WITH THE CHIP 2016-20 18 LOCAL SYSTEMS INTEGRATION PROJECTS ARE UNDERWAY, AND BOTH ROCHESTER REGIONAL HEALTH AN D UNIVERSITY OF ROCHESTER MEDI</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
<p>PART V, SECTION B, LINE 11 - ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA</p>	<p>CAL CENTER ARE INVOLVED IN THESE PROJECTS, BOTH AS POTENTIAL PILOT LOCATIONS, AND ADVISORY GROUPS AS THE COMMUNITY HEALTH IMPROVEMENT PLAN FOR 2019-2021 WILL BE ADDRESSING COMMUNITY WELL-BEING, AND SOCIAL DETERMINANT IMPACT ON MATERNAL-CHILD HEALTH, THESE FOCUS AREAS ARE RELATED TO AND INSEPARABLE FROM FOOD INSECURITY AND RESOURCE PROVISION THE CHIW WILL CONTINUE TO SUPPORT PEDIATRIC DEPARTMENTS AS THEY SCREEN FOR SOCIAL DETERMINANTS INCLUDING FOOD SECURITY, AND WORK WITH LOCAL ORGANIZATIONS SUCH AS FOODLINK AND 2-1-1 TO BUILD COLLABORATIONS WITH THE HEALTH SYSTEMS</p> <p>3 OPIOID CRISIS THE OPIOID CRISIS HAS BEEN IMPACTING MONROE COUNTY SINCE THE EARLY 2010S IN 2016, THE PUBLIC HEALTH GOAL WAS TO DECREASE OVERDOSE AND DEATH BY OVERDOSE RATES TO BELOW THE 2015 LEVEL UNFORTUNATELY, WITH THE SPREAD OF THE OPIOID CRISIS AND THE INTRODUCTION OF FENTANYL TO THE STREET MARKETPLACE, OPIOID OVERDOSES AND DEATHS HAVE NOT DECREASED TO THIS SET GOAL, AND THEY HAVE INCREASED IN THE PAST 3 YEARS THERE ARE MANY GROUPS WITHIN AND OUTSIDE OF THE HEALTH SYSTEMS WORKING TO ADDRESS THIS CRISIS INCREASING THE HIRING OF TOXICOLOGISTS IN THE OFFICE OF THE MEDICAL EXAMINER, TRAINING MORE LOCAL PROVIDERS WITH BUPRENORPHINE WAIVERS AND TRAINING IN MEDICATION-ASSISTED TREATMENT (MAT), THE CONTINUATION AND EXPANSION OF LOCAL HEROIN AND OPIOID TASK FORCES INCLUDING LAW ENFORCEMENT, COUNTY OFFICIALS, TREATMENT CENTERS, AND MEDICAL PROFESSIONALS THE HEALTH SYSTEMS ARE CONTINUING WORK IN THE SPACE OF SUBSTANCE USE DISORDER PREVENTION, IDENTIFICATION, AND TREATMENT WITH COMMUNITY AND GOVERNMENT PARTNERS NALOXONE THERE IS A NYS POLICY NALOXONE CO-PAYMENT ASSISTANCE PROGRAM (N-CAP) THAT PROVIDES A STANDING PRESCRIPTION AND COPAY COVERAGE AVAILABLE AT PHARMACIES WITHOUT AN OPEN PRESCRIPTION RAISING AWARENESS ABOUT THE AVAILABILITY AND PROPER USE OF NALOXONE WILL CONTINUE IN MONROE COUNTY TRAININGS ON HOW TO ADMINISTER NALOXONE IN THE CASE OF AN OPIOID OVERDOSE ARE PROVIDED BY MANY COMMUNITY GROUPS AND HEALTHCARE PROVIDERS INCLUDING BUT NOT LIMITED TO MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH, ROCHESTER GENERAL HOSPITAL, UPMC, OAK ORCHARD HEALTH, AND TRILLIUM HEALTH THESE TRAININGS ARE FREQUENT, OFTEN OPEN TO THE PUBLIC, AND ADVERTISED ONLINE BY EACH GROUP</p> <p>4 SEXUALLY TRANSMITTED INFECTION (STI) RATES MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH RUNS THE STD AND HIV CONTROL PROGRAM, INCLUDING MEDICAL INTERVENTIONS, SCREENINGS, PREVENTION, EDUCATION, AND PROVIDER TRAINING THE MATERNAL CHILD HEALTH ADVISORY GROUP INCLUDES MANY GROUPS THAT WORK IN PRENATAL CARE, REPRODUCTIVE EDUCATION, AND STI EDUCATION CONTINUATION OF SUPPORT AND FUNDING TO THE LOCAL PROVIDERS OF SEX AND REPRODUCTIVE EDUCATION TO BOTH CHILDREN AND ADULTS IN MONROE COUNTY WILL BE NECESSARY TO REDUCE THE RATE OF STIS IN THE REGION</p> <p>5 VIOLENCE PREVENTION THERE ARE CONSISTENT TRENDS OF DISPARITIES IN POPULATIONS IMPACTED BY VIOLENCE WITHIN MONROE COUNTY AND THE CITY OF ROCHESTER THE AFRICAN AMERICAN HEALTH COALITION</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 <a href="https://www.urmc.rochester.edu/strong-memorial/patients-families/billing-insurance.aspx">HTTPS //WWW URMC ROCHESTER EDU/STRONG-MEMORIAL/PATIENTS-FAMILIES/BILLING-INSURANCE ASPX</a> -----

**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 -----

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

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

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 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?
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

Table with 8 columns: (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. Rows 1-12.

- 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	6684	242,413,505		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 SCHOLARSHIPS, 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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
UNIVERSITY OF ROCHESTER

Employer identification number  
16-0743209

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> 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 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 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 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>b</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>	<b>1b</b>	Yes			
<p><b>2</b> 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>	<b>2</b>	Yes			
<p><b>3</b> 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><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	Yes			
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	Yes			
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> 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><b>a</b> The organization?</p>	<b>5a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5b</b>		No		
<p><b>6</b> 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><b>a</b> The organization?</p>	<b>6a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6b</b>		No		
<p><b>7</b> 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>	<b>7</b>	Yes			
<p><b>8</b> 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>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				



**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	<p>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. 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. SIX OFFICERS, TWO KEY EMPLOYEES AND ONE FORMER OFFICER RECEIVED SOCIAL CLUB DUES THAT WERE TREATED AS TAXABLE COMPENSATION.</p> <p>-----</p>

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	<p>DETAIL OF SEVERANCE OR CHANGE-OF-CONTROL PAYMENT IN CONNECTION WITH THE TERMS OF HIS RESIGNATION AS PRESIDENT OF THE UNIVERSITY, JOEL S SELIGMAN RECEIVED A PAYMENT OF \$1,300,000 IN CALENDAR YEAR 2018 THAT IS INCLUDED IN OTHER REPORTABLE COMPENSATION -----</p> <p>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 - \$100,000 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 - \$75,000 GEORGE M ALFIERIS - 457(F) - \$300,000 ROBERT L CLARK - 457(F) - \$200,000 STEVEN I GOLDSTEIN - 457(F) - \$300,000 PETER G ROBINSON - 457(F) - \$90,450 KATHLEEN PARRINELLO - 457(F) - \$26,000 MICHAEL ROTONDO - 457(F) - \$37,500 MARK B TAUBMAN - 457(F) - \$75,000 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 2018, WHICH ARE REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III) AS OTHER REPORTABLE COMPENSATION BRADFORD C BERK - 457(F) - \$704,264 MARK B TAUBMAN - 457(F) - \$612,699 KATHLEEN PARRINELLO - 457(F) - \$30,603 PETER G ROBINSON - 457(F) - \$1,193,967 MICHAEL F ROTONDO, M D - 457(F) - \$259,823 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) -----</p>

<b>Return Reference</b>	<b>Explanation</b>
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



**Additional Data**

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

**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				
RICHARD FELDMAN INTERIM TRUSTEE,PRES&CEO	(i)	857,512	0	20,228	34,409	18,648	930,797	0
	(ii)	0	0	0	0	0	0	0
PAUL J BURGETT VP&SR ADVISOR-(UNTIL AUG 2018)	(i)	114,569	0	21,923	12,736	10,994	160,222	0
	(ii)	0	0	0	0	0	0	0
ROBERT L CLARK PROVOST & SRVP RESEARCH	(i)	655,044	0	3,791	226,403	64,358	949,596	0
	(ii)	0	0	0	0	0	0	0
HOLLY G CRAWFORD SR VP, ADMIN & FIN, CFO, TRSR	(i)	558,676	0	19,044	26,403	24,195	628,318	0
	(ii)	0	0	0	0	0	0	0
THOMAS J FARRELL SRVP & CHIEF ADVANCEMENT OFCR	(i)	644,130	0	79,123	26,403	24,676	774,332	0
	(ii)	0	0	0	0	0	0	0
LAMAR R MURPHY CHIEF OF STAFF, GENL SECRETARY	(i)	334,706	50,000	18,500	31,705	23,666	458,577	0
	(ii)	0	0	0	0	0	0	0
GAIL M NORRIS VP & GENERAL COUNSEL	(i)	541,868	0	0	27,033	23,504	592,405	0
	(ii)	0	0	0	0	0	0	0
DOUGLAS W PHILLIPS SRVP & CHIEF INVESTMENT OFCR	(i)	729,282	0	31,373	26,403	28,274	815,332	0
	(ii)	0	0	0	0	0	0	0
ELIZABETH STAUDERMAN VP FOR COMMUNICATIONS	(i)	328,315	0	4,000	26,560	9,701	368,576	0
	(ii)	0	0	0	0	0	0	0
MARK B TAUBMAN MD SRVP HEALTH,CEO URMIC, DEAN SMD	(i)	1,126,391	300,000	644,113	226,402	22,481	2,319,387	612,699
	(ii)	0	0	0	0	0	0	0
ADAM P ANOLIK CFO URMIC	(i)	648,669	0	3,857	126,402	22,638	801,566	0
	(ii)	0	0	0	0	0	0	0
MICHAEL J APOSTOLAKOS MD CMO,SMH & HH, VP URMIC	(i)	631,051	0	18,500	26,402	26,463	702,416	0
	(ii)	0	0	0	0	0	0	0
CARRIE P FULLER- SPENCER0718 CFO SMH,HH,LTC&ASSOC VP URMIC	(i)	357,702	0	250	34,238	22,889	415,079	0
	(ii)	0	0	0	0	0	0	0
STEVEN I GOLDSTEIN PRES/CEO SMH & HH,SRVP URMIC	(i)	1,116,420	0	79,615	485,802	19,046	1,700,883	0
	(ii)	0	0	0	0	0	0	0
KATHLEEN PARRINELLO COO SMH, EXEC VP SMH	(i)	598,520	88,000	70,294	127,403	24,295	908,512	30,603
	(ii)	0	0	0	0	0	0	0
PETER G ROBINSON VP GOV'T & COMM REL, URMIC	(i)	590,364	0	1,236,694	178,353	50,921	2,056,332	1,193,967
	(ii)	0	0	0	0	0	0	0
MICHAEL F ROTONDO MD CEO URMFG, SR VP URMIC	(i)	941,473	125,000	284,083	138,903	3,450	1,492,909	259,823
	(ii)	0	0	0	0	0	0	0
MICHAEL D MALONEY MD PROFESSOR- ORTHOPAEDICS M&D	(i)	1,947,672	19,400	0	26,403	27,334	2,020,809	0
	(ii)	0	0	0	0	0	0	0
ILYA VOLOSHIN MD PROFESSOR- ORTHOPAEDICS M&D	(i)	1,796,985	36,447	18,500	26,402	22,784	1,901,118	0
	(ii)	0	0	0	0	0	0	0
GEORGE M ALFIERIS MD PROFESSOR-CARDIAC SURGERY M&D	(i)	1,669,160	0	18,500	326,403	21,076	2,035,139	0
	(ii)	0	0	0	0	0	0	0

**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				
SHERRIF F IBRAHIM MD PHD ASSOC PROF DERMATOLOGY M&D	(i)	612,307	910,242	18,500	26,403	29,626	1,597,078	0
	(ii)	0	0	0	0	0	0	0
YAN M LI MD ASST PROFESSOR- NEUROSURGERY	(i)	591,241	684,043	18,500	26,403	29,148	1,349,335	0
	(ii)	0	0	0	0	0	0	0
JOEL S SELIGMAN PRESIDENT EMERITUS & PROFESSOR	(i)	1,180,056	250,000	1,326,473	26,402	28,043	2,810,974	0
	(ii)	0	0	0	0	0	0	0
BRADFORD C BERK DIRECTOR-UR NEUROREST INST	(i)	672,018	0	765,212	171,103	13,800	1,622,133	704,264
	(ii)	0	0	0	0	0	0	0
PETER LENNIE PROFESSOR	(i)	509,826	0	18,500	18,790	23,046	570,162	0
	(ii)	0	0	0	0	0	0	0
RAYMOND J MAYEWSKI MD PROFESSOR	(i)	518,377	0	30,127	36,378	15,444	600,326	0
	(ii)	0	0	0	0	0	0	0
LEONARD J SHUTE SPEC PROJ/CONTRACT MGR URMC	(i)	187,689	0	33,344	19,578	13,956	254,567	0
	(ii)	0	0	0	0	0	0	0



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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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
<b>A</b>	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>B</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
<b>C</b>	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
<b>D</b>	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**

		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b>	Amount of bonds retired . . . . .	111,895,000		66,305,000		107,300,000		146,045,000	
<b>2</b>	Amount of bonds legally defeased . . . . .	0		0		0		0	
<b>3</b>	Total proceeds of issue . . . . .	165,914,138		111,180,000		120,927,106		175,833,848	
<b>4</b>	Gross proceeds in reserve funds . . . . .	0		0		0		0	
<b>5</b>	Capitalized interest from proceeds . . . . .	0		0		0		3,243,526	
<b>6</b>	Proceeds in refunding escrows . . . . .	0		0		0		0	
<b>7</b>	Issuance costs from proceeds . . . . .	3,122,743		2,170,437		1,169,973		1,502,375	
<b>8</b>	Credit enhancement from proceeds . . . . .	2,349,000		1,213,000		0		0	
<b>9</b>	Working capital expenditures from proceeds . . . . .	383,179		0		1,991,256		6,789,361	
<b>10</b>	Capital expenditures from proceeds . . . . .	70,315,050		0		76,605,196		149,668,886	
<b>11</b>	Other spent proceeds . . . . .	89,744,166		107,796,563		41,160,681		14,629,700	
<b>12</b>	Other unspent proceeds . . . . .	0		0		0		0	
<b>13</b>	Year of substantial completion . . . . .	2009		2000		2010		2016	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X			X	X		X	
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .	X		X		X			X
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b>	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
<b>2</b>	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
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X				X		X	
<b>b</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	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X				X		X	
<b>d</b> 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	
<b>4</b> 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 . . . . . ▶	0 500 %		0 %		0 900 %		1 100 %	
<b>5</b> 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 . . . . . ▶	0 200 %		0 %		2 500 %		0 200 %	
<b>6</b> Total of lines 4 and 5 . . . . .	0 700 %		0 %		3 400 %		1 300 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X				X		X
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .			0 %		0 %		0 %	
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .		X				X		X
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .								
<b>b</b> Exception to rebate? . . . . .	X		X		X		X	
<b>c</b> No rebate due? . . . . .								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X		X			X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		X
<b>b</b> Name of provider . . . . .	WELLSFARGOCITIGROUP		BANK OF AMERICA		0		0	
<b>c</b> Term of hedge . . . . .	30 %		2130 %					
<b>d</b> Was the hedge superintegrated? . . . . .		X		X				
<b>e</b> Was the hedge terminated? . . . . .		X		X				

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
<b>7</b> 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 \$82,004 IN INVESTMENT EARNINGS THE TOTAL PROCEEDS OF ISSUE REPORTED FOR THE 2015 A,B BOND ISSUE INCLUDES \$720,608 IN INVESTMENT EARNINGS THE TOTAL PROCEEDS OF ISSUE REPORTED FOR THE 2017 A,B BOND ISSUE INCLUDES \$950,091 IN INVESTMENT EARNINGS</p>

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY OF ROCHESTER

Employer identification number 16-0743209

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Deceased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows include Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, Issuance costs from proceeds, etc.

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Rows include Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? and Are there any lease arrangements that may result in private business use of bond-financed property?

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>b</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	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>d</b> 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	
<b>4</b> 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 . . . . . ▶	1 800 %		1 200 %		1 000 %		1 600 %	
<b>5</b> 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 . . . . . ▶	0 400 %		0 800 %		0 800 %		0 300 %	
<b>6</b> Total of lines 4 and 5 . . . . .	2 200 %		2 000 %		1 800 %		1 900 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		X
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> 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
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .								
<b>b</b> Exception to rebate? . . . . .	X		X		X		X	
<b>c</b> No rebate due? . . . . .								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X		X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> 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.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2018**

**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												
Total						▶ \$	7,726,910					

**Part III Grants or Assistance Benefiting Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) NA	N/A	30,000	MERIT SCHOLARSHIP	EDUCATION
(2) NA	N/A	56,229	TUITION ASSISTANCE	EDUCATION
(3) NA	N/A	28,987	TAXABLE FELLOWSHIP	EDUCATION



**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	FORMER OFFICER			SPLITDOLLAR LIFE INS		X	1,643,600	1,643,600	
STEVEN I GOLDSTEIN	KEY EMPLOYEE	SPLITDOLLAR LIFE INS		X	1,925,200	1,925,200		No	Yes		Yes	
RAYMOND J MAYEWSKI	FORMER KEY EMPLOYEE	SPLITDOLLAR LIFE INS		X	921,520	921,520		No	Yes		Yes	
KATHLEEN PARRINELLO	KEY EMPLOYEE	SPLITDOLLAR LIFE INS		X	689,884	689,884		No	Yes		Yes	
PETER G ROBINSON	KEY EMPLOYEE	SPLITDOLLAR LIFE INS		X	742,510	742,510		No	Yes		Yes	
MICHAEL ROTONDO	KEY EMPLOYEE	SPLITDOLLAR LIFE INS		X	200,000	200,000		No	Yes		Yes	
LEONARD J SHUTE	FORMER KEY EMPLOYEE	SPLITDOLLAR LIFE INS		X	418,496	418,496		No	Yes		Yes	
MARK B TAUBMAN	OFFICER	SPLITDOLLAR LIFE INS		X	995,700	995,700		No	Yes		Yes	
ADAM ANOLIK	KEY EMPLOYEE	SPLITDOLLAR LIFE INS		X	190,000	190,000		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
KAREN BERK	FAMILY MEMBER OF FORMER OFFICER	25,875	PAYMENT OF COMPENSATION		No
DENNIS KESSLER	FAMILY MEMBER OF TRUSTEE	127,642	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
REBECCA WALTERS	FAMILY MEMBER OF KEY EMPLOYEE	138,518	PAYMENT OF COMPENSATION		No
ELIZABETH MAYEWSKI	FAMILY MEMBER OF FORMER KEY EMPLOYEE	87,781	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
LYDIA ROTONDO	FAMILY MEMBER OF KEY EMPLOYEE	202,595	PAYMENT OF COMPENSATION		No
JENNIFER ANOLIK MD	FAMILY MEMBER OF KEY EMPLOYEE	261,978	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
SANDRA G WITMER RN	FAMILY MEMBER OF TRUSTEE	76,710	PAYMENT OF COMPENSATION		No
LES WEISBROD MD	FAMILY MEMBER OF KEY EMPLOYEE	427,580	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
MAUREEN PRINCE	FAMILY MEMBER OF TRUSTEE	123,726	PAYMENT OF COMPENSATION		No
ERICKA AUGUSTINE	FAMILY MEMBER OF TRUSTEE	280,845	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
CHERITH A REYNOLDS CLARK	FAMILY MEMBER OF OFFICER	131,046	PAYMENT OF COMPENSATION		No
KENNETH APOSTOLAKOS	FAMILY MEMBER OF KEY EMPLOYEE	66,120	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
WEGMANS	OWNED > 35% BY TRUSTEE	386,672	PAYMENT OF SUPPLIES & MEDS		No
VALLEY PROPANE AND FUELS	OWNED > 35% BY TRUSTEE	1,085,867	PAYMENT OF FUEL PURCHASES		No

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**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
<b>1</b> Art—Works of art . . . . .	X	60	81,589	FAIR MARKET VALUE
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .	X		6,304	FAIR MARKET VALUE
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	250	13,234,205	FAIR MARKET VALUE
<b>10</b> Securities—Closely held stock . . . . .	X	1	100,000	FAIR MARKET VALUE
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( MUSICAL INSTRUMENTS ) . . . . .	X	12	93,098	FAIR MARKET VALUE
<b>26</b> Other ▶ ( GIFT-IN-KIND ) . . . . .	X	14	2,447	FAIR MARKET VALUE
<b>27</b> Other ▶ ( PERSONAL PROPERTY ) . . . . .	X	109	180,718	FAIR MARKET VALUE
<b>28</b> Other ▶ ( MISCELLANEOUS EQUIPMENT ) . . . . .	X	30	1,240,321	FAIR MARKET VALUE

**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** 7

	Yes	No
<b>30a</b> 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>b</b> If "Yes," describe the arrangement in Part II		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
<b>b</b> If "Yes," describe in Part II		
<b>33</b> 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

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury

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 5,828 UNDERGRADUATES 3,133,795 MEALS IN FIVE DINING SERVICES THE UNIVERSITY HAS 803 UNITS USED FOR STUDENT HOUSING -----

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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 LECHASE CONSTRUCTION SERVICES, PIKE COMPANY, 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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	DETAIL OF OTHER CHANGES IN NET ASSETS CHANGE IN VALUATION OF ANNUITIES \$ 1,151,325 CHANGE IN POST RETIREMENT LIABILITY 2,932,202 OTHER CHANGES (2,573,294) ----- TOTAL \$ 1,510 ,233 -----

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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	
<b>(1)</b> EXCELL INNOVATE NY FUND LP 343 STATE STREET KODAK TOWER 2ND ROCHESTER, NY 14650 46-2405519	INVESTMENT FUND	NY	ETV INC									
<b>(2)</b> EXCELL MINORITY AND WOMEN OWNED BUSINESS 343 STATE STREET KODAK TOWER 2ND ROCHESTER, NY 14650 81-0723223	INVESTMENT FUND	NY	ETV INC									
<b>(3)</b> EXCELL PARTNERS INNOVATIVE TC FUND LP 343 STATE STREET KODAK TOWER 2ND ROCHESTER, NY 14615 81-0711015	INVESTMENT FUND	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.

See Additional Data Table

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

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a Yes</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b Yes</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c Yes</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d Yes</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	<b>No</b>
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	<b>No</b>
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	<b>No</b>
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	<b>No</b>
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	<b>No</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j Yes</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k Yes</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l Yes</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m Yes</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	<b>No</b>
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	<b>No</b>
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p Yes</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q Yes</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r Yes</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s Yes</b>	

**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)

<b>Return Reference</b>	<b>Explanation</b>

**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	
343 STATE STREET KODAK TOWER 2ND F ROCHESTER, NY 14650 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 SUITE 6000 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	
2180 EMPIRE BOULEVARD WEBSTER, NY 14580 83-1912967	SUPPORT ORG	NY	501 (c)(3)	12A,I	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
(1) MEDICAL ADMINISTRATIVE ASSOCIATES INC 777 SOUTH CLINTON AVENUE ROCHESTER, NY 14620 16-1354319	RETAIL PHARMACY	NY	HIGHLD HOSP	C CORP				Yes	
(1) UR EQUITY HOLDINGS INC 110 OFFICE PARK WAY PITTSFORD, NY 14534 27-3040889	HOLDING COMPANY	DE	UNIV OF ROCH	C CORP	-1,291	0	100 000 %	Yes	
(2) FFTH PROPERTIES AND SERVICES INC 350 PARRISH STREET CANANDAIGUA, NY 14424 16-1286518	HOLDING COMPANY	NY	FFTHS INC	C CORP				Yes	
(3) EXCELL TECHNOLOGY VENTURES INC 343 STATE STREET KODAK TOWER 2ND ROCHESTER, NY 14650 80-0909149	BIOTECH INCUBATOR	NY	ROCH BIOVENTURE	C CORP				Yes	
(4) ACCOUNTABLE HEALTH PARTNERS LLC 135 CORPORATE WOODS SUITE 320 ROCHESTER, NY 14623 30-0787967	ACCT CARE NETWORK	NY	UNIV OF ROCH	C CORP	16,110,988	11,913,526	71 000 %	Yes	
(5) CHARITABLE REMAINDER TRUSTS (30)	N/A	NY	NA	TRUST					No
(6) POOLED INCOME FUNDS (3)	N/A	NY	NA	TRUST					No
(7) IRC SECTION 4947(A)(1) TRUSTS (8)	N/A	NY	NA	TRUST					No
(8) FINGER LAKES COMMUNITY CARE NETWORK INC 350 PARRISH STREET CANANDAIGUA, NY 14424 16-1423442	INACTIVE	NY	THS	C CORP				Yes	
(9) ACCOUNTABLE HEALTH PARTNERS IPA LLC 135 CORPORATE WOODS STE 320 ROCHESTER, NY 14623 37-1746016	INDEP PRACT ASSOC	NY	AHP LLC	C CORP				Yes	
(10) AHP INSURANCE COMPANY 76 ST PAUL STREET SUITE 500 BURLINGTON, VT 05401 81-4644839	CAPTIVE INS CO	VT	AHP LLC	C CORP				Yes	
(11) LUMINATE VENTURE CHALLENGE CORP 260 EAST MAIN STREET SUITE 6000 ROCHESTER, NY 14604 82-3954131	BUSINESS INCUBATO	NY	NEXTCORPS INC	C CORP				Yes	
(12) HORNELL MEDICAL VILLAGE LLC 7100 ROUTE 70A HORNELL, NY 14843 61-1886763	HOLD REAL ESTATE	NY	ST JAMES	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
<b>(1)</b>	HIGHLAND HOSPITAL OF ROCHESTER INC	M	1,807,582	SERVICE COST
<b>(1)</b>	HIGHLAND HOSPITAL OF ROCHESTER INC	R	45,778,979	PATIENT COST
<b>(2)</b>	HIGHLAND HOSPITAL OF ROCHESTER INC	K	502,606	FMV RENT
<b>(3)</b>	HIGHLAND HOSPITAL OF ROCHESTER INC	P	1,503,827	NET EXPENSES
<b>(4)</b>	HIGHLAND FACILITIES DEVELOPMENT CORP	K	102,603	FMV RENT
<b>(5)</b>	VISITING NURSE SERVICE OF ROCHESTER & MC INC	B	560,000	FMV GIFT
<b>(6)</b>	THE MEADOWS AT WESTFALL INC	B	1,959,661	FMV GIFT
<b>(7)</b>	THE MEADOWS AT WESTFALL INC	P	801,778	NET EXPENSES
<b>(8)</b>	THE MEADOWS AT WESTFALL INC	R	306,267	PATIENT COST
<b>(9)</b>	HIGHLAND FOUNDATION INC	B	62,366	FMV GIFT
<b>(10)</b>	THE FREDERICK FERRIS THOMPSON HOSPITAL	K	1,031,264	RENTAL COST
<b>(11)</b>	THE FREDERICK FERRIS THOMPSON HOSPITAL	M	238,572	SERVICE COST
<b>(12)</b>	THE FREDERICK FERRIS THOMPSON HOSPITAL	P	406,691	NET EXPENSES
<b>(13)</b>	THE FREDERICK FERRIS THOMPSON HOSPITAL	R	31,958,851	PATIENT COST
<b>(14)</b>	ACCOUNTABLE HEALTH PARTNERS LLC	R	22,666,779	FMV COST
<b>(15)</b>	COMMUNITY CARE OF ROCHESTER	P	57,183	NET EXPENSES
<b>(16)</b>	NICHOLAS H NOYES MEMORIAL HOSPITAL	K	148,048	RENTAL COST
<b>(17)</b>	NICHOLAS H NOYES MEMORIAL HOSPITAL	P	298,539	NET EXPENSES
<b>(18)</b>	NICHOLAS H NOYES MEMORIAL HOSPITAL	R	160,632	FMV COST
<b>(19)</b>	JONES MEMORIAL HOSPITAL	P	372,539	NET EXPENSES
<b>(20)</b>	JONES MEMORIAL HOSPITAL	R	4,170,769	FMV COST
<b>(21)</b>	ST JAMES HOSPITAL	D	737,000	FMV LOAN
<b>(22)</b>	ST JAMES HOSPITAL	P	143,767	NET EXPENSES
<b>(23)</b>	HIGHLAND HOSPITAL OF ROCHESTER INC	L	83,160,097	SERVICE COST
<b>(24)</b>	HIGHLAND HOSPITAL OF ROCHESTER INC	Q	319,722	NET EXPENSES

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

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(26)</b>	VISITING NURSE SERVICE OF ROCHESTER & MC INC	L	497,805	SERVICE COST
<b>(1)</b>	THE MEADOWS AT WESTFALL INC	A,J	654,363	FMV RENT
<b>(2)</b>	THE MEADOWS AT WESTFALL INC	L	115,839	SERVICE COST
<b>(3)</b>	THE MEADOWS AT WESTFALL INC	S	144,000	FMV RES FUND
<b>(4)</b>	THE HIGHLANDS LIVING CENTER INC	L	195,170	SERVICE COST
<b>(5)</b>	THE HIGHLANDS LIVING CENTER INC	Q	61,611	NET EXPENSES
<b>(6)</b>	THE FREDERICK FERRIS THOMPSON HOSPITAL	A,J	242,288	FMV RENT
<b>(7)</b>	THE FREDERICK FERRIS THOMPSON HOSPITAL	L	6,495,608	SERVICE COST
<b>(8)</b>	THE FREDERICK FERRIS THOMPSON HOSPITAL	Q	293,838	NET EXPENSES
<b>(9)</b>	JONES MEMORIAL HOSPITAL	L	517,909	SERVICE COST
<b>(10)</b>	NICHOLAS H NOYES MEMORIAL HOSPITAL	L	374,873	SERVICE COST
<b>(11)</b>	ST JAMES HOSPITAL INC	Q	1,377,420	NET EXPENSES
<b>(12)</b>	ST JAMES HOSPITAL INC	L	880,592	SERVICE COST
<b>(13)</b>	ACCOUNTABLE HEALTH PARTNERS LLC	L	5,185,965	SERVICE COST
<b>(14)</b>	ACCOUNTABLE HEALTH PARTNERS LLC	S	5,700,019	GAIN SHARING CO